

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

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**Wednesday 31 January 2024 at 10.00 am**

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

**The Press and Public are Welcome to Attend**

## **Membership**

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

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## PUBLIC ACCESS TO THE MEETING

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

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

Meetings are chaired by the Committee Chair, Councillor Argenzio.

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

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

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

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

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

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

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

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## FACILITIES

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

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**ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA  
31 JANUARY 2024**

**Order of Business**

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**Welcome and Housekeeping**

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

**1. Apologies for Absence**

**2. Exclusion of Press and Public**

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

**3. Declarations of Interest**

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

(Pages 7 - 10)

**4. Minutes of Previous Meeting**

To approve the minutes of the last meeting of the Committee held on the 13<sup>th</sup> of December 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](mailto:committee@sheffield.gov.uk), by 9.00 a.m. on 29<sup>th</sup> January 2024).

**6. Appointments to Sub-Committees**

To note that, in accordance with the authority given by the Committee at its meeting held on 14<sup>th</sup> June 2023, the Monitoring Officer, in consultation with the relevant political group whip, had authorised the appointment of Councillor Gail Smith as a substitute member of the Health Scrutiny Sub-Committee, with effect from the 6<sup>th</sup> December 2023.

**7. Members' Questions**

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

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

- 8. Work Programme** (Pages 21 - 38)

**Formal Decisions**

- 9. Hospital Discharge and Urgent Care Delivery Plan Update Report** (Pages 39 - 70)

- 10. Personalisation and Direct Payments Update** (Pages 71 - 114)

- 11. Adult Health and Social Care Committee Climate Statement** (Pages 115 - 164)

**Items For Noting**

- 12. Adult Social Care Complaints Annual Report and Learning from Feedback Annual Report** (Pages 165 - 200)

- 13. Adult Health and Social Care: Financial Recovery Plan Update** (Pages 201 - 214)

- 14. Adult Health & Social Care Target Operating Model and Partnerships Model Update** (Pages 215 - 254)

- 15. Sheffield Care Sector Workforce Development Strategy 2023-2026 Update** (Pages 255 - 296)

**NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 20<sup>th</sup> March 2024 at 10.00 am**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

You have a personal interest where –

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



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

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

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

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

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

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Adult Health and Social Care Policy Committee

Meeting held 13 December 2023

**PRESENT:** Councillors Angela Argenzio (Chair) Sophie Thornton (Deputy Chair), Ruth Milsom (Group Spokesperson), Steve Ayriss, Julie Grocutt, Maleiki Haybe, Ruth Milsom, Laura McClean and Mick Rooney

**1. APOLOGIES FOR ABSENCE**

1.1 Apologies were received from Councillor Martin Phipps, who sent their representative – Councillor Maleiki Haybe. Councillor Mick Rooney arrived at 10:30am.

**2. EXCLUSION OF PRESS AND PUBLIC**

2.1 There were no items which would require the exclusion of the press and public.

**3. DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest made.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Committee held on the 8<sup>th</sup> of November 2023 were approved as a correct record.

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 No public questions or petitions were received by the deadline.

**6. MEMBERS' QUESTIONS**

6.1 There were no Members' questions on this occasion.

**7. WORK PROGRAMME**

5 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.

7.2 **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.

## **8. ADULTS CARE AND WELLBEING EQUALITY, DIVERSITY AND SOCIAL JUSTICE DELIVERY PLAN**

8.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which sought endorsement from the Adult Health and Social Care Policy Committee on the Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Delivery Plan 2023/24. The report laid out a commitment to improving Equality, Diversity and Inclusion (EDI) and Social Justice and to delivering upon statutory duties.

8.2 **RESOLVED UNANIMOUSLY:** That the 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.

### **8.3 Reasons for Decision**

8.3.1 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.

8.3.2 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.

8.3.3 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.

### **8.4 Alternatives Considered and Rejected**

8.4.1 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.

8.4.2 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.

## **9. DASS LOCAL ACCOUNT AND ANNUAL PERFORMANCE REPORT**

9.1 The Committee received a report of the Strategic Director of Adult Care and Wellbeing which sought to approve the publication of Sheffield's Local Account for Adult Social Care for 2022/23.

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

- Approves the Local Account 2022-23 for publication
- Thanks members of the Local Account Co-Production Group for their time and contributions in creating the Local Account

### **9.3 Reasons for Decision**

9.3.1 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.

9.3.2 Having a Local Account builds in transparency and accountability in relation to reporting on adult social care performance.

### **9.4 Alternatives Considered and Rejected**

9.4.1 Sheffield City Council could opt to not publish a Local Account for 22/23. 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.

9.4.2 We believe the Local Account is the best way to demonstrate the statutory duty of accountability.

## **10. COMMISSION OF HEALTHWATCH CONTRACT**

10.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which sought approval for a Healthwatch Commissioning Strategy. The report also provided an update regarding Healthwatch statutory duties and the local offer, including the outcomes of Stakeholder Engagement and the Healthwatch Annual Report 2022-3.

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

- 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.
- 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.

- Endorses the Healthwatch Annual Report 2022 – 2023.

### 10.3 **Reasons for Decision**

10.3.1 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.

### 10.4 **Alternatives Considered and Rejected**

10.4.1 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.

## 11. **ADULT CARE AND WELLBEING: MARKET SUSTAINABILITY AND**

## **COMMISSINING UPDATE AND APPROVAL OF THE 24/25 CARE FEES**

- 11.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which provided the Committee with an update on Adult Care and Wellbeing Commissioning in 2023/24. The report sought to provide assurance on the delivery of market sufficiency responsibilities as set out in the Care Act 2014, covering achievements and planned activity to improve sufficiency, stability and quality assurance.
- 11.2 The report sought approval for proposed fee rates for Council contracted providers in the financial year 2024-25. It was proposed that these rates take effect from 8<sup>th</sup> April 2024.
- 11.3 Members stressed the need for fair wages for staff, whilst also noting underfunding from Central Government.
- 11.4 Members asked whether a Climate Impact Assessment had been carried out. The Assistant Director, Adult Commissioning and Partnerships stated there was a brief overview of this in the report; however, they stated more detail would be provided in March's report to the Adult Health and Social Care Committee.
- 11.5 **RESOLVED UNANIMOUSLY:** 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 2024 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 2024 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.

#### **11.6 Reasons for Decision**

11.6.1 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.

11.6.2 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.

11.6.3 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.

#### **11.7 Alternatives Considered and Rejected**

11.7.1 No alternative options have been considered.

### **12. ADULT CARE STRATEGY DELIVERY AND SERVICE PERFORMANCE UPDATE**

12.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which provided a scheduled update following the approval of the Adult Health and Social Care Strategy at the Co-Operative Executive on 16<sup>th</sup> March 2022 and the approval of an operating model to deliver on the strategy by the Adult Health and Social Care Policy Committee meeting in November 2022. The paper set out delivery progress and what had been achieved. The report also demonstrated how impact was being measured in order to demonstrate progress in enabling citizens of Sheffield to live the life they want to live.

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

- Notes progress in delivering upon the Adult Care Strategy Living the Life You Want to Live.
- 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.

### 12.3 **Reasons for Decision**

- 12.3.1 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.
- 12.3.2 Noting the performance update, enables Committee to undertake scrutiny of Adult Care performance including strengths and areas for prioritisation.

### 12.4 **Alternatives Considered and Rejected**

- 12.4.1 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.
- 12.4.2 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.

## 13. **EMERGENCY OVERNIGHT SHORT BREAKS (EONSB) FOR PEOPLE WITH A LEARNING DISABILITY AND/OR AUTISM**

- 13.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which summarised the Council's statutory duties and set out the importance of ensuring continuity of Emergency Overnight Short Breaks (EONSB) services, and the proposals to deliver those in a way which met the needs of the people of Sheffield.
- 13.2 The report also 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 the development of short breaks in the City.
- 13.3 The Chair asked that reference to Council be removed from the Recommendations, as the report would not be approved at full Council.
- 13.4 **RESOLVED UNANIMOUSLY:** That the Adult Health and Social Care Policy Committee:-
- Approves the proposal to develop both Sheffield City Council and Commissioned Services 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

### **13.5 Reasons for Decision**

13.5.1 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.

13.5.2 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

### **13.6 Alternatives Considered and Rejected**

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.

## **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 aimed to deliver on the commitment to transparent and accountable financial reporting. The update provided:

- 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.

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

**15. 2023/24 Q2 BUDGET MONITORING**

15.1 The Committee considered a report of the Director of Finance and Commercial Services which brought the Committee up to date with the Council's General Fund Revenue outturn position for 2023/24 as at Quarter 2.

15.2 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**

**31<sup>st</sup> January 2024**

**Report of:** Director of Policy and Democratic Engagement

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**Subject:** Committee Work Programme

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

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### **Summary:**

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

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

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

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

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

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### **Recommendations:**

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

**Background Papers:** None

**Category of Report:** Open

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## **COMMITTEE WORK PROGRAMME**

### **1.0 Prioritisation**

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

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

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

### **2.0 References from Council or other Committees**

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

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
<b>NEW:</b> Update on the 24/25 Recovery Plan	January 2024	Recurring finance item	Liam Duggan/Jonathan McKenna-Moore
<b>NEW:</b> Adult Health and Social Care Committee Climate Statement	January 2024	The Council has committed to address the climate emergency, adapt our city and council for a changing climate, and set an ambitious target to become a net zero council and city by 2030.	Catherine Bunten
<b>NEW:</b> Sheffield Care Sector Workforce Development Strategy 2023-2026 Update	January 2024	The Workforce Strategy sets out our ambitious vision for the future of Adult Social Care and explains how we will work towards addressing some of the systemic issues affecting the Adult Social Care workforce.	John Chamberlin
<b>NEW:</b> Hospital Discharge and Urgent Care Delivery Plan Update Report	January 2024	The hospital Discharge and Urgent Care Delivery Plan Update and Approval of the New Mondel and Winter Plan was approved at the Adult Health and Social Care Policy Committee on the 14 <sup>th</sup> June 23.  This report provides update on the delivery of phase one of the delivery plan that started in September 23 and runs until March 23.	Jo Pass and Kelly Siddons
<b>NEW:</b> Update on Complaints	January 2024	Adult Care and Wellbeing receive complaints, when we do receive these it is necessary we provide an appropriate response in the timeframes defined in the corporate process.  Whilst taking the learning from complaints, identify themes and putting necessary actions in place to improve services where necessary.	Andrew Drummond
Rescheduled Items	Proposed Date	Note	
<b>MOVED:</b> Direct Payments and Personalisation Annual Report	January 2024	Item moved from March's Committee to January's Committee	Mary Gardner Catherine Bunten




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

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

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

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

Meeting 5	January 31 <sup>st</sup> , 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
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
Adult Health & Social Care Target Operating Model and Partnerships Model Update	Sheffield's <a href="#">Adult Health &amp; Social Care Strategy</a> was approved by the Co-operative Executive on 16 <sup>th</sup> March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and our social care workforce across the sector. An operating model to deliver on the strategy was subsequently approved by the Adult	Alexis Chappell	Decision	Member briefings throughout 2022, staff consultation as part of implementation of the Target Operating Model. Full committee in November 2022.	-	Adult Health and Social Care

	<p>Care Policy Committee in November 2022.</p> <p>This paper provides a further scheduled update, aligned to our cycle of assurance, setting out our delivery progress in relation to our Target Operating Model and the next steps for implementation in 2024 to 2025.</p> <p>This paper replaces the primary and social care model update previously on the work programme.</p>					
<b>NEW:</b> Update on the 24/25 Recovery Plan	Recurring finance item	Liam Duggan/Jonathan McKenna-Moore	Decision	Member briefing	N/A	Adult Health and Social Care
<b>NEW:</b> Adult Health and Social Care Committee Climate Statement	The Council has committed to address the climate emergency, adapt our city and council for a changing climate, and set an ambitious target to become a net zero council and city by 2030.	Nicola Maskrey	Decision	<ul style="list-style-type: none"> <li>Briefing to committee chair at S&amp;R strategic briefing 8/11/2023 to shape draft statements.</li> <li>Discussion undertaken between other</li> </ul>	N/A	Adult Health and Social Care

				<p>committees/political groups and lead directors (or delegated deputy officers) 20/12/2023 Written briefing and draft for review and comments provided to committee members in advance of the meeting.</p> <ul style="list-style-type: none"><li>• Further review by committee members by email and teams channel document.</li><li>• Item taken to S&amp;R Committee Meeting 13/12/2023, attended by Housing Committee chair and leading to decision:</li></ul>		
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				<p>a) Welcomes the Committee Climate Statements, as detailed in the report now submitted, and notes that these are work in progress and will evolve over time; and</p> <p>b) requests that each Policy Committee consider and, if not previously agreed, agree (with or without amendments) their respective statement to ensure that the proposed actions contained in such statement are reflected in their work programme</p>		
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<p><b>NEW:</b> Sheffield Care Sector Workforce Development Strategy 2023-2026 Update</p>	<p>The Workforce Strategy sets out our ambitious vision for the future of Adult Social Care and explains how we will work towards addressing some of the systemic issues affecting the Adult Social Care workforce.</p>	<p>John Chamberlian</p>	<p>Performance/Monitoring</p>	<p>Member Briefing</p>	<p>We carried out public participation and engagement to support with the development of the Workforce Strategy. Details of the engagement was included within the committee report in March 23.</p> <p>This is an update on progress as part of the cycle of assurance therefore further engagement for this report has not taken place.</p> <p>Engagement to support the development of initiatives within the Strategy has</p>	<p>Adult Health and Social Care</p>
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					been noted within the report.	
<b>NEW:</b> Hospital Discharge and Urgent Care Delivery Plan Update Report	<p>The hospital Discharge and Urgent Care Delivery Plan Update and Approval of the New Mondel and Winter Plan was approved at the Adult Health and Social Care Policy Committee on the 14<sup>th</sup> June 23.</p> <p>This report provides update on the delivery of phase one of the delivery plan that started in September 23 and runs until March 23.</p>	Jo Pass and Kelly Siddons	Decision	Members briefings have been arranged and this paper will be outlined in those briefings	None	Adult Health and Social Care
<b>MOVED:</b> Direct Payments and Personalisation Annual Report	Direct Payments and Personalisation Annual Report and delivery against strategy	Mary Gardner Catherine Bunten	Post Decision	Member Briefing	Undertaken as part of development of report	Adult Health and Social Care
<b>NEW:</b> Update on Complaints	Adult Care and Wellbeing receive complaints, when we do receive these it is necessary we provide an appropriate response in the timeframes defined in the corporate process.	Andrew Drummond	Decision	High level report to be submitted before committee deadline for members to read before 31/01/24	The report will be publicly available following publication though there hasn't been any	Adult Health and Social Care

	Whilst taking the learning from complaints, identify themes and putting necessary actions in place to improve services where necessary.				wider public participation and engagement on this at this time.	
<i>Standing items</i>	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					

Meeting 6	March 20 <sup>th</sup> , 2024	10am				
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)</i>	Prior member engagement/ development required <i>(with reference to options in Appendix 1)</i>	Public Participation/ Engagement approach <i>(with reference to toolkit in Appendix 2)</i>	Final decision-maker (& date) This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Budget, Risk Management and Financial Governance	Update on Adult Care Budget, Financial Governance and Risk Register. Thematic Overview (Timeline for 25/26 of business planning,	Liam Duggan and Jonathan McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care



	financial risks and challenges)					
Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025.	Catherine Buntten	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
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 Buntin	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care
All Age Mental Health and Emotional wellbeing Strategy	Update on strategy and delivery plan following approval at S & R Committee in March 23.	Louisa King 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
Standing items	<ul style="list-style-type: none"> <li>• <i>Public Questions/ Petitions</i></li> <li>• <i>Work Programme</i></li> </ul>					



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

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

All agenda items will anyway be supported by the following:

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

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

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

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

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

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

## **Appendix 3 – Public engagement and participation toolkit**

### **Public Engagement Toolkit**

On 23 March 2022 Full Council agreed the following:

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

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

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

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

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

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

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

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## Report to Policy Committee

**Author/Lead Officer of Report:** Kelly Siddons – Assistant Director Living and Ageing Well - Short Term Services.

Jo Pass – Assistant Director Living and Ageing Well – Long Term Services

**Report of:** Alexis Chappell, Strategic Director Adult Care and Wellbeing  
 Ian Atkinson, Deputy Place Director Sheffield Place - Integrated Care Board.

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

**Date of Decision:** 31<sup>st</sup> January 2024

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

### Purpose of Report:

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

The purpose of this report is to update the committee on the operational progress that has been made in delivering the hospital discharge and avoidable admission paper that was agreed by this Committee on the 14 June 2023.

## Recommendations:

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

- Notes the current performance in relation to discharge and progress in delivering phase one of the hospital discharge and urgent care delivery plan.
- Approves the Commissioning Strategy to externally commission a specific Discharge Homecare Contract for a period of 2 years with option to extend for a further period of 1 year.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with update on progress against the delivery plan in six months.

## Background Papers:

Appendix 1 – Sheffield Discharge Programme Update for Committee

Appendix 2 – Adult Care – Hospital Discharge – Implementing the new model

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:
		Legal: Patrick Chisholm
		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	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillors Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Jo Pass</i> <i>Kelly Siddons</i>	<b>Job Title:</b> <b>Assistant Director Living and Ageing Well</b> <b>Assistant Director Living and Ageing Well</b>
	<b>Date: 18<sup>th</sup> December 2023</b>	



## 1. PROPOSAL

- 1.1 Our collective ambition across health and care services in Sheffield is to prevent admission and readmission to hospital where possible so that individuals can live independently and well at home. Prevention is our preferred and local approach in Sheffield.
- 1.2 Where individuals do require a period in hospital our collective ambition in line with the introduction of the Health and Care Act 2022 is that we **make discharge personal** where individuals and their families have good experiences during their stay in hospital, experience a positive, safe, and timely discharge and feel involved in planning for discharge. Our approach is to the principle of '[home first](#)' and optimising on-going care and support through timely out of hospital assessment.
- 1.3 To enable us to deliver upon our ambitions, as a City-Wide Partnership we have moved towards the national pathway definitions to describe our work with 95% supported to return home upon discharge through a combination of Pathway 0 (50%) and Pathway 1 (45%) whilst the remaining 5% are discharged through Pathway 2 (4%) and Pathway 3 (1%).
- 1.4 We have established city wide partnership and governance arrangements – set out in our [Sheffield Discharge Model](#) as approved in the June 23 Health and Social Care Committee, so that we are able to implement reach a position where people are discharged within 24 hours of being identified as having No Criteria to Reside.
- 1.5 Our partnerships and governance are supported by a joint system leadership post and programme team, which are in process of recruitment, to establish a shared and sustainable infrastructure to deliver on our ambitions and develop an integrated model of delivery which meets the needs of people of Sheffield. It is anticipated that the joint posts will also be able to further strengthen our relationships with VCSE and communities to further enable approaches which support people to remain at home once discharged.
- 1.6 This report provides an update on delivery against these ambitions and the [discharge model](#) agreed at Committee in June 2023. In particular, it focuses on Adult Care Improvement actions, Use of Discharge Funding, Performance and Delivery Upon Discharge Governance and Programme.

### 1.7 Hospital Discharge Progress Update

- 1.7.1 Since June 2023, as a partnership we have been implementing Phase 1 of the programme as described in June 2023. Our progress against pathways 0 to 3, including impact on reducing incidence of delays, is set out in **Appendix 1**.
- 1.7.2 The programme to date has made good progress and is starting to gather pace as the governance and associated management support becomes embedded. We acknowledged when writing our strategy that the 2023 – 24 winter period would be challenging and seen strategically as a 'bridging year' in which we aimed to deliver services while also undertaking transformation. Our collective

improvement journey was always stated as a 2 – 3-year plan and in the first 6 months of June 2023 to December 2023 the health and care system has seen increases in operational pressure as well as sustained periods of industrial action within the NHS.

- 1.7.3 Our performance position as at the end of December comparative to the same period in the previous year was relatively positive. During this period, we saw increasing levels of Type 1 ambulance arrivals, increased admissions and a subsequent increase in discharges, comparative to the previous year. Despite the increase and operational pressure, our no criteria to reside figures were an improvement on the same time in the previous year and of similar position to other large complex Health and Social Care system across Yorkshire and Humber.
- 1.7.4 Sheffield continues to discharge the **majority of people (95%) home**, which is in line with our ambitions **of HomeFirst**. The challenges faced remain our ability to achieve discharge home in a timely manner following agreement that the person has no criteria to residence. Our collective ambition is to continue to meet our local ambitions set out in June 23 and to evidence that we are working to meet national guidance.
- 1.7.5 Over the past 6 months we have continued to strengthen and build the foundations for delivery upon our local ambitions in 2024. The recent development of an integrated criteria agreement has supported us to establish system-wide principles creating a single narrative across the system with a focus on home as a default. Each element of Pathway 1 and the remit within which it operates provides clarity for the person at the point of discharge and has allowed us to streamline and improve both internal and system processes resulting in reduced numbers of people waiting. This consistent approach enables us to determine how we best enable people to receive the right care at the right time.
- 1.7.6 Appendix 2 sets out detailed progress in relation to Pathway 1 to 3 with key priorities for 2024. It updates that we have delivered: -
- ✓ **Pathway 1 (Independent Sector Home Care)** - 48% people being discharged home within 48 hours of referral through our independent homecare service. Home Care provider waits have reduced from 151 in December 22 at this time last year to 18 in 2023. This has been supported by the additional home care hours funded by Better Care Fund described to Committee in June, remodelling, and building capacity of our brokerage service as well as engagement with our providers.
  - ✓ **Pathway 1 (Council's Short Term Intervention Team)** - Since June 2023 the Short-Term Intervention Team have supported 2569 people to be discharged and reduced waits to 51 people needing support on a weekly basis. The new electronic system will be in place from January 2024 and enable further reporting, efficiencies in our ways of working and achieve delivery of our ambitions.

- ✓ **Pathway 1 (Additional Reviewers)** - Additional reviewers were identified as required to enable and build capacity for discharge. Funding was identified through the Better Care Fund for these posts as noted in June Committee report (additional 8 reviewers to form an additional team, plus management costs at totalling £0.61m (£1.1m annually). This is in addition to the team recruited last year where the value of this team was demonstrated through the winter pressures test for change “1600 hours project” 90% of the new posts have been recruited to and it's planned to complete full recruitment by March 2024.
- ✓ **Pathway 2 (Somewhere to Assess)** –273 people have been discharged to short term residential support settings from the 1st of June until the 31st of December 23. We have reduced social care delays due to people awaiting somewhere to assess beds by utilising additional staff resource to ensure people are assessed and discharged from this pathway in a timely manner. NHS ICB have provided additional funding to enable people who may require health funding to be assessed promptly.

1.7.7 As a city we have also prioritised discharge of people experiencing mental ill health to ensure equity of approach. A dedicated programme is in place with operational leadership from across both Adult Care and Wellbeing and Sheffield Health and Care Trust. Over the past six months this has seen improvements in pathways between our organisations and with that a reduction in people waiting to go home.

1.7.8 In line with our local ambitions towards Making Discharge Personal our teams are currently implementing recording systems so that individual's outcomes can be measured. It's aimed for roll out from 2024 aligned to our new electronic recording systems development. It is aimed that by moving towards a personalised approach our focus is on demonstrating our impact on individuals' wellbeing outcomes and independence and using learning from individuals' and family members experiences to continually improve our approach to prevention of admission and discharge from hospital. This also aligns with our learning from feedback and complaints noted at Committee today.

1.7.9 The proportion of older people who remain at home 91 days after discharge compares well to Yorkshire & Humber and England and it's our ambition by moving assessment into community and moving to a new operating model around primary care that we can prevent re-admission and with that increase % of people who remain at home after discharge.

## **1.8 Discharge Homecare Contract**

1.8.1 The provision of Home Care is critical to support effective hospital discharge. Improvements have been made over the last year in our pathways and the timeliness of package pick up, but we are keen to do more to deliver outstanding services and support for citizens of Sheffield.

1.8.2 The extension of current contracts to July 2024, agreed at Committee in September 2023, enabled delivery of the additional home care hours and a test of the independent sector pathways to provide support in line with our discharge

model ambitions and the ability to provide a 7-day service therefore increasing responsiveness and support for people to be discharged from hospital.

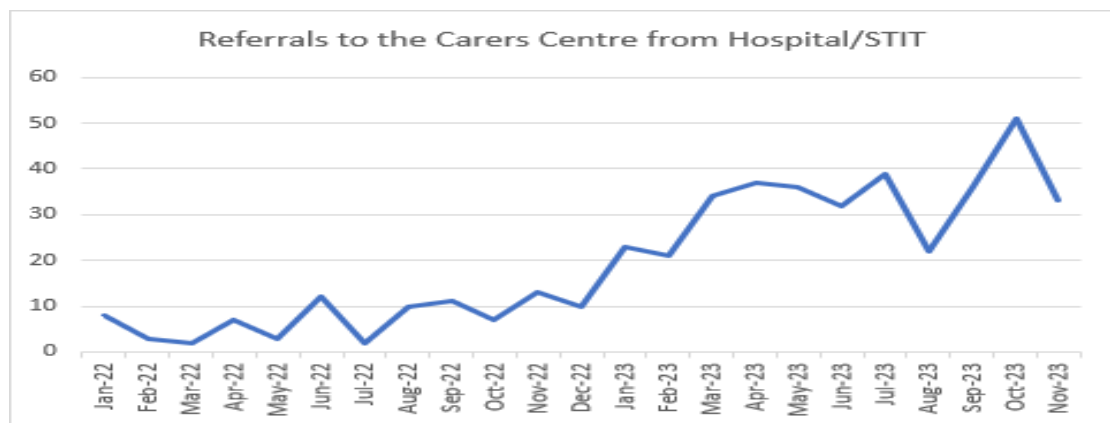
1.8.3 The flexibility to respond to discharge through dedicated home care provision has been a key element in enabling timely discharge and our trajectory to home-first. Current contracts end in July 2024, planned alongside the mobilisation of the new [Care and Wellbeing](#) contract, which goes live on 8<sup>th</sup> April 2024. To ensure stability and sufficiency of the Home Care market through this period, and to support the developing Hospital Discharge and Urgent Care Programme, it is proposed to commission a dedicated home care discharge contract to cover a two-year period with opportunity of extension for a further year.

1.8.4 The alternative is to not have a discharge contract and rely entirely on the new care and wellbeing contract. However, this risks destabilising our new contract during mobilisation and our delivery of discharge including additional reliance on direct awards.

## 1.9 Unpaid Carers

1.9.1 A priority aligned to our strategic ambitions is to support unpaid carers as set out in our Carers Delivery Plan agreed at Committee in December 2022, our priority has also been to increase the number of unpaid carers being identified and able to access support.

1.9.2 The number of referrals to Carers Centre for Carers support have continued to increase from hospital services as set out below:



1.9.3 A post, specifically focused on carer identification/support has been recruited to in the Short-Term interventions Team (STIT); this focus on carers has contributed to the increased number of referrals illustrated above.

1.9.4 It is essential that we identify carers as early as possible and have good connectivity between health/social care so that we can recognise, value and support our unpaid carers. NHS England's [Commitment to Carers](#) (2014) states that 'It takes carers an average of two years to acknowledge their role as a carer. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care whether that relationship is as a parent, a son or daughter, or a friend.'

- 1.9.5 It is therefore vital that there is good information available to carers in the health system (including point of discharge), so to that end, the Carers Centre has:
- Worked with Sheffield Teaching Hospitals (STH) to produce an animation and guide for people caring for someone who is leaving hospital. This can be found [here](#).
  - Worked with STH to revise the 'Do you look after someone?' leaflet which is being trialled in the discharge pack in 'Geriatric and Stroke medicine' (dementia pathway).
  - Worked with STH/Sheffield Young Carers to create a 'Carers passport' that aims to identify/support carers who are visiting at STH.
- 1.9.6 These new resources plus continued multiagency working with Sheffield Teaching Hospitals and the Sheffield Carers Centre will mean that more carers are linked from point of discharge to the Carers Centre so they can get the personalised support they need.

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

- 1.10.1 Following on from the non-recurrent national funding allocated last year, and as reported to February and June Committee, a recurrent grant has been made available to be managed through the Better Care Fund in 2023/25.
- 1.10.2 At this time there remains no additional funding allocated by the national teams to support prevention, avoidance of deterioration in conditions and access to statutory services without prior hospitalisation.
- 1.10.3 As reported in June, the funding, £7.172m in 2023/24 and indicatively £11.787m in 2024/25, has been included in allocations at commissioning organisations to allow longer term planning, support recruitment which enhances capacity, and to add to overall stability while discharge pathways are reviewed, redesigned, and simplified to enable people to return home when well.
- 1.10.4 Additional elements to support discharge have also been identified from the Joint SCC/ICS Discharge Support Grant. £0.35m of specialist staff to enable discharge planning, support people with an early diagnosis of dementia or those who require support with medication. £0.64m relating to technological and equipment innovations. In total the planned spend with SCC of the Joint SCC/ICS Discharge Support Grant is £4.1m.
- 1.10.5 Usage of the Better Care Fund will be provided to March 24 Committee as part of transparency reporting on Better Care Fund.

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

- 2.1 The hospital discharge and urgent care delivery plan and proposed approach going forward, is a core element of achieving the ambitions outlined in the Adult Social Strategy and in particular Commitments.
- 2.2 This proposal directly supports the future design of Adult Social Care (operating model) and, as such, enables removal of avoidable demand and helps to ensure

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

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

3.1 The purpose of this report is to provide an update in relation to hospital discharge. Consultation is undertaken during the development of direct activity relating to admission and discharge.

3.2 An overall approach to coproduction and involvement is also a key element, ensuring that the voice of citizens is integrated into all major developments ahead following on from the Coproduction strategy approved at Committee on 19<sup>th</sup> December 2022. It's planned that by embedding an outcome focused approach in relation to discharge and by engaging with our emerging citizens engagement activity, we will ensure voices of individuals are heard and acted upon.

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

#### **4.1 Equality Implications**

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

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

4.1.3 The EIA covering this report (Appendix 3) is being reviewed and updated to ensure all available equality and demographic information can help to assess whether (or not) there are any additional inequalities.

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

4.2.1 Discharge from hospital is funded by the Joint SCC/ICS Discharge Support Grant (see section 1.10) via the Better Care Fund governance process.

4.2.2 Adult Health and Social Care Policy Committee on 16<sup>th</sup> June 2022 approved recommissioning of homecare services to a value of 34,000 at 21per hour. The new model takes an enablement approach so it's aimed that the new providers will focus on enabling people to live more independently. It is not intended that the specific Discharge Homecare Contract will increase the overall number of funded hours/cost. It is now proposed that discharge homecare requirements will go through the new contract instead of through the new Care and Wellbeing contract.

### 4.3 **Legal Implications**

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

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

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

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

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

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

### 4.4 **Climate Implications**

4.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council is a partner in the Urgent and Emergency Care Board and will promote our Climate Statement, subject to approval with partners.

4.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

4.4.3

Many other partner organisations on the board will also have their own climate strategies. The role of large organisations – who form a big plank of the delivery of this strategy – is important in Sheffield tackling the effects of climate change.

#### 4.5 Other Implications

4.5.1 There are no other implications.

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

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

5.2 In relation to the commissioning strategy for discharge homecare, as set out above, the alternative would be to use the existing homecare contracts but it is felt that this could be destabilising and a specific contract is a better option.

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

6.1 As a partnership between agencies in Sheffield, we have made a commitment to admission avoidance and the development of a new operating model which focuses on building a partnership between primary and social care will aim in longer term to impact on admission avoidance.

6.2 The new discharge model aims to embed an approach where people discharged from an acute hospital bed are assessed at home or in another appropriate community setting where assessments about what care they need can take place. This approach is critical if we are to improve individuals and families experience of discharge, optimise individuals' wellbeing outcomes, maximise our workforce capacity and effectiveness and reduce avoidable demand.

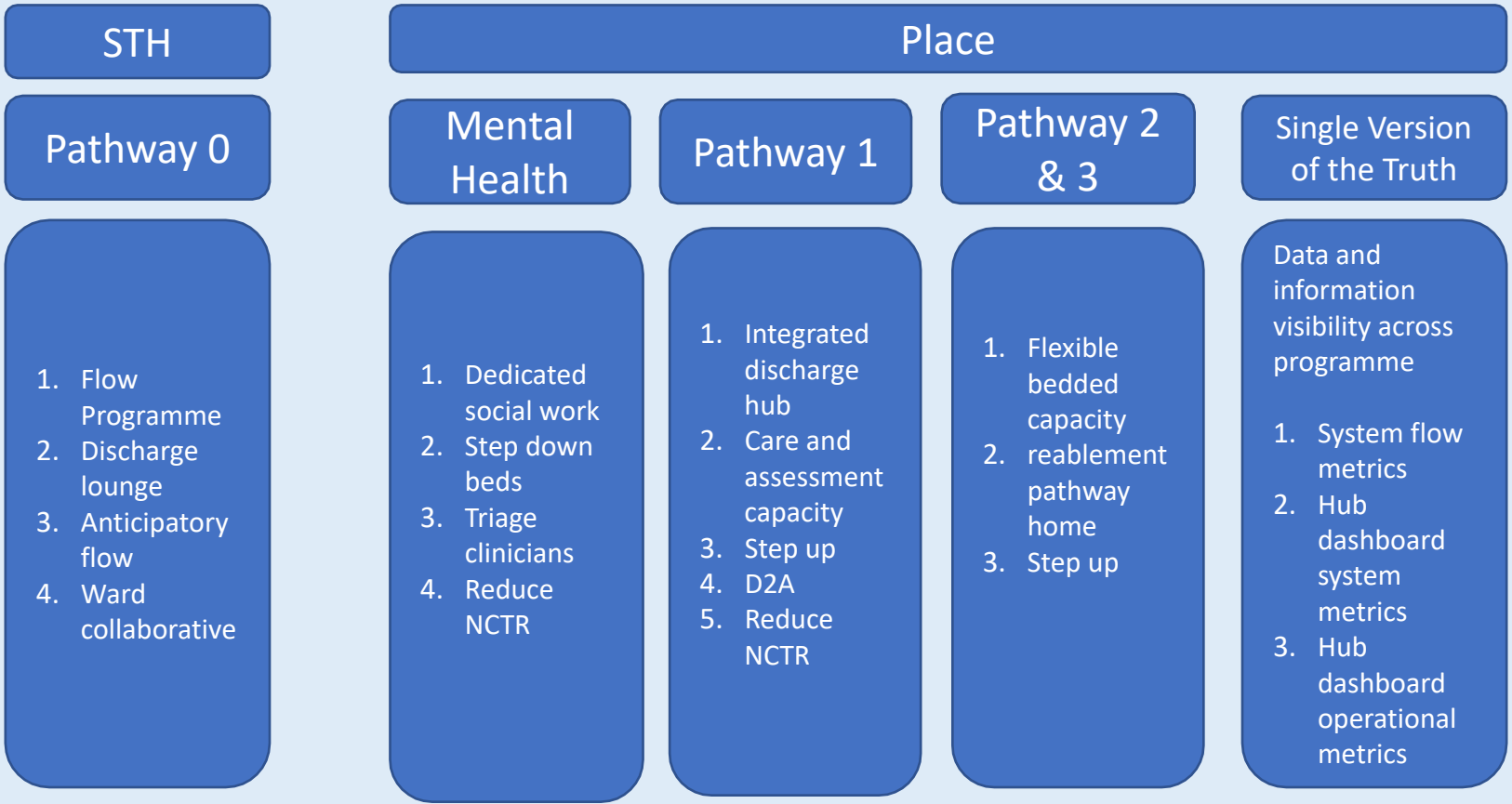
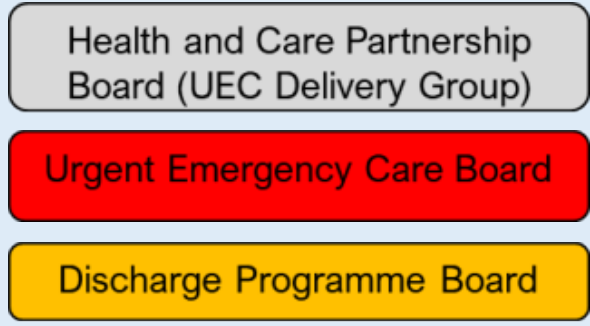


# Sheffield Discharge Programme

Update for Committee January 2024



# Discharge Programme Structure / Overview



	Pathway 0	Mental Health	Pathway 1	Pathway 2 & 3	“One version of the truth”
<p>Progress since last Committee Report on Discharge Programme</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 51</p>	<p>New discharge lounge opened as planned in December 2023</p> <p>Review of STH Discharge Policy in progress (final review)</p> <p>Ward discharge processes work contuse (though impacted recently by industrial action and operational pressures)</p>	<p>3 dedicated social workers in post since 08.01.24</p> <p>Recruitment of ED triage clinicians underway – due for completion Jan 24</p> <p>Interim beds work in progress</p> <p>Significant collaborative work focused upon reduction of NCTR with some good progress seen</p>	<p>Recruitment of Programme Manager and PSO in place from Jan 24</p> <p>Recruitment underway for System Discharge Lead and Hub Manager roles</p> <p>Mapping of “as is” processes completed</p> <p>Initiation of direct access to IS within 24h</p>	<p>Collaborative work on P3 – S2A beds to ensure robust data collection processes to enable real time position and timely patient flow</p>	<p>Work to ensure “Discharge ready date” being accurately reported</p> <p>Rationalisation of Discharge Delay reason codes</p> <p>Work with BI analysts to agree definitions and confirm collection and flow of agreed system metrics</p>
<p>Planned in next period</p>	<p>Publication of STH Discharge Policy</p>	<p>Completion of recruitment</p> <p>Interim beds in use from Feb 24</p>	<p>Recruitment of System Discharge Lead and Hub Manager</p> <p>Homelink to provide bridging support from end Feb 24</p> <p>Testing of case management approach and hub</p> <p>Dedicated discharge homecare capacity</p>	<p>Establish real time data position</p> <p>Reduce number of spot purchased beds</p> <p>Reduce average LoS</p>	<p>Delivery of hub dashboard – system and operational metrics</p>

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# Adult Care – Hospital Discharge Implementing the new model

**Kelly Siddons – Assistant Director Living and Ageing Well - Short Term Services.**

**Jo Pass – Assistant Director Living and Ageing Well – Long Term Services**

# The New Model

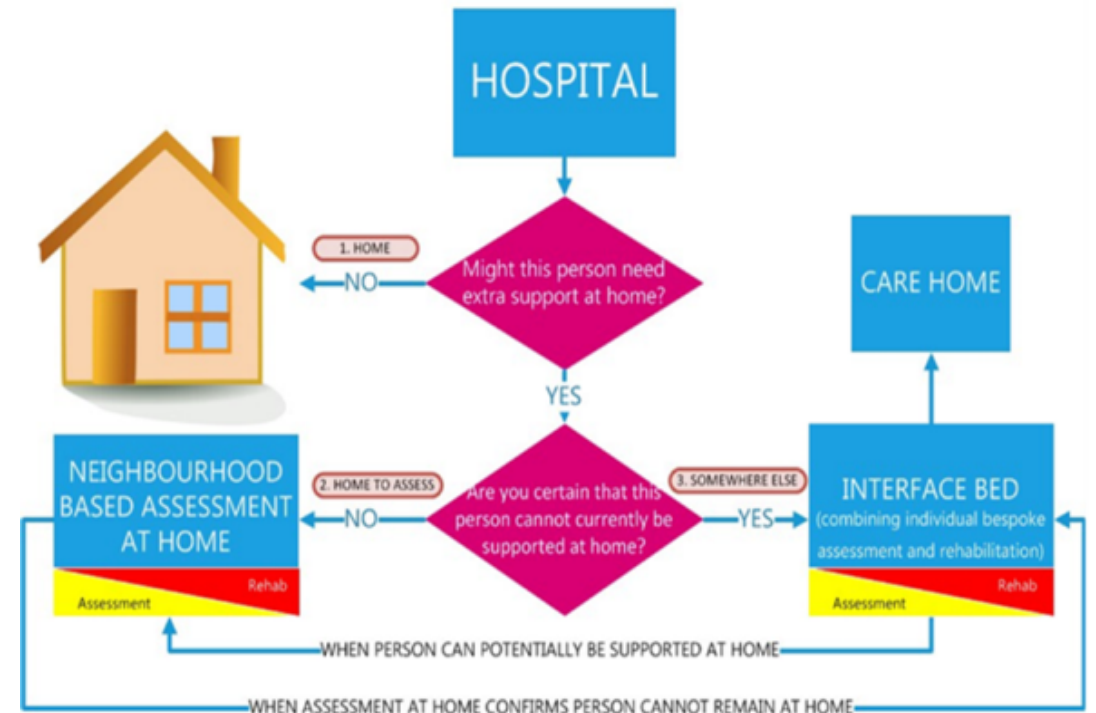
The national pathway definitions describe our work with 95% of people to be supported to return home upon discharge.

They also set out targets to be achieved with regards to % of people on each pathway

- ✓ Pathway 0 - 50% of people discharged: simple discharge home
- ✓ Pathway 1 - 45% of people discharged: able to return home with new, additional or a restarted package of support
- ✓ Pathway 2 - 4% of people discharged for further assessment, care planning or short-term intensive in a 24-hour bed-based setting, before returning home.
- ✓ Pathway 3 - 1% of people discharged who require bed-based 24-hour care to meet long term care and support needs.

**“Why not home, why not today?”  
asked every day, for every patient**

SINGLE SYSTEM PROCESS MAP TO OPTIMISE INDEPENDENT LIVING AFTER HOSPITALISATION



## *Why Not Home? Why Not Today*

We recognise the importance of working collaboratively across our leadership and operational teams to improve outcomes for the individuals and unpaid carers.

- ✓ The new model provides a shared understanding
- ✓ Gives opportunity to change behaviours and process
- ✓ Improves decision Making and timeliness
- ✓ Create strong leadership at a system level

All of which enables us to support the person to return home within 24 hours of No longer having a right to reside

- Our Local Ambition

# The Sheffield Discharge Story – So Far

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Over the past two years, we have already made significant progress through reducing waits for homecare (from 71 people in 2021 to 36 people in 2023)

---

Excellent evidence from the winter 22/23 test for change “1600 hours project” that delivered independent sector homecare support within 48 hours of no right to reside and demonstrated the value of post discharge reviews.

---

NHS England weekly reported performance data highlights that Sheffield discharge more people home than regional and peer comparators and in addition have reduced length of stay over 7 days (from 16% in 2021 to 10.3% in 2023).

---

Update on our progress against the Discharge model and urgent care model is detailed within this presentation. Phase 1 will be completed in March 24 and the learning will be evaluated to support Phase 2 development.

---

Work across the system to set out clear discharge pathways to reduce inefficiencies and improve joint working is underway – supporting less hand offs and improved experiences for individuals and carers.

---



# Hospital Social Work Review Services

## About the Service

Hospital Social Work support people leaving hospital with new or increased eligible support needs that can be met by Independent Sector home care, and support unpaid carers. They ensure longer term support decisions at the right time for the person when they are at home and also undertake safeguarding enquiries where a person may be at risk of harm.

## What Are We Doing and Our Impact

- ✓ Hospital Social Work has increased capacity in the service by 18 posts over 22/23 and 23/24 and are streamlining processes and documentation.
- ✓ Reassessment of the individuals needs and strength-based support planning now takes place within 4 weeks of discharge in the persons home using the additional reviewers funded by Better Care Fund.
- ✓ 257 post discharge strength-based reviews completed between 1/09/23 and 30/11/23 with 25% of people enabled to live more independently with lower levels of support.

## Over priority over the next 6 months is to implement: -

- Personalised information which explains discharge process to individuals and carers.
- Provision of low-level pieces of equipment to promote independence.
- Moving and handling reviews by an Occupational Therapist post discharge.
- Alignment and joint working with Primary Care Networks

# Pathway 1b – Short Term Intervention Team (STIT)

## About the Service

STIT are the in house reablement provider, supporting people to return home after a period in hospital, to regain independence. The Service supports on average up to 270 people at any one time and accept referrals seven days a week

## What Are We Doing and Our Impact

- ✓ Maximising our Capacity by reducing duplication, streamlining existing processes and to work to the Intermediate Care Framework. Embracing the opportunity to further stabilise, through improving current performance and quality, maximising the use of technology.
- ✓ Since June 2023 Short Term Intervention Team have supported 2569 to be discharged
- ✓ In November 2022 we had an average of 115 people awaiting a service from Short Term Intervention. In December 2023 this was reduced to 51 people waiting set against a weekly referral rate of 80 people.
- ✓ Performing well against the ASCOFF 2b indicator showing 80% of people discharged remain at home 91 days later. This is also against a backdrop of a reduced number of people occupying an acute bed once medically fit for over 7 days and a decreasing number of people readmitted.

## Our Priority over next 6 Months are to Implement: -

- Our new electronic system which goes LIVE in Jan 2024 and move out of business continuity.
- Use the new system to enable a flexible approach to service planning and delivery
- Build links with local communities to increase prevention opportunities and connect people to the place that they live by working with people to set clear reablement goals

## Pathway 2 - Somewhere Else to Assess (S2A)

### About the Service

S2A is a pathway when people require discharge to a residential or nursing home placement setting for a period of assessment when it is not viable due to health / social care needs to return to the community. Sheffield City Council commission 20 residential beds for people with a residential level of need through the S2A pathway. The ICB commission nursing beds for people with nursing needs.

### What Are We Doing and Our Impact

- ✓ An organisational change was completed in November 2023 which has led to integration of S2A in our Care homes Service which has led to increased resilience to support discharge.
- ✓ We have increased capacity by 4 social care practitioner posts, funded by Better Care Fund, to respond to increased demand and complexity of need. This has enabled 273 number of people to be discharged from hospital between June and December 23. Those remaining on the residential pathway for over 28 days has halved in this time period.
- ✓ We have adopted a 'no hand offs' approach. This approach is in line with our practice principles and delivers a better customer experience and continuity of care.

### Our Priority the next 6 months is to implement: -

- Streamlined processes to continue to increase efficiency and reduce hand off's
- Update the Standard Operating Procedures to ensure it aligns with our vision for hospital discharge.
- Embed greater utilisation of available data – particularly regarding bed capacity.

# Pathway 1c – Independent Home Care

## About the Service

Sheffield City Council contracts with several independent providers of Home Care to ensure that people living at home with longer term support needs have their social care needs and outcomes met. Where people have their social care support arranged by the Council, the Adult Care and Wellbeing Brokerage team facilitate this by securing care from one of our contracted providers. The Brokerage team cover community and hospital referral pathways.

## What Are We Doing and Our Impact

- ✓ Reviewed brokerage processes to reduce delays, support system metrics and reporting, and resulting in quicker provider pick-ups. We have also increase capacity by an additional 2 posts.
- ✓ Worked with the Independent Sector and STIT to increase the number of people able to be supported “straight to Independent Sector and with that reducing hand offs experienced by individuals.
- ✓ Awarded new Care & Wellbeing Contract (Home Care). Mobilisation is focused on successful transition, continuity of care and outcomes focused approaches as well as maximising capacity of homecare
- ✓ Between 1<sup>st</sup> September 23 and 9th January 24, 147 new hospital discharge care support packages were brokered to the Independent Sector. Of these 48% (70) were picked and started with 48 hours.

## Our Priority Over the Next 6 Months is to Implement:

- Expansion of support going straight to Independent Sector to reduce hand off's
- Implementing a Commissioning strategy to support discharge
- Brokerage service development
- Mobilisation of Care & Wellbeing Service

# Mental Health

## About the Service

The Mental Health Community Social Work teams work with people in provider placements to support their independence and autonomy and avoid hospital admissions and enable ward discharges to the community. The Approved Mental Health Practitioners (AMHPs) apply the 1983 Mental Health Act legislation to detain people at risk to themselves and others into hospital beds, and the Forensic team support people being discharged from long-stay institutions.

## What Are We Doing and Our Impact

- ✓ Introducing a dedicated social work team to work directly with Sheffield Health and Social Care Discharge teams on mental health wards.
- ✓ Developing interim placements with external local providers, supporting people who need a short-term placement whilst their long-term home becomes available, three providers close to finalising arrangements
- ✓ Developing the local market of providers to support people with a range of complex needs. A long-term commissioning initiative which has begun its planning stages.
- ✓ Working with providers through the Provider Forum to support better joint working arrangements. Regular meetings are well attended by all parties and productive.
- ✓ Delays are now significantly reduced with 10 delays at January 2024.

## Our Priority Over the Next 6 Months is to Implement:

- Recruitment plans finalising a permanent social work discharge team for mental health wards
- Delivery of three interim placements to enable a step down from hospital wards when people are fit for discharge and have long-term placement options.
- Completion of an 'interfaces' document agreed with the Provider Forum which sets out the duties and responsibilities of statutory and provider organisations in relation to mental health services in Sheffield

# Unpaid Carers

## What Do We Offer

A post specifically focused on carer support in the Short-Term Interventions Team (STIT). Carers who are identified by STIT and referred to the Carers Centre can access a wide range of support, from the 'Carer Card' to a Carer's assessment. Further details of the services offered can be found [here](#). Tailored information aimed at carers, the Carers Centre has:

- Worked with Sheffield Teaching Hospitals (STH) to produce an animation and guide for people caring for someone who is leaving hospital. This can be found [here](#).
- Worked with STH to revise the 'Do you look after someone?' leaflet which is being trialled in the discharge pack in 'Geriatric and Stroke medicine' (dementia pathway).
- Worked with STH/Sheffield Young Carers to create a 'Carers passport' that aims to identify/support carers who are visiting at STH.
- In 2022 the Carers Centre created a 'Health Liaison Officer' post to improve the connectivity between health and social care so more carers could benefit from the Carers Centre's services.

## What is Our Impact?

- ✓ We have seen an increase in the number of referrals made to carers support
  - ✓ In 2022 there were 88 referrals made
  - ✓ In 2023 there were 374 carers referred to the unpaid carers services
- ✓ More multiagency working to create better links between health/social care including via the Carers Delivery Plan which has increased focus on discharge support.
- ✓ New information resources, targeted at carers who are supporting someone to leave hospital.

## Our Priority over the next 6 months is to implement: -

- Work with the Carers Centre to promote their new information resources for carers i.e. the animation & guide.
- Continue to increase carer referrals from STIT to the Carers Centre.
- Increase the number of carers referred from STH to the Carers Centre.

# Our Priorities - The Next Steps



## Home First

Implement 'Home first'  
– Maximise Pathway 1  
capacity to support  
more people to return  
home



## Simplify Processes

Improve hospital  
processes/flow through  
clear implementation of  
the action cards, early  
discharge planning  
resulting in 24 hour  
discharges



## Community Focused

Develop a **Community  
Reception service**,  
which supporting people  
home undertaking MDT  
community assessment  
in the most appropriate  
setting.



## Build Homecare Capacity

Establish over capacity  
in the 'home care  
sector' to ensure we  
have adequate Pathway  
1 capacity to meet the  
timescales within the  
guidance



## Right Support Right Time

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



## Local Ownership

PLACE  
Continue to develop  
clear governance for  
improving discharge  
and clear accountability

**Phase 2 - April 24**  
supports this phase of  
development and  
implementation

Develop further **joined up  
health and care  
governance** to enable  
delivery and operational  
Decision Making

Work at a system level to  
implement the guidance to  
maximise flow through early  
discharge planning and utilise  
new project management  
capacity

**Be compassionate as  
leaders** – Work with staff  
to understand and deliver  
the change across the  
system

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

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## PART A - Initial Impact Assessment

**Proposal Name:** Hospital Discharge and Urgent Care Delivery Plan

**EIA ID:** 2135

**EIA Author:** Jo Pass (NCC)

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

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**Proposal Type:** Budget

**Entered on QTier:** No

**QTier Ref:** #

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**Year Of Proposal:** 23/24

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**Lead Director for proposal:** Alexis Chappell

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**Service Area:** Livign and Aging Well

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**EIA Start Date:** 05/06/2023

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

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**Equality Lead Officer:** Ed Sexton

### Decision Type

**Committees:**

## Portfolio

Primary Portfolio: Adults Health and Wellbeing

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EIA is cross portfolio: No

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EIA is joint with another organisation: No

## Overview of Impact

Overview Summary: The proposals will impact all people with eligible social care needs who are discharged from hospital. As details become clearer about the scope of the proposal, this EIA will be developed further. A full impact assessment will be carried out to inform the development

---

Impacted characteristics:

- Age
- Carers
- Disability
- Health

## 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: 31/01/2024

## PART B - Full Impact Assessment

### Health

Staff Impacted: No

Customers Impacted: Yes

**Description of Impact:** For most people who have additional support needs following the completion of their acute hospital stay the best place for them to continue receiving the care and support needed is their own home with visits from health and care staff, from family or other community partners or a combination of several elements to meet their needs whilst they recuperate. The proposals aim to ensure that people are discharge timely to the most appropriate setting for the person. This should have a positive impact on people's health and wellbeing

**Name of Lead Health Officer:**

**Comprehensive Assessment  
Being Completed:**

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

**Staff Impacted:** No

**Customers Impacted:** Yes

**Description of Impact:** The proposals predominantly relate to people over the age of 65 who have been admitted to hospital when the person cannot be discharged from hospital without the need for extra support. The positive impact is that the proposals are seeking to improve the discharge pathway to enable people who are medically fit to return home timely and effectively

## Carers

**Staff Impacted:** No

**Customers Impacted:** Yes

**Description of Impact:** Often carers are concerned about prolonged periods spent in hospital and therefore a discharge pathway that helps them to return home as early as possible is likely to be welcomed however there could also be a negative impact on carers if care packages are not in place quickly enough or in the event the package size is not appropriate for the care needs. This could mean more pressure is put on carers

## Care Experienced

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

## Disability

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description of Impact:**

People in hospital will have medical conditions that would impact upon their daily lives enough so as to amount to them being disabled, either physically or mentally and we are currently faced with several challenges when trying to discharge people who require additional support. The new proposals will have a positive impact as they will aim to discharge people timely and ensure they are assessed at home or in another appropriate community setting where assessments about what care they need can take place. This will support those with disabilities to maintain their independence wherever possible and support them to maintain and develop new abilities and skills in relation to their own wellbeing. This is expected to have an overall positive impact upon those with disabilities.

## Action Plan & Supporting Evidence

**Outline of action plan:**

As more detail of the proposals are developed and implemented the EIA should be reviewed and updated. The negative impact regarding more pressure put on carers should be mitigated by offering timely and thorough Carers Assessments along side the persons assessment to ensure that carers needs are identified and met as well as the needs of the person.

**Action plan evidence:**

Links to EIA 1220

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

## Mitigation

**Significant risk after mitigation measures:**

No

**Outline of impact and risks:**

**Review Date**





## Report to Policy Committee

**Author/Lead Officer of Report:**

Andy Buxton, Commissioning Officer  
 Mary Gardner, Strategic Commissioning Manager

**Tel:** 0114 205 2714 / 0114 474 3439

**Report of:** Strategic Director of Adult Care and Wellbeing  
**Report to:** Adult Health and Social Care Policy Committee  
**Date of Decision:** 31<sup>st</sup> January 2024  
**Subject:** Personalisation and Direct Payments 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? 2412				
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 (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

**Purpose of Report:**

The purpose of this report is to:

- Provide an update on progress against the Delivery Plan of the Personalisation and Direct Payments Strategy.
- Review the options appraisal for the future model of the Direct Payment Support Service and agree the proposed option.

**Recommendations:**

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

1. Note the continued progress of the Direct Payment Improvement programme and delivery against actions from the strategy delivery plan including the creation of a Personalisation Board to drive and govern future work.
2. Endorse the planned activity for the next 12 months.
3. Approve commissioning strategy Option 5: Provide a Direct Payment Support Service as an in-house service offer.

**Background Papers:**

Appendix 1 - Personalisation and Direct Payments Strategy Delivery Plan

Appendix 2 - Options Appraisal – Future Model of the Direct Payment Support Service

Appendix 3 - PA Workforce Summit Visualisation

Appendix 4 - 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: <i>Laura Foster</i>
	Legal: Patrick Chisholm
	Equalities & Consultation: <i>Ed Sexton</i>
	Climate: <i>Catherine Buntin</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>
2	<b>SLB member who approved submission:</b> <i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b> <i>Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.
	<b>Lead Officer Name:</b> Mary Gardner
	<b>Job Title:</b> Strategic Commissioning Manager
	<b>Date:</b> 5 January 2024



## **1. PROPOSAL**

1.1 Currently 1936 Adults and 394 Children and Young People are in receipt of Direct Payments in Sheffield. This represents around one quarter of people receiving long term support from Adult Social Care.

1.2 Our Personalisation and Direct Payments Strategy was approved by Committee in December 2022. The strategy sets out the Council's ambition for personalisation and describes how we ensure people accessing social care achieve personalised support with good outcomes through support planning and personal budgets. By personal budgets we mean the money people need to meet their eligible care and support needs to self-direct their own support, which includes Direct Payments and Individual Service Funds (ISFs).

1.3 The Strategy was co-produced with people with lived experience, partners and stakeholders. It outlined 5 key priorities:

- Improve how personalisation is approached and delivered in Sheffield for people who use social care, and for social care staff and workforce that supports them.
- Work collaboratively with people who access social care, their representatives, staff and partners to deliver our strategy for personalisation together.
- Develop vibrant and diverse support options including a community of providers and a Personal Assistants workforce which offers personalised and responsive solutions for the people of Sheffield.
- Build a strong, sustainable infrastructure for people to access or buy the right support for them and develop other approaches that offer people the level of choice and control that suits them.
- Develop practice that promotes personalisation, which underpins the values and duties within the Care Act (2014) and provides ongoing support, advice and learning to champion and deliver personalisation.

### **1.4 Delivery Upon the Strategy**

1.4.1 Appendix 1 highlights that significant progress has been made against the milestones and actions this year, with much of the focus on ensuring the essentials required to establish a stable sustainable and compliant platform for working.

1.4.2 Many of the developments have ensured that risks are addressed and that there are simplified systems along with clear, transparent guidance is in place to support staff. In response to feedback from people with lived experience, we have dedicated time to designing tools, factsheets and resources that provide consistent transparent information.

1.4.3 The Direct Payment Improvement programme had an Internal Audit assurance review during 2022/23. The outcome was positive as the findings had 'Moderate Assurance' meaning that there were sound

systems of internal control in place with some weaknesses present. These were already known about and were in the Delivery Plan.

1.4.4 A summary of our achievements against each of the Direct Payment Improvement Programme workstream areas, are highlighted below:

<b>Workstream</b>	<b>Achievements in 2023</b>
Workstream 1 (Policy)	<ul style="list-style-type: none"> <li>• Strategy Launch Event - Following approval at Committee in December 2022, the strategy was formally launched at a public event in May 2023.</li> <li>• Top-ups and Reasonable Preference Guidance developed and published.</li> <li>• Policies for Personalisation and Positive Risk-Taking are drafted.</li> </ul>
Workstream 2 (Processes)	<ul style="list-style-type: none"> <li>• End-to-end journey process maps for all activity that interfaces with Direct Payments.</li> <li>• Five new guidance documents</li> <li>• Direct Payment Audits Review phase one, including introducing an initial 3-month check-in call, named officer, improved correspondence and process name change to 'Direct Payment monitoring'.</li> <li>• Initiated a Complex Direct Payment Forum.</li> <li>• Refreshed of Direct Payment Procedures.</li> </ul>
Workstream 3 (Money Management)	<ul style="list-style-type: none"> <li>• Embedded the standards and expectations of the Recognised Provider List of money management companies.</li> <li>• Revised Money Management Company quality assurance</li> <li>• Information about managing Personal Budgets</li> </ul>
Workstream 4 (Direct Payment Support Service)	<ul style="list-style-type: none"> <li>• Interim Direct Payment Support Service established.</li> <li>• Options Appraisal for future model – see section 1.7 for options appraisal details and decision-making request.</li> <li>• Roll out of refresher and full Direct Payment training for social care</li> <li>• Creative support planning training for Direct Payment Review and Transitions teams</li> <li>• New training resources for adding Direct Payments to the system</li> </ul>
Workstream 5 (Market Shaping)	<ul style="list-style-type: none"> <li>• Scoping of an Individual Service Fund (ISF) pilot,</li> <li>• Understanding of current market.</li> <li>• Improved the offer for Personal Assistants, including incentives and training opportunities.</li> <li>• Set up and launch of the Sheffield PA Register.</li> <li>• Conceived and organised a PA Workforce Summit for the region to explore what is needed to generate, promote and grow a PA workforce – see visualisation at Appendix 3.</li> <li>• Establishing the ISF pilot, including the creation of the procurement specification, identification of interested organisations and formulating budget and payment governance systems.</li> </ul>

Workstream 6 (Direct Payment Reviews)	<ul style="list-style-type: none"> <li>• Supported people to update their support arrangements post pandemic. Creating savings of circa £686k during 2023.</li> <li>• Completed reviews for all those who were caught in the migration of record management systems (CareFirst to Liquid Logic).</li> <li>• Devise support arrangements via Direct Payments for a group of adults to pool their budgets and generate greater personal outcomes.</li> <li>• Established a permanent review team as an ongoing invest to save.</li> </ul>
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1.4.5 Since January 2023, there has been a decrease of 100 people; a result of advancements in Provider Frameworks and Direct Award offers meaning that more bespoke care arrangements are available through the Council. This broader personalised Council offer means that some people have had real choice and greater options than before and been able to move from Direct Payments.

1.4.6 Over the past 12 months, total spend on Direct Payments in Sheffield was £48.8m (£45.3m from Adults, £3.5m from Children & Young People). Since January 2023 there has been a reduction of just over £1.7m in spending, notwithstanding the annual percentage increase applied to Direct Payments in April 2023

1.4.7 Our key next steps and priorities for 2024 aligned to our workstreams are:

- Completion of personalisation and positive risk-taking policies.
- Develop a practice model that ensures the offer of how to receive a personal budget is at point of assessment and leads support planning with a view of implementation in 2025.
- Complete and embed remaining journey process maps.
- Complete Direct Payment Audit Review phase two.
- Create a range of options for managing personal budgets.
- Explore options such as Credit Unions
- Implement the future model for the Direct Payment Support Service
- Further develop the training offer across social care to continue to promote direct payments and personal budgets.
- Launch of the Individual Service Funds pilot
- Establish the Direct Payment Provider Forum
- Implement a Quality Assurance model for the market
- Prioritise and implement reviews for people who may prefer or require alternatives to Direct Payments.
- Explore creative and innovative uses of Direct Payments.
- Pilot a buddying scheme for workers in other social work teams

1.5 Moving forward oversight of the Direct Payment improvement work will be undertaken as part of a new Personalisation Board. The Board will not only oversee the further development of our offers around self-directed support like Direct Payments and Individual Service Funds (ISFs) it will also aim to

deliver quality of information and data monitoring to enable ongoing scrutiny.

- 1.6 The Board will also create new opportunities to develop our social work practice and grow personalised offers within all of the services across Adult Care and Wellbeing.

**1.7 Future Model of Direct Payment Support Service – Decision Required**

- 1.7.1 In October 2021, the Executive Member for Health and Social Care approved the tender of a Direct Payment Support Service for 2-years. At the agreement of the interim arrangement a request was made by members that a full options appraisal was undertaken to inform the longer-term solution for the provision of Direct Payment Support Service.

- 1.7.2 Direct Payment Support Services are a provision within the Care Act 2014: Direct Payment Regulations. It states that all local authorities provide support for people taking Direct Payments to advise and assist them to understand and fulfil their responsibilities around overseeing and arranging the support, organising the budget, and with managing all aspects of their recruitment and employment of Personal Assistants.

- 1.7.3 A detailed Options Appraisal has been completed for each option suggested (Appendix 2). In summary, 5 options were explored 3 of these being ruled out as not viable options in the current market landscape in Sheffield. These were:

<b>Option</b>	<b>Outcome</b>	<b>Core Reason</b>
Option 1: Do Nothing	Rejected	Not legally compliant
Option 3: Build a consortium of community and user led organisations who work collectively to provide a Direct Payment Support Service	Rejected	Local user-led organisation indicate they are not interested in developing this model and others are not currently ready to deliver.
Option 4: Include provision within individual Direct Payment budgets that enables people to arrange and purchase their own Direct Payment support from an open market of providers	Rejected	Challenging to forecast volume of support required and the Council would have limited control over provider pricing strategies and costs.

- 1.7.4 The remaining 2 options were similar in meeting the requirements. The benefits and drawbacks for each were considered closely.

- 1.7.5 The preferred option is Option 5: Provide the Direct Payment Support Service as an in-house service offer. The key assets of this option are:

- This option meets all our requirements with other Councils working in this way.

- Feedback and ideas from people who have used the service and social care colleagues are largely in favour of this option.
- Peer-support, coaching and mentoring from people with lived experience will continue through partnership with Disability Sheffield – addressing concerns from some people wanting to ensure peer advice exists with impartiality.
- The service to be hosted separately to social care teams e.g. in Commissioning & Partnerships to provide clear distinction from assessment and care management.
- Development and implementation of option will be co-designed with people with lived experience.
- In-house service likely to be more efficient and effective, resulting in a better experience for people with Direct Payments.
- TUPE would apply, therefore the existing workers with expertise, knowledge and skills would move with the transfer.
- Joint service for Adults and Children – costs proportioned. Support provided to health funded individuals to be recharged to the ICB.

1.7.6 The table below outlines the challenges identified within option 2 and how option 5 mitigates these.

<b>Option 2</b>	<b>Option 5</b>
All providers offer other services outside of Direct Payment Support i.e. managed accounts, payroll. This has caused confusion about who and what the DPSS offers, who is able to access it and costs. Despite the Service specification requiring the provider not to use private branding this still caused significant issues and confusion.	The Council has its own branding, the Direct Payment Support Service will not be confused with other organisations and services.
Challenges were raised that there is a risk that the third-party provider has an advantage over other providers in the market to promote their own other services. The Council must ensure an equal and fair market.	The in-house service has no other competitive service offers. Staff will be able to discuss the other services from all provider perspectives.
Third party provider does not have access to internal Council systems which slows access to information required to support people. People have to repeat their story several times.	In-house option has access to information immediately and could offer a timely seamless service.
Cost of procurement and inflationary pressures means there is a risk that this option is more costly.	Initial costings suggest that this option is viable within the existing financial envelope (£170,000 per annum) and maximises existing resources.

1.7.7 The Council will continue to work collaboratively with people with lived experience, their families and carers, partners and stakeholders to develop and mobilise the future model of the Direct Payment Support Service.

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

- 2.1 Recognising the activities delivered during 2023 and endorsing the future actions in the Delivery Plan ensures that the Personalisation & Direct Payments Strategy continues to commit to enabling people to direct their own support, led by what is important and matters to them. People with lived experience play an active role in designing the support and services we offer.
- 2.2 The strategy delivers a diverse, creative and responsive marketplace shaped and developed to offer real choice and control for people. Personalised approaches offering more innovative solutions enables people to meet their needs and achieve their outcomes more effectively.
- 2.3 The strategy and delivery plan contributes towards Commitments 4 & 6 of the Living the life you want to live, Sheffield's Adult Health and Social Care Strategy 2022-2030, which are:
- *Commitment 4 - Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.*
  - *Commitment 6 - Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.*
- 2.4 In October 2021, SACHMA produced a report entitled, 'A Review of Home Care – The African Caribbean Perspective'. The report makes several recommendations to the Council based on the findings and participant suggestions of what good care looks like.
- 2.5 Recommendation 14 specifically focused on the development of Individual Service Funds (ISFs). The Personalisation and Direct Payments Strategy makes the commitment to develop ISFs in Sheffield and work is well underway to deliver these.
- 2.6 The proposal to opt for Option 5: Provide the Direct Payment Support Service as an in-house service offer enables us to progress the long-term solution for supporting people to take Direct Payments and have confidence and ability to manage their own support. They will have timely interventions to assist with recruitment and will have a service that wraps around them offering initial support and advice, back-up support when it is needed and review and monitoring assistance.

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

- 3.1 The Personalisation and Direct Payments Strategy has been fully co-produced. The commitment to coproduction started from the initial development of the Direct Payment Improvement Programme. With people with lived experience, staff, partner organisations and other stakeholders all being involved in the decision-making, governance and programme activities.

3.2 People who take Direct Payments, their families, staff, and partners have been involved in the decisions around the future of the Direct Payment Support Service. Questionnaires were circulated and focus groups encouraged feedback. The design of the preferred option has centred around this.

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

##### **4.1 Equality Implications**

4.1.1 The proposal is fully consistent with the Council's obligations under the Equality Act 2010 and the Public Sector Equality Duty. It is considered that measures to improve and develop personalised approaches in Sheffield will better support people with social care needs to exercise choice and control, and the quality and range of services available.

4.1.2 Implications are considered in Equality Impact Assessment 2412 (Appendix 4). In Equality Act terms, the proposal will have a significant direct, positive impact for people with the protected characteristic of disability – i.e. most beneficiaries. Indirectly, there is also likely to be positive impacts in terms of race, (a higher proportion of adult social care customers from BAME communities choose a Direct Payment); and sex (there is a higher prevalence of women within the PA workforce). The EIA also identifies potential positive impacts relating to Age, Carers, Religion and Sexual Orientation.

4.1.3 It is also recognised that often Direct Payments were the only option for some people where our council-arranged Frameworks were not always able to offer culturally appropriate support.

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

4.2.1 For 23/24, the available budget for the Direct Payment Support Service is £170,000. The current contract arrangement ends in September 2024, meaning there will be a part-year cost in 24/25.

4.2.2 Any costs associated with the set-up and running of the service internally will need to be met within the available budget or addressed as part of future year's business planning.

4.2.3 Initial costings indicate that staffing costs and expenses will be covered by the available budget, however further work is needed to validate these assumptions.

4.2.4 There is the risk that reprocurring a new contract would be more costly due to inflationary pressures.

4.2.5 This paper proposes investigating a shared approach to funding the service in the future, pending further discussion.

#### 4.3 Legal Implications

- 4.3.1 Under the Care Act 2014, the Local Authority has a duty to promote the wellbeing of individuals when undertaking its care and support functions. If the person has eligible support needs, then S18 looks to meet those needs including a discretion under S8 to meet needs by making Direct Payments to ensure its legal obligations are met.
- 4.3.2 Care Act Statutory Guidance states 4.8 - Since 2007 when personalisation became a mainstream policy, commissioning has also covered activity to ensure that sufficient and appropriate services are available to meet the needs of growing numbers of people with personal budgets and direct payments.
- 4.3.3 Where a previously externally commissioned service is brought in-house the Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) will generally apply and where they do set processes and procedures will need to be followed.
- 4.3.4 The proper assessment of whether TUPE will apply requires employee information that the Council does not have access to at this stage. However, it is likely that insourcing will require transfer of some personal data and personnel and the Council must comply with the Data Protection Act 2018 and, where applicable, Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) (as amended).
- 4.3.5 If TUPE does apply, the Council will need to undertake proper consultations on the transfer with affected staff and their representatives. The Council must also undertake all statutory checks required after receiving staff and ensuring full compliance with pension legislation.
- 4.3.6 In advance of insourcing, the Council must clearly define the scope of the insourced service, role within the organisation and where possible determine how it will fit with existing services.
- 4.3.7 If after insourcing staff other changes become necessary then in addition to compliance with TUPE, the council must also adhere to Employment Legislation and HR policies that govern consultation, organisational change and obligations under the Equality Act 2010.

#### 4.4 Climate Implications

- 4.4.1 The Personalisation and Direct Payments Strategy contributes towards the Adult Social Care Strategy which references a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change.
- 4.4.2 Although the Personalisation and Direct Payments Strategy will not have direct climate implications, we have used the Climate Impact Assessment Team's guidance to ensure we consider relevant climate factors and how



the strategy and delivery plan may indirectly contribute towards reducing our climate impact.

- 4.4.3 Priority 3 within the Strategy is to *develop a vibrant and diverse community of providers and support options which offer personalised and responsive solutions for the people of Sheffield*. By creating a vibrant marketplace which reflects local need and demand and provides real options for people to be supported in the way they choose, there is potential to encourage and shape the development of service provision which is conscious of and aiming to reduce its climate impact. There are also opportunities within Priority 4 of the strategy to consider climate impacts when developing new quality assurance systems when building a directory of the local market offers for people to choose and direct their own support.
- 4.4.4 *Buildings and Infrastructure* - the flexibility and high level of choice and control that is intrinsic to direct payments and personalised approaches means that people can be supported/receive care and support how and where they choose e.g. in their home, close to home and/or in existing community buildings and facilities which helps to reduce the likelihood of additional climate impact. By giving people the choice to be supported at home or supporting them to access existing community provision reduces the need to build and develop new provision.
- 4.4.5 *Transport* – personalised approaches can support people to access public transport and increase use of active forms of travel in line with their personal outcomes and how they wish to be supported.
- 4.4.6 Energy – improving awareness and understanding around the use and access of assistive technologies and tech-enabled care can help to improve energy efficiency and decrease energy demand as additional benefits to improving or maintaining independence.
- 4.4.7 *Economy* – market shaping for a creative, diverse and responsive marketplace for people who use Direct Payments, Individual Service Funds and other personalised approaches encourages the development of small, highly specialised, local services and businesses which may reduce climate impact including reduced travel, smaller infrastructures, efficient operations.
- 4.4.8 *Resource use* – people directing their own support are able to choose and purchase local services and businesses and can be supported to access existing community provision and facilities which is likely to reduce climate impact.
- 4.4.9 *Influence* – there is opportunity when developing the information, advice and guidance offer to people using Direct Payments and other personalised approaches to support understanding and raise awareness of the climate impact of provision and resources they purchase and/or access which may help inform their choice and decision making.

4.4.10 *Adaptation* – people who have Direct Payments are encouraged to consider their personal contingency plans in order to respond and adapt effectively in the event of extreme weather.

4.5 Other Implications

4.5.1 There are no other implications.

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Options considered for the delivery of the Direct Payments Support Service are as set out in the Options Appraisal. No other options have been considered as the strategy, delivery plan and offer of personalised support and Direct Payments are statutory duties within The Care Act 2014, Care and Support (Direct Payments) Regulations 2014, Care and Support Statutory Guidance issued with the Care Act 2014, Children and Families Act 2014.

**6. REASONS FOR RECOMMENDATIONS**

6.1 Our focus is to offer people of Sheffield a good life with choices as outlined in our Strategy Living the Life you Want to Live. As a Council it is imperative that we fulfil our statutory duties. The Direct Payments and Personalisation Strategy approved in 2022 commits us to delivery.

**Appendix 1 - Personalisation and Direct Payments Strategy Delivery Plan – Update January 2024**

Below is an update of the high-level delivery plan of the Personalisation and Direct Payments Strategy.

Theme	Milestone/action	By when	Lead	Update	Status
<b>Workstream 1 (Policy)</b>	Co-produce Personalisation and Direct Payments Strategy outlining Sheffield’s commitments to increase, and further develop, approaches and practices around personalisation.	December 2022	Mary Gardner, Andy Buxton	Strategy co-produced with people with lived experience and stakeholders, approved at AHSC Policy Committee on 19/12/2022. Strategy was formally launched at an event in May 2023.	Complete
	Co-produce Personalisation Policy to include flexibility, autonomy, and creative use of personal budgets to meet eligible needs and outcomes.	June 2024	Mary Gardner, Andy Buxton	Programme planned for 2024	To be launched in 2024
	Develop a practice model that ensures the offer of how to receive personal budget is upfront and leads support planning	June 2024	Mary Gardner / Chief Social Work Officer	Programme planned for 2024	To be launched in 2024
	Develop an approach to topping up Direct Payments and implement revised guidance for social care.	December 2022	Mary Gardner, Shamim Akhtar	Top-Ups on Direct Payments and Reasonable Preference Guidance develop and approved by DP Steering Group and Policy & Procedures Group in December 2022.	Complete
<b>Workstream 2 (Process)</b>	Define and review end-to-end journey process models providing clarity, and consistency, in delivering, and providing, personalised approaches. This will include processes for set-up, support and payments, personal contributions and, process interfaces with children’s and health services.	January 2023	Mary Gardner/ Kat Dyson-Baggaley/ Ghamdan Mohamed	End-to-end journey process models have been created reflecting updated practice for: Direct Payment Set-up, Data Barring Service Checks, Joint packages of care, Social care funded to fully health funded, Support and Payments, Payment queries, Children and young people, Children and young people and health funding Personal Contributions for Direct Payments, Personal Health Budget Recharge processes.	Complete
	Update or create guidance to support workers understand their duties and responsibilities	December 2024	Mary Gardner/ Shamim Akhtar	Employing Family members living in the same household guidance created. Supporting People to Manage their Personal Contribution guidance in place. Direct Payments and Hospital stays guidance created. Direct Payment procedure updated.	In progress – on track
	Embed new practice around Direct Payments and Personalisation.	December 2027	Mary Gardner/ Shamim Akhtar	Programme planned for 2024	To be launched in 2024
	Improve data integrity and the quality of information for Direct Payments and Personal Budgets.	June 2024	Mary Gardner/ Aimee Kaye	Programme underway to ensure consistency in data reporting available between adults and Childrens Direct Payments. Direct Payments data now available in dedicated dashboard.	In progress – on track
	Improve and embed support planning techniques that leads to better options of strengths-based, person-centred, flexible support.	March 2028	Mary Gardner/ Chief Social Work Officer	Programme planned for 2024	To be launched in 2024
	Exploration, development and embedding of mechanisms for calculating fair and equitable personal budgets.	March 2028	Mary Gardner/Finance/ Chief Social Work Officer	Programme planned for 2024	To be launched in 2024
	Existing process and recording systems for auditing Direct Payments to be reviewed and amended to align with service improvements.	April 2024	Paul Edwards	Workshops to co-produce review and update the Direct Payments audit and monitoring process is now underway.	To be launched in 2024
	New monitoring and/or auditing processes developed and established to facilitate new approaches including Individual Service Funds (ISFs).	June 2024	Paul Edwards/Andy Buxton	Work planned for 2024	To be launched in 2024
	Develop new protocols for joint working to facilitate an effective communication system and working relationship between commissioning, social care, and providers.	February 2023	Paul Edwards	Joint working now embedded. Regular updates and learning sessions about Direct Payments shared with social care teams.	Complete
	Review the Direct Payment audit process. Coproduce new ways of working that ensure its easy to follow, least restrictive, GDPR compliant and minimises bureaucracy.	August 2024	Paul Edwards	Name change from ‘audit’ to ‘monitoring’ based on customer survey. New 3-month check-in call with new Direct Payment recipients. New ‘monitoring complete’ acknowledgement letter in place.	In progress – on track
<b>Workstream 3 (Money Management)</b>	Progress the revised Money Management Quality Assurance to business as usual.	December 2023	Andy Buxton	Quality assurance framework refreshed for Money Management Recognised Provider List (RPL). All providers undertaken quality assurance visit and have implemented action plans where appropriate.	Complete – now business as usual

	Create a range of options for people to manage their personal budget.	December 2024	Andy Buxton	Discussions taking place with local credit unions to offer a new option for people to support them to manage their personal budgets.	In progress – on track
	Ensure people have access to clear and correct information about options for managing their money to make informed choices.	June 2024	Lauren Beever/ Andy Buxton	New information and guidance available for people on the Council website and on Sheffield Directory about the different options and support available to manage their personal budgets. Working with money management companies to develop a brochure about their services to help people to make an informed choice.	In progress – on track
<b>Workstream 4 (Direct Payment Support)</b>	Establish and implement a robust and responsive internal support offer including social work expertise, Direct Payments advice and financial monitoring and support.	April 2023	Mary Gardner	Interim Direct Payment Support Service developed and established, which went out to competitive tender process.	Complete
	Review, update, and publish a suite of factsheets about Direct Payments which have been co-designed with people with lived experience and colleagues.	December 2023	Mary Gardner/ Kat Dyson-Baggaley	Factsheet for 'Support to manage your Direct Payment' reviewed and updated. Factsheets developed and published for: Getting a DBS Check for your PA, Employers Liability Insurance, Preventing Infection, Washing your hands, Keeping safe, Thinking of employing a friend or relative as a PA, Arranging support from a provider or agency, Financial Monitoring – what we need to see Buying & Owning Equipment Factsheets available to download from the Direct Payments page on Council website.	Complete
	Work with people with lived experience and colleagues to identify and develop further factsheets as required as new personalised approaches are introduced.	December 2025	Mary Gardner/ Kat Dyson-Baggaley	Guidance on sleep-in rates - under development. Guidance for taking PAs on holiday – under development. Medication management guide – due to start February 2024	In progress – on track
	Design and deliver introduction to Direct Payments training and learning resources for social care staff to support practice development.	March 2023	Shamim Akhtar	Refresher and training and full Direct Payments training programme has been rolled out - 12 training sessions have been delivered, attended by 107 social care workers. Training video to support workers to process Direct Payment on the system has been published. Quarterly Direct Payment lunchtime learning sessions delivered.	Complete – now business as usual
	Design and deliver identified training and learning resources for social workers to support practice development around new and developing personalised approaches.	December 2025	Shamim Akhtar/ Mary Gardner/ Practice Development team	Programme planned for 2024	To be launched in 2024
	Successful mobilisation of interim, commissioned Direct Payment Support Service.	January 2023	Andy Buxton	Contracted awarded to Penderels Trust, service went live in September 2022.	Complete
	Evaluate of Year 1 of 2-year interim Direct Payment Support Service.	January 2024	Andy Buxton	Evaluation underway to inform areas of development for Year 2 of interim service.	In progress – on track
	Complete an options appraisal of potential options for the long-term support service offer.	December 2023	Andy Buxton	Options appraisal undertaken	Complete
	Proposed future option for support service approved.	January 2024	Andy Buxton	Preferred option presented to Policy Committee January 2024.	In progress – on track
	Development and co-design of future support service.	March 2024	Andy Buxton	Programme planned for 2024	To be launched in 2024
	Procurement of future, long-term Direct Payment support offer.	July 2024	Andy Buxton	Programme planned for 2024	To be launched in 2024
	Mobilisation of future, long-term Direct Payment support offer.	August 2024	Andy Buxton	Programme planned for 2024	To be launched in 2024
<b>Workstream 5 (Market Shaping)</b>	Develop an understanding of the current market for Direct Payments, and work with people with lived experience, to identify gaps and priority areas to inform the shaping of a diverse and responsive market.	December 2022	Andy Buxton/ Kat Dyson-Baggaley	Engagement work with providers undertaken to build information about the current market including service offers and fees. DP Market Forum established with people with lived experience to support the development of a provider forum and market shaping work.	Complete – now business as usual
	Develop and invest in the Personal Assistant (PA) workforce.	March 2025	Mary Gardner/ Andy Buxton	Development and launch of Sheffield PA Register which has been co-produced. Incentives/benefits for PAs, including Company Shop membership for PAs established. Sheffield organised and hosted the Yorkshire & Humber PA Workforce Summit in December 2023.	In progress – on track

				Training Directory for Personal Assistants created. Promote and market the role of Personal Assistant to continue by working regionally and lobbying nationally	
	Develop and shape a diverse, responsive, and creative marketplace for people purchasing their own support.	December 2025	Andy Buxton/ Kat Dyson-Baggaley	Programme planned to begin 2024 including launch of DP Provider Forum	To be launched in 2024
	Ensure people have access to clear and correct information about the Direct Payment market meaning people are aware of what options are available and have real choice.	December 2025	Andy Buxton/ Kat Dyson-Baggaley	Programme planned for 2024	To be launched in 2024
	Pilot and develop an Individual Service Funds (ISFs) offer in Sheffield.	April 2024	Andy Buxton/ Mary Gardner	Development underway for ISFs starting with small pilot in supported living services. Small group of interested providers and social care workers established to support development of processes and procedures. Pilot planned to go live early 2024 to test out ISFs for a small number of individuals.	In progress – on track
	Building upon the pilot, expand and further develop the ISF offer for wider roll-out, ensuring ISFs are a viable and sustainable option in Sheffield.	December 2027	Andy Buxton/ Mary Gardner	Programme planned for 2024	To be launched in 2024
	Create a range of options to enable people to have assurance of the quality and appropriateness of market offers.	December 2024	Andy Buxton/ Lauren Beaver	Programme planned for 2024	To be launched in 2024
	Explore and develop options for tech-enabled care and assistive technology that can be accessed via a Direct Payment.	December 2024	Andy Buxton/ Paul Higginbottom	Programme planned for 2024	To be launched in 2024
	Work with people with lived experience and the market to co-produce the future market approach for personalised support.	December 2027	Andy Buxton	Programme planned for 2024	To be launched in 2024
<b>Workstream 6 (DP Review)</b>	Undertake reviews for people whose support has been particularly impacted by Covid-19.	March 2023	Julie Marshall	Supported people to update their support arrangements post pandemic. Created savings of circa £686k.	Complete
	Undertake reviews of people whose support is unclear since the migration to Liquid Logic.	July 2023	Julie Marshall	Reviews completed.	Complete
	Undertake reviews for people who may prefer or require alternative options to Direct Payments.	December 2024	Julie Marshall	Team undertaken creative support planning training. Devised support arrangements via Direct Payments for a group of adults to pool their budgets and generate greater personal outcomes.	In progress – on track

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## Appendix 2 – Future Model of Direct Payment Support Service

### Options Appraisal

Shortcut to option appraisal summary

#### Purpose

This briefing seeks to explore options and make a recommendation for the longer-term arrangements for the provision of a Direct Payment Support Service (DPSS).

#### Issue

In October 2021, the Executive Member for Health and Social Care approved the decision to tender for a Direct Payment Support Service for an interim 2 year period, with the option to extend, at a cost of £170k per annum.

During this interim period a full options appraisal was to be undertaken to explore the longer-term solution for the provision of Direct Payment Support.

The options to be considered included:

- *Continuing with a procured service*
- *Building a community-led, user-led consortium*
- *Creating a free market of several providers*
- *Creating an in-house support option.*

#### Background

The Care Act (2014) and the Children and Families Act (2014) requires local authorities to offer adults and children who are eligible for funded care and support in line with the relevant eligibility criteria to take all or some of their personal budget as a Direct Payment.

The Care and Support (Direct Payments) Regulations (2014) – as part of the Care Act duties, outlines that it is the role of the Local Authority to ensure that people have access to the support and infrastructure they need to manage their Direct Payments.

The provision of the Direct Payment Support Service aligns with Sheffield's Adult Social Care Strategy (2022-2030), *Living the life you want to live*, in particular support the following commitments:

- Commitment 4: Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
- Commitment 6: Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

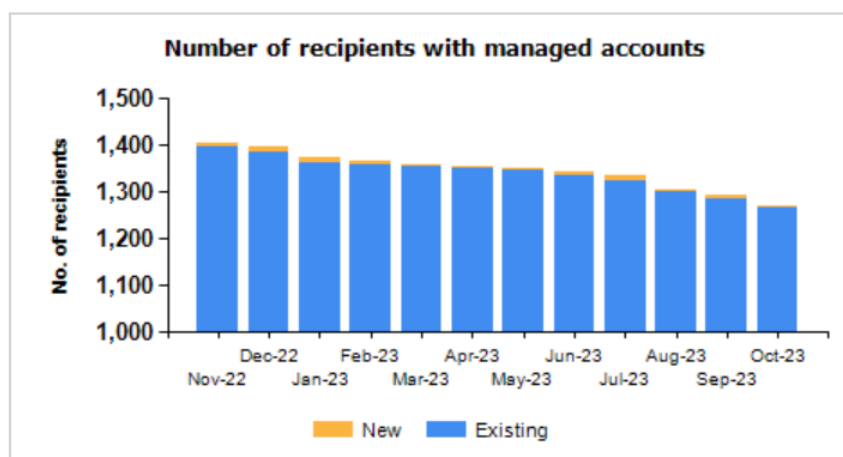
Sheffield's Personalisation and Direct Payments Strategy (2022-2028) outlines the Council's commitment to increase and further develop approaches and practice around personalisation over the next 5 years. As part of this Strategy's Delivery Plan, there is a Direct Payment Support Workstream which sets out the timeline and milestones for the options appraisal and seeking approval for the recommended future options for Direct Payment support and subsequent development and implementation of the recommended option.

Following a competitive tendering process Penderels Trust was awarded the contract and began delivery of the Sheffield Direct Payment Support Service (DPSS) in September 2022. The 2 year contract is due to end on 31/08/2024.

Between 01/09/2022 – 30/09/2023 (13 months) the DPSS has received 268 referrals for support comprising of both new and existing Direct Payment recipients. The service has supported 198 adults and 70 families (children). Themes of support provided has included:

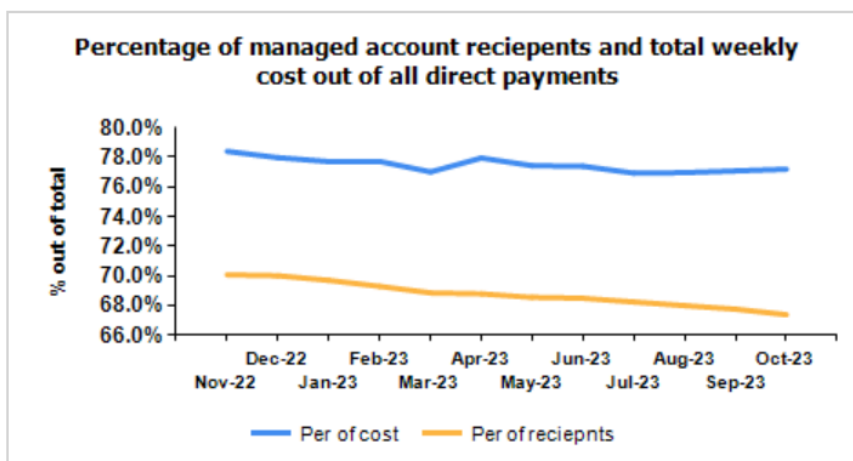
- Introducing people to Direct Payments and helping them set-up and get started
- Support to find and recruit Personal Assistants (PAs)
- Supporting people in their role as individual employers
- Helping people to resolve problems/issues they are experiencing
- Supporting people to liaise with providers/agencies and other third parties
- Support people to understand their roles and responsibilities around Direct Payments.

Since the introduction of dedicated Direct Payment support, people have received greater support to organise and manage their own Direct Payments from the service. Previously people may have been more likely to opt to purchase an additional managed account service to support them. People now have the information and support they need to hold and manage their budgets themselves which has seen a reduction in the number of managed accounts being provided in Sheffield over the past 12 months as seen in the graph below:



As seen in the graph below, data is also indicating that since the introduction of the Direct Payment Support Service, in addition to the number of people with a managed account service reducing, the total weekly cost of Direct Payments is also reducing due to a combination of lower financial fees to support people to manage their Direct Payments and budgets being calculated and utilised more effectively.





### Factors to consider

Factors, issues and matters that have been identified during the first year of the service delivery and contract management that need to be considered when exploring options for the future model for Direct Payment Support are as follows:

#### Confusion over the scope of services provided

- The incumbent provider of the DPSS is well known in the Sheffield Direct Payment market by Direct Payment recipients and social care for providing other services outside of the scope and remit of the DPSS e.g. managed account services and payroll services.
- The Council maintains a Money Management Recognised Provider List (RPL) which is a number of organisations who can provide managed account services who meet the Council's minimum requirements and expectations. People who have a Direct Payment who need a managed account service can choose from the providers on the RPL.
- There has been confusion caused for Direct Payment recipients and social care teams that these are all the same service and despite being called the Direct Payment Support Service and ongoing communications/explanations to try and resolve this, the service is incorrectly referred to and known as 'Penderels Trust' which makes it difficult for people and stakeholders to differentiate between the DPSS and other, different services provided by Penderels Trust e.g. managed accounts, payroll.

#### Confusion over who is able to access the DPSS

- Some people and social care teams have incorrectly assumed that people are only able to access information, advice and support from the DPSS if they are a customer of Penderels Trust (for managed account and/or payroll services). This is not the case and the DPSS is available for all new and existing Direct Payment recipients.
- Due to the provider being well known for providing other services e.g. managed accounts, some social workers are not referring people to the DPSS as they may not require a managed account (the DPSS does not provide this). This may mean people do not have access to the range of support offered by the DPSS e.g. getting started with Direct Payments, understanding roles and responsibilities, problem solving.

### Potential unfair advantage over other providers in the market

- When choosing a managed account provider from the Money Management RPL or payroll services from the open market, despite being encouraged by the DPSS to make an informed choice about the best provider for them, often people are selecting services provided by Penderels Trust as they consider themselves already receiving support from the same organisation (although the DPSS is separate and distinct and provided by a dedicated Sheffield team). This may create an unfair advantage for the provider of the DPSS over other providers/organisations in the market and could present a conflict of interest when supporting people to choose providers(s).

### Recognising the role of the DPSS

- There have been occasions where the DPSS has requested information, requires clarification on a situation/issue or has provided advice to social care teams and/or other providers/organisations but there has been a delay in receiving information or the advice provided has been queried as the role and responsibilities of the DPSS has not been recognised or understood. Commissioning and/or social care colleagues have then been involved to confirm the role of the DPSS and that advice being provided is correct. This has led to delays in support being provided.

### **How have people been involved**

People who access the Direct Payment Support Service are invited to provide evaluation feedback after 12 weeks of support being provided. Feedback received by the service has largely been very positive with people advising they have received good quality support, staff have been supportive and compassionate and feel their individual needs were met. Some of the feedback has indicated there has been some confusion about the services the DPSS provides as there has been some frustration from some people where payroll queries have been unable to have been picked up or resolved by the DPSS (as are dealt with by other teams within Penderels, separate to the DPSS).

Commissioning have also contacted people who have accessed the DPSS by email to invite them to give feedback on the service and to ask for their thoughts or ideas about how the service might work in the future. Feedback received so far has indicated that although people access the service for a variety of reasons, there is greater demand for support to find and recruit PAs. A summary of feedback is follows:

- People report that the service works well, however there are some delays to getting started with Direct Payments indicating we need to develop closer working between the DPSS and social care teams to streamline and improve these processes.
- When asked what could be improved, people have suggested better co-ordination between the Council and the DPSS. People also suggest the service could be faster, which may be due to delays in passing information between the DPSS and the Council. It has also been suggested that it needs to be clearer about all the services being offered and that a different name needs to be used e.g. Support Service, not Penderels Trust.

- Feedback indicates there is confusion about the DPSS and other services provided by Penderels Trust e.g. managed accounts, payroll. Some people did not realise there were separate services and what organisations provide what parts of the service.
- When asked if they would have any concerns if the DPSS was hosted by the Council in the future, the majority of feedback from people was that they wouldn't have any concerns. However, there was some feedback indicating a preference for an 'independent' organisation.
- The importance of offering peer-support around Direct Payments, where people with lived experience coach and/or mentor people needing support. This is an element within the existing contract which continues to develop. This can also be included in the future service model offering people different options for receiving support should they prefer not to speak to the provider of the DPSS directly.

Feedback and consultation with people who use the Direct Payment Support Service and people with lived experience of Direct Payments will continue during the remainder of the interim contract period, which will inform and influence improvements and developments of the service.

Following the approval of recommended option, the Council will continue to work collaboratively with people with lived experience, their families and carers, partners and stakeholders to develop and mobilise the future model of the Direct Payment Support Service.

### Options Appraisal

It is the role of the Local Authority to ensure people have access to the support and infrastructure they need to manage their Direct Payments. There was agreement for an interim 2 year Direct Payment Support Service whilst an options appraisal was undertaken to explore the longer-term solution for the provision of Direct Payment support. Following the Cabinet decision in October 2021, options for the future approach for Direct Payment support have been appraised.

The options are:

1. Do nothing.
2. Reprocure and continue with a Direct Payment Support Service provided by a third party organisation.
3. Building a consortium of community-led and user-led organisations or groups who work collectively to provide a Direct Payment Support Service.
4. Include provision within individual Direct Payment budgets that enables people to arrange and purchase their own Direct Payment support from an open market of providers.
5. Provide a Direct Payment Support Service as an in-house service offer.

The detailed options appraisal analysis can be seen in the Options Analysis below.

### Recommendation

The preferred option is option 5 - Provide a Direct Payment Support Service as an in-house service offer.

#### Next Steps

- Recommended Option to be approved
- Further financial modelling
- Development and co-production of future model

## Options Analysis

Option 1	Do nothing – Option Rejected
<p><b>Description:</b> No action to be taken, the Direct Payment Support Service will end on 31/08/2024.</p>	
<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>&gt; No changes or actions are required.</li> </ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>&gt; Direct Payment recipients would not have access to dedicated Direct Payment support.</li> <li>&gt; Support may be offered by social care teams in areas in which they are not trained.</li> <li>&gt; Would not address concerns from people who use Direct Payments who advised support was needed.</li> <li>&gt; Direct Payments may not be set-up, arranged or managed appropriately.</li> <li>&gt; Reliance for support and advice by Direct Payment recipients would revert back to social work teams and individual workers causing pressures on work capacity</li> </ul>
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>&gt; Risk of Care Act obligations not being met.</li> <li>&gt; People may not have the access to advice and support they need to enable them to organise and manage their Direct Payments effectively or appropriately.</li> <li>&gt; Social care workers may give advice or provide support in areas such as employment, financial or legal obligations which are not areas workers are trained or skilled.</li> <li>&gt; Would not satisfy the priorities or commitments of the Personalisation and Direct Payments Strategy.</li> <li>&gt; Puts people who use Direct Payments at risk e.g. when undertaking role as an employer</li> </ul>	
<p><b>Dependencies</b></p> <ul style="list-style-type: none"> <li>&gt; Personalisation &amp; Direct Payments Strategy</li> <li>&gt; Childrens &amp; Young People Service</li> <li>&gt; ICB</li> <li>&gt; Social work teams</li> </ul>	
<p><b>Costs / Resource</b></p> <p>No cost in delivery of a service, however there may be higher costs of Direct Payments due to ineffective or inappropriate use or increased reliance on money management companies again.</p>	
<p><b>Timeframe</b></p> <p>Current contract will end 31/08/2024.</p>	
<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>&gt; This option is rejected as Care Act obligations would not be met and there is a need for ongoing provision of information, advice and support around Direct Payment.</li> </ul>	

<b>Option 2</b>	<b>Reprocure and continue with a Direct Payment Support Service provided by a third party organisation – Option Rejected</b>	
<b>Description:</b> Review and update service and undertake a competitive tendering process. Contract awarded to successful provider. Direct Payment Support Service continues to be provided by a third party organisation.		
<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>&gt; Continued dedicated support for people and social care workers around Direct Payments.</li> <li>&gt; Information, advice and support provided independently of the Council.</li> <li>&gt; Support provided tailored to the needs of those accessing.</li> <li>&gt; Continuous support with no gaps in provision.</li> <li>&gt; Competitive tendering process with focus on service quality.</li> <li>&gt; Access to specialised expertise around Direct Payments, employment, budget management knowledge, mentoring and coaching etc.</li> <li>&gt; Council will be meeting its Care Act responsibilities.</li> <li>&gt; Block contract means set cost for contracting period.</li> </ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>&gt; If provided by an organisation that also provides other services in Sheffield e.g. managed accounts, payroll, there will continue to be confusion about what services the DPSS offers and provides.</li> <li>&gt; If the provider also offers other services e.g. managed account, payroll, they may gain an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly), due to the association of the DPSS.</li> <li>&gt; To counter the above, if the DPSS provider was precluded from offering other services e.g. managed accounts, this may limit interest/ability to provide the DPSS service.</li> <li>&gt; If an individual has had a negative previous experience of the provider (even for services out of scope), this may mean they are reluctant to access the DPSS.</li> <li>&gt; Third party provider does not have access to internal Council systems which slows access to information required to support people accessing support. People may have to repeat their story several times.</li> <li>&gt; DPSS viewed as an external ‘provider’ with a vested interest rather than a service on behalf of the Council – should feel like one team.</li> <li>&gt; Provider experience and processes may not align with Council’s specific processes or approaches.</li> </ul>	
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>&gt; Organisation separately providing other services could be a conflict of interest.</li> <li>&gt; Risk some people may not believe they can access the DPSS as do not purchase other services from the provider.</li> <li>&gt; Stakeholders do not recognise the authority of the DPSS due to not being provided by the Council, so direct queries or check advice provided with social care teams.</li> <li>&gt; Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.</li> <li>&gt; If preclude provider from offering other services e.g. managed accounts payroll, this may significantly reduce the number of providers able and/or willing to tender for the DPSS service.</li> </ul>		
<p><b>Dependencies</b></p>		

- > Market interest in providing the service (with or without the ability to offer separate services with a connected interest).
- > Procurement rules and timescales
- > TUPE regulations
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / Resources**

To be developed, current cost for contracted service = £170k per year.  
 Procurement – involvement from Procurement and Commissioning  
 Ongoing contract management to be provided by Commissioning

**Timeframe**

9-12 months timescale for procurement and award process following approval, timescale needed for TUPE consultation and process.

**Comments**

- > Potential option however feedback has highlighted the confusion caused by DPSS separate to other services offered by the provider is problematic for people who draw on the service, social care teams and stakeholders. If explore option where provider is precluded from offering other services with a connected interest e.g. managed accounts, payroll etc. this would significantly limit the number of providers who were able and interested in providing the DPSS service. Service would be more effective and efficient if more closely aligned or embedded with the Council. Option rejected.

<b>Option 3</b>	<b>Building a consortium of community-led and user-led organisations or groups who work collectively to provide a Direct Payment Support Service - Option Rejected.</b>	
<b>Description: Direct Payment Support is provided by a consortium of providers that are user-led and community-led who work together to provide the different elements of support. This would be a contracted, commissioned service.</b>		
<p><b>Advantages</b></p> <ul style="list-style-type: none"> <li>&gt; Support is provided by user-led/community-led groups/providers with lived experience.</li> <li>&gt; A number of providers able to offer different parts of the service, bringing their experience and skills – more choice for people who use Direct Payments.</li> <li>&gt; Being user-led and community-led helps provide a personalised and tailored service.</li> <li>&gt; Consortium model would enable providers to support each other and share resources i.e. more experienced provider(s) supporting and empowering other providers/groups.</li> </ul>	<p><b>Disadvantages</b></p> <ul style="list-style-type: none"> <li>&gt; Likely to require a 'lead' provider for the consortium bid.</li> <li>&gt; Need time for providers to discuss, explore and plan potential consortium arrangements.</li> <li>&gt; May be more difficult to ensure consistency of information, advice and support provided across a number of groups/organisations.</li> <li>&gt; There may not be a variety of groups/organisations with experience or specialism to be interested in this opportunity.</li> <li>&gt; May cause confusion for people and stakeholders about where to access support and who provides what elements.</li> <li>&gt; If some support is provided by an organisation that also provides other services in Sheffield e.g. managed accounts, payroll, there will continue to be confusion about what services the DPSS offers and provides.</li> <li>&gt; If some of the support is provided by an organisation that also offers other services e.g. managed account, payroll, they may gain an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly), due to the association of the DPSS.</li> <li>&gt; To counter the above, if the DPSS provider was precluded from offering other services e.g. managed accounts, this may limit interest/ability to provide the DPSS service.</li> <li>&gt; Third party providers do not have access to internal Council systems which slows access to information required to support people accessing support. People may have to repeat their story several times.</li> <li>&gt; DPSS viewed as an external 'providers' with vested interest rather than a service on behalf of the Council – should feel like one team.</li> </ul>	
<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>&gt; Risk that there is not a variety of providers with skills and experience who would be interested in a consortium approach.</li> </ul>		



- > Should a provider withdraw from the consortium, there is a risk there may be a gap in service created.
- > Organisations providing other services outside of the DPSS could be a conflict of interest.
- > Risk some people may not believe they can access the DPSS as do not purchase other services from the providers in the consortium.
- > Stakeholders do not recognise the authority of the DPSS due to not being provided by the Council, so direct queries or check advice provided with social care teams.
- > Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.
- > If preclude providers from offering other services e.g. managed accounts payroll, this may significantly reduce the number of providers able and/or willing to tender for the DPSS service.

**Dependencies**

- > Market interest in providing the service (with or without the ability to offer separate services with a connected interest).
- > Market interest and ability to work in a consortium approach.
- > Procurement rules and timescales
- > TUPE regulations – further consideration needed if multiple providers
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / Resources**

To be developed, current cost for contracted service = £170k per year.  
 Procurement – involvement from Procurement and Commissioning  
 Ongoing contract management to be provided by Commissioning

**Timeframe**

9-12 months timescale for procurement and award process following approval, timescale needed for TUPE consultation and process.

**Comments**

- > Current indication is that there may be limited interest from providers with skills and experience to develop a consortium approach. Informal discussions with a prominent user-led organisation has indicated that they have no current interest in providing a Direct Payment Support Service. People may be confused as where to access support and maintaining consistency of information will be more challenging. If providers in the consortium also offer separate (but connected) services, there will continue to be confusion caused about what the service provides and who can access. If explore option where provider is precluded from offering other services with a connected interest e.g. managed accounts, payroll etc. this would significantly limit the number of providers who were able and interested in providing the DPSS service. Service would be more effective and efficient if more closely aligned or embedded with the Council. Option rejected.

<b>Option 4</b>	<b>Include provision within individual Direct Payment budgets that enables people to arrange and purchase their own Direct Payment support from an open market of providers – Option Rejected.</b>
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**Description:** People who have a Direct Payment will have provision built into their Direct Payment budget to enable them to arrange and purchase Direct Payment support as and when they require from a provider or providers they choose to meet their needs.

**Advantages**

- > Personalised and tailored support for individuals as and when they require this.
- > Flexibility to purchase Direct Payment support from different providers/groups/organisations.
- > People have greater choice and control over their Direct Payment support.
- > People are able to choose who they want to have support provided and able to ‘shop around’ for the best support for them and their needs.

**Disadvantages**

- > Allocating or calculating a budget for Direct Payment support is not straightforward – how much does each person need and will this vary?
- > Provision within someone’s Direct Payment budget limits the amount of support people can purchase (before contacting social care), whereas service purchased/arranged on a block means that people can access as much as they need within capacity of the service.
- > Some aspects/themes of support may be easier to source and arrange than others. Some aspects may not be available in the open market.
- > No specification of the support and outcomes to be provided, difficult to have assurance of quality or accuracy of information, advice and support.
- > Different providers/organisations will have different charges/fees for support, not consistent for different people arranging their own support.
- > No guarantee of volume of work/demand may limit the number of providers able to offer Direct Payment Support – not a sustainable offer.
- > Difficult to forecast as provision will be included in all Direct Payment budgets, some people may not need all their allocation (unrequired unspent funds returned at annual audit) or some people may need more (increase to budget).

**Risks**

- > Risk that people are unable to have their support needs met effectively due to an (anticipated) provision included in budget and/or the availability of support.
- > Risk that information, advice and support provided may not be accurate or consistent. Difficulty in ensuring quality and appropriateness of services.
- > Stakeholders do not recognise the authority of Direct Payment support offers due to not being arranged or provided by the Council, so direct queries or check advice provided with social care teams.

- > Being external of the Council may mean advice/support offered is not aligned to Council processes or approaches.
- > Not a fixed budget, calculating an appropriate provision for Direct Payment Support for each Direct Payment recipient is not straightforward.

**Dependencies**

- > Market interest in providing all elements of Direct Payment support
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB
- > Finance

**Costs / resources**

To be developed, current cost for contracted service = £170k per year, however each Direct Payment recipient will require an allocation in their Direct Payment budget sufficient to arrange and purchase their own support service(s).

Any unrequired, unspent funds would be returned at annual audit. Some people may require more support than others.

Market shaping and oversight - Commissioning

**Timeframe**

Would need to be in place by end of current DPSS contract.

**Comments**

- > Although this option would offer people greater choice and control over the provision of their Direct Payment support, this is reliant on their being a variety of providers with skills, experience and interest in offering all aspects/themes of Direct Payment support, over which the Council would have less control or oversight meaning difficult to assure the quality of the support. It would be difficult to ensure consistency, accuracy and appropriateness of information, advice and support being arranged and purchased. There is a risk that people are unable to have their support needs met effectively. Calculating/allocating provision for Direct Payment support to be included in each budget is not straightforward and difficult to forecast and manage effectively. Option rejected.

<b>Option 5</b>	<b>Provide a Direct Payment Support Service as an in-house service offer – Preferred Option</b>
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**Description:** Review and update service and develop the Direct Payment Support Service as an in-house service, hosted and delivered by Sheffield City Council within Commissioning & Partnerships.

**Advantages**

- > Continued dedicated support for people and social care workers around Direct Payments.
- > Information, advice and support provided in line with Council processes and approaches.
- > Service hosted within Commissioning & Partnerships so aligned to Personalisation & Direct Payments Strategy.
- > Support provided tailored to the needs of those accessing.
- > Continuous support with no gaps in provision.
- > Dedicated service team to have experience, knowledge and skills to provide specialised expertise around Direct Payments, employment, budget management knowledge, mentoring and coaching etc.
- > Existing staff team would be in situ as they transfer directly from the current provider.
- > Council will be meeting its Care Act responsibilities.
- > Dedicated team to provide all required support within DPSS service structure.
- > No confusion over services the DPSS offers and other Direct Payment services provided in the market e.g. managed accounts, payroll.
- > Providers on the money management recognised provider list are not an unfair advantage over other providers in Sheffield (which the Council needs to treat equally and fairly).
- > DPSS team would have access to internal Council systems which would enable quicker and more efficient access to support. People less likely to have to repeat their story.
- > DPSS would be an in-house service with greater connections to social care teams and external providers.
- > Greater linkages to existing in-house support offer (dedicated Direct Payment social worker providing training and support to social care teams).

**Disadvantages**

- > People would need to be assured that information, advice and support is independent (of social care teams) and promotes and enables personalisation and self-directed support principles.
- > Some people may be reluctant to seek support from a Council service when encountering problems/issues with their Direct Payment – worry/fear they have done something wrong. People may prefer to access peer-led support – can this still be provided and made available with links to user-led groups.
- > Need to ensure quality management is maintained, outcomes and impact continues to be undertaken and monitored – how is this different for an in-house service?
- > May miss out on learning/experience gained from providing Direct Payment support in other areas/for different local authorities – experience that may come from a service provided by a third party organisation.
- > Need to ensure clear guidelines and processes to resolve/escalate issues or concerns if these relate to Council practices or decisions.
- > May cause confusion to Direct Payment recipients about what teams/services in the Council are responsible for e.g. audits, payments, financial assessment, commissioning.

**Risks**

- > Risk some people are not comfortable or do not wish to access a support service provided by the Council or concerns over independence of the service. If this option is recommended, would need to work with people to address any concerns or worries and provide reassurance. Also explore option for peer-led support if people did not want to seek support from the Council.
- > Risk of people being unsure or confused about different Council services/teams relating to Direct Payments and social care, how each are different and how these connect e.g. audits, financial assessment, social care, commissioning.
- > Risk that service offer could be reduced by service team contributing to other Council service areas, plans or workstreams – need to ensure dedicated DP Support.

**Dependencies**

- > In-house service development – Commissioning and related service areas
- > TUPE regulations
- > Personalisation & Direct Payments Strategy
- > Childrens & Young People Service
- > ICB

**Costs / resources**

To be developed and explored - current cost for contracted service = £170k per year, what is possible as an in-house service linking with existing Direct Payment staff roles.

**Timeframe**

9-12 months timescale for consultation and development following approval, timescale needed for TUPE consultation and process.

**Comments**

- > People who have a Direct Payment will continue to have dedicated and all-encompassing Direct Payment support. Operating as an in-house service removes confusion and potential conflicts of interest that may arise from provider(s) that also provide/offer other separate services e.g. managed accounts and payroll. Need to ensure information, advice and support is independent and where people prefer a peer-support option should be included. Service will be aligned directly with Council processes and approaches – particularly developments/improvements arising from the Personalisation and Direct Payments strategy. Option recommended.



### Appendix 3 – PA Workforce Summit Visualisation #employPAs

On 11<sup>th</sup> December 2023, Sheffield planned and hosted the Yorkshire and Humber PA Workforce Summit. We focussed our thoughts and discussions on how we can promote, encourage and grow a Personal Assistant workforce, enhancing the role whilst supporting their employers. There was a real sense of commitment at the summit across the range of people, local authorities and organisations. A visualisation from the summit can be seen below:



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# PART A - Initial Impact Assessment

**Proposal Name:** Personalisation and Direct Payments Strategy

**EIA ID:** 2412

**EIA Author:** Catherine Bunten

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**Proposal Outline:**

This Equality Impact Assessment was originally completed in 2020 for the Direct Payments Improvement Programme. It was updated December 2021 in consideration of the decision to commission an external Direct Payment Support Service. This latest version of the EIA has now been reviewed and updated to reflect the development of the Personalisation and Direct Payments Strategy, taking account of these additional elements as well as continuing to reflect the impact of the improvement programme and the delivery and review of the support service. The Personalisation and Direct Payments Strategy aims to ensure that we put people first so that the citizens of Sheffield are empowered to take control and self-direct their own care and support; as a result, citizens will achieve the outcomes that they choose and live the life they want to live. It describes how we will continue to work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to shape, design and produce new and improved ways of working. The strategy outlines Sheffield's commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028). We have worked with people to agree 5 priorities for the strategy that will address the key issues and ideas for change identified by local people that will enable us to grow and develop approaches and practices around personalisation: 1. Improve how personalisation is approached, and delivered, in Sheffield for people who use social care, and for the social care staff and workforce that supports them. 2. Work collaboratively with people who access social care, their representatives, staff, and partners to deliver our strategy for personalisation together. 3. Develop vibrant and diverse support options including a community of providers and a Personal Assistants workforce which offers personalised and responsive solutions for the people of Sheffield. 4. Build a strong, sustainable infrastructure for people to access or buy the right support for them

and develop other approaches that offer people the level of choice and control that suits them. 5. Develop practice that promotes personalisation, which underpins the values and duties within the Care Act (2014) and provide ongoing support, advice and learning to champion and deliver personalisation.

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**Proposal Type:** Non-Budget

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**Year Of Proposal:** 22/23

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**Lead Director for proposal:** Alexis Chappell

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**Service Area:** Commissioning and Partnerships

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**EIA Start Date:** 20/10/2023

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**Lead Equality Objective:** Understanding Communities

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**Equality Lead Officer:** Ed Sexton

## Decision Type

**Committees:** Policy Committees

- Adult Health & Social Care

## Portfolio

**Primary Portfolio:** Adlt Care and Wellbeing

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**EIA is cross portfolio:**

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EIA is joint with another organisation: No

## Overview of Impact

### Overview Summary:

Direct Payments, Individual Service Funds (ISFs) and personalised approaches are intended to help people to exercise choice and control in the way Adult Health & Social Care provides support, and they therefore support the aim of advancing equality of opportunity and the other elements of the Duty. However, the proposal covered by this EIA recognises that the principle of Direct Payments is not always achieved in full and aims to enhance the experience and use of Direct Payments. The proposal also seeks to develop ISFs as a new approach of deploying personal budgets in Sheffield and to develop new personalised approaches and practice.

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### Impacted characteristics:

- Age
- Health
- Disability
- Race
- Religion/Belief
- Sex
- Sexual Orientation
- Carers

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact: No

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Impact areas:

## Initial Sign-Off

Full impact assessment required: Yes

Review Date: 11/03/2022

## PART B - Full Impact Assessment

### Health

Staff Impacted: Yes

Customers Impacted: Yes

**Description of Impact:** The proposal is likely to reduce pressure on social care staff to support customers with employer-related enquiries/problems. This is currently a cause of stress. It will enable staff to focus on supporting people / casework. The proposal will also help provide social care staff with the information, knowledge and confidence to support people to access personalised approaches including Direct Payments and ISFs.

**Name of Lead Health Officer:**

Comprehensive Assessment Being Completed: No

Public Health Lead signed off health impact(s):

### Age

Staff Impacted: No

Customers Impacted:

**Description of Impact:**

Direct Payments are currently under-used by older people and the proposal will aim to address this. Currently (January 2022), people aged 65 and over make up around 58% of all AHSC customers but only 23% of Direct Payment recipients. In very general terms, AHSC support for older people (in contrast to working age and younger adults) can often focus on health and care needs, with less focus on community activities, reasonable preferences or wellbeing outcomes. This unintended disparity may also show itself financially in the top-up payments that may need to be paid. The proposal includes the development of guidance for reasonable preferences with the aim to ensure that older people also benefit from this wider consideration and take-up of 'support.'

## Carers

**Staff Impacted:**

No

**Customers Impacted:**

Yes

**Description of Impact:**

The strategy would be expected to enable people to identify options for support that is more personalised to individual lives, priorities, values, goals and support needs. Carers should benefit from this approach, either indirectly (by improvements to the experience and outcomes of cared-for people); or directly (in terms of alleviating burdens carers may feel in providing support with Direct Payments use and administration). The proposal will also include plans to consider how more carers might be able to access Direct Payments or personalised approaches in their own right; numbers are currently low and carers may be choosing alternative options for support instead, (e.g. Sheffield Carer Centre grants).

## Care Experienced

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

## Disability

Staff Impacted: Yes

Customers Impacted: Yes

**Description of Impact:** As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to. By the nature of AHSC, a very large majority of people accessing support have a condition or impairment that would be defined as a 'disability.' To that extent, any changes to Direct Payment support has a significant impact. As an illustration of current use of Direct Payments amongst people with different disabilities, data shows that: • 44% of Direct Payment recipients have a primary support need of learning disability support • 34% of Direct Payment recipients have a primary support need of physical support • 14% of Direct Payment recipients have a primary support need of mental health support Recognising the higher prevalence of people with learning disabilities using Direct Payments, the proposal will include a focus on supporting people with who may lack intellectual capacity to understand and make full use of Direct Payments. The development of ISFs in Sheffield will enable people who are unable to (or do not want) the responsibility that comes with managing a Direct Payment to still have a high level of choice and control over their care/support by working closely with their chosen ISF holding provider. Developing new and other personalised approaches and ways of working in Sheffield will create more opportunities for people to meet their eligible needs and work towards and achieve their personal outcomes in the way that best suits them.

## Race

Staff Impacted:

Yes  
Page 110

**Customers Impacted:**

Yes

**Description of Impact:**

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to. 27% of Direct Payment recipients are from BAME communities (where ethnicity is known and recorded). This compares with a rate of 13% of all AHSC customers. This higher percentage may be based on positive choices to choose direct payments but it also may illustrate wide issues about the suitability of Council-arranged support for all customer groups. The proposal aims to provide culturally appropriate support (e.g. that listens to the preferences of BAME customers). Through its market shaping remit, the programme aims to explore and encourage new and innovative types of support within communities; and to promote PA careers, diversity accessibility. Direct Payment recipients from BAME communities may benefit particularly from these initiatives. In October 2021, SACHMA produced a report entitled, 'A Review of Home Care – The African Caribbean Perspective'. The report made a number of recommendations to the Council based on the findings in the report and participant suggestions of what good care looks like. Recommendation 14 – Choice and Control – Direct Payments offer a good route to get care that is right for an individual, but it is not appropriate for everyone. SCC to develop use of other mechanisms offering choice such as Individual Service Funds, which place less responsibility on the individual accessing them. The Council has produced an action plan in response to the recommendations from the report which confirms that the development of ISFs is now being taken forward as part of this strategy.

## Religion / Belief

**Staff Impacted:**

Yes

**Customers Impacted:**

No

**Description of Impact:**

As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal

Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

## Sexual Orientation

**Staff Impacted:** Yes

**Customers Impacted:** No

**Description of Impact:** As reflected below under 'Partners', this EIA considers the impact on workers not only within the Council but also external/independent - primarily Personal Assistants (PAs). The proposal will include specialist employer advice to enable Direct Payment recipients who employ PAs to understand their responsibilities as employers and to ensure employment rights are adhered to.

## Action Plan & Supporting Evidence

**Outline of action plan:**

**Action plan evidence:**

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

## Mitigation

**Significant risk after mitigation measures:**

**Outline of impact and risks:**

**Review Date**





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## Report to Policy Committee

### Author/Lead Officer of Report:

Nicola Maskrey, Strategic Commissioning Manager for Strategy and Involvement

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

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

**Date of Decision:** 31<sup>st</sup> January 2024

**Subject:** Adult Health and Social Care Policy Committee Climate Statement

Type of Equality Impact Assessment (EIA) undertaken	Initial <input checked="" type="checkbox"/> Full <input type="checkbox"/>
Insert EIA reference number and attach EIA	EIA ID: 2455
Has appropriate consultation/engagement 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 endorsement of an Adult Policy Committee Climate Statement.

The Committee Climate Statements Respond to the Annual Climate Progress Report 2022/23 and restate the cross-party council commitment to taking what action we can to address the climate emergency, adapt our city and council for a changing climate and reduce emissions to achieve our ambition to be a net zero city and council by 2030.

The Climate Statements also aim to increase understanding of the impact climate change will have on committees, the opportunities that tackling climate change offers, and the contribution to climate and net zero action each committee is currently making and needs to make moving forward.

**Recommendations:**

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

1. Agree the Adult Health and Care Policy Committee Climate Statement attached at Appendix 1.
2. Note that dedicated adult climate focused workshops will take place during 2024 with social care providers, voluntary sector, and partners to agree a long-term social care action plan to realise our climate ambitions. The resultant action plan will be brought to a future Committee for approval.
3. Note the intention to seek a partnership with academia to consider the adult social care contribution to climate action.
4. Note the intention of the Strategic Director to embed within our contract monitoring processes an assurance that all providers have effective business continuity arrangements to respond to impacts of climate change and have plans to support our climate ambitions.
5. Requests that the Strategic Director of Adult Care and Wellbeing provides an update every six months to Committee on delivery of the Statement.

**Background Papers:**

- 10 Point Plan on Climate Action
- Our Council and The Way We Travel Decarbonisation Routemap
- Annual Climate Progress Report 2022/23
- Sheffield City Council Constitution of 6 Sep 2023

**Appendices**

- Appendix 1 – Adult Health and Care Policy Committee Climate Statement
- Appendix 2 – Equalities Impact Assessment
- Appendix 3 – Climate Impact Assessment

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed.	Finance: Laura Foster
		Legal: Louise Bate
		Equalities & Consultation: Ed Sexton
		Climate: Mark Whitworth
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	Alexis Chappell
3	<b>Committee Chair consulted:</b>	Councillor Tom Hunt, Leader / S&R Chair 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.	
	<b>Lead Officer Name:</b> Alexis Chappell Nicola Maskrey	<b>Job Title:</b> Strategic Director Adult Wellbeing and Care Service Manager Strategy Delivery
	<b>Date: 15 January 2024</b>	

## 1. SUMMARY

- 1.1 The Council's commitment to tackling climate change is reiterated in the Adult Social Care Strategy, Living the Life You Want to Live.
- 1.2 The Adult Health and Social Care Policy Committee have committed and taken a proactive leadership role in promoting Climate Action through our Strategy Delivery, including establishing Climate as a priority (Priority 12) in our Strategy Delivery Plan noted at Committee in September 2023. The Climate Action Statement is a further step in realising and supporting city wide ambitions.
- 1.3 The climate emergency is one of the biggest challenges we will face as a city, region, country, and global community. The publication of the Annual Climate Progress Report (approved by Transport, Regeneration and Climate Policy Committee 11<sup>th</sup> December 2023) has highlighted the scale of the challenge in the public domain.
- 1.4 The report shows while action is being taken and progress is being made in some areas or work, we have not reduced emissions at the pace and scale required to meet our city wide 2030 target. It is clear that to achieve this target urgent action and collaborative approaches are needed.
- 1.5 A Climate Report was noted at the Strategy and Resources Committee on 14<sup>th</sup> December 2023 that Sheffield is not unusual amongst local authorities. The Committee on Climate Change reported in summer 2023 that the lack of investment and consistent policy supporting the UK's legally binding target of achieving net zero by 2050 means that UK is at risk of missing its 2050 target and the announcement from Government in September 2023 to delay key climate change related legislation exacerbates this.
- 1.6 We face a period of increased uncertainty around the policy levers that will be available in the coming years to support us to deliver our climate action at pace and at scale. We are working closely with other leading local authorities to both seek to influence government to make the policy changes and investment needed to escalate our activity, and to explore options for seeking investment.
- 1.7 While the Sheffield City Council Constitution requires all Committees to take climate into consideration in decision-making, the purpose of the specific Policy Committee Statements is to clarify the impacts that climate change will have on Committees and services in their remit, the opportunities that tackling climate change offers and the role that all Committees can and need to make towards Sheffield achieving its climate and net zero ambitions if we are to succeed.

- 1.8 The Committee Climate Statements:
1. Restate the cross-party council commitment to taking what action we can to address the climate emergency, adapt our city and council for a changing climate and reduce emissions to achieve our ambition to be a net zero city and council by 2030.
  2. Increase understanding of the contribution to climate action that each committee is currently and need to make moving forward.
- 1.9 'Our commitment to addressing climate change' reiterates the cross-party and council-wide commitment to taking what action we can to address the climate emergency, adapt our city and council for a changing climate and reduce emissions to achieve our ambition to be a net zero city by 2030. It also states a commitment to requiring services to plan for adapting to the changing climate.
- 1.10 The vast majority of the action that is required to tackle climate change will have benefits beyond reducing carbon emissions and so the content of the statements also draw attention to the socioeconomic, health and wellbeing, and other benefits to taking action on climate change.
- 1.11 While Adult Health and Social Care is not a major contributor to emissions in the city, as with COVID, the negative impacts of climate change are disproportionately and more severely felt by vulnerable groups reliant on our adult health and social care services.
- 1.12 If the City doesn't act further to adapt our adult health and social care services in readiness for a changing climate, we could see the severity of these impacts increase further. In particular:
- Climate change impacts such as extreme weather events such as heatwaves and flooding, poor air quality, food and water shortages and changes in ecology increases climate-sensitive health risks, particular for those already in poor health, such as:
  - Rising costs, such as for energy, food and water, will exacerbate existing poverty and push more citizens below the poverty line further increasing inequalities in the City.
  - The rising costs for energy, food and water also affect providers of care services and voluntary sector ability to meet these costs. This risk destabilising our market and reducing the options for support, should funding not be provided to Adult Social Care to meet these costs.
  - Increased reliance on adult health and social care services, facilities and providers will lead to an increase in operational cost and the necessary resources to meet demand.
  - Increase in frequency and severity of extreme weather events, as well increased power outages from reduced energy security, will cause delays in response, disruption and reduced access to care and services and more reliance on ensuring effective business continuity and agility of social care services across all sectors.

- 1.13 The Adult Health and Social Care Policy Committee Climate Statement highlights actions which can be undertaken to contribute to the Council's net zero ambitions and to adapting to climate change, at the same time as supporting adult health and social care to deliver on our primary objective in promoting and enhancing the rights, wellbeing and safeguarding of adults in the City.
- 1.14 In recognition of the impact of climate change and our contribution to net zero, it's our intention to seek opportunities to work with academia to specifically look at partnership opportunities which promote learning and innovation in responding to climate change by Health and Social Care Services.
- 1.15 To ensure delivery, the Service Manager for Strategy Delivery will lead on our implementation of the Statement through the following: -
- Connection with academia following some early conversations last year to look at pilot and partnership programmes relating to Climate in context of Adult Social Care.
  - A dedicated social care climate workshop with social care providers to agree an action plan on how we collectively tackle climate change. It's planned that this action plan will further inform the climate statement and our update reports to Committee.
  - Embedding within our contract monitoring processes an assurance that all providers have effective business continuity arrangements to respond to impacts of climate change and have plans to support our climate ambitions.
- 1.16 Updates on our progress in delivering upon the Climate Statement will be provided every six months to Committee to demonstrate transparency and accountability in our delivery.

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

- 2.1 In 2019, the council declared a climate emergency and set an ambitious target to become a net zero city and council by 2030. Our vision and the actions we are taking have been further set out in the '10 Point Plan for Climate Action' and the 'Our Council and The Way We Travel Decarbonisation Routemaps'.
- 2.2 The Council Plan 2024/25 went to the Strategy and Resources Committee on 13th December 2023, and sets out our mission and purpose to focus on "people, prosperity and planet" in everything we do. The plan was endorsed and is now subject to consultation, will be coming back to the Strategy and Resources Committee in February and then on to Full Council for full approval.



2.3 The statements will support action within the local authority and city to make progress towards net zero and to adapt to climate change by increasing understanding of the contribution to climate action that the Adult Health and Social Care Policy Committee is currently and need to make moving forward through decision-making.

2.4 In addition to supporting the strategic objectives for the Council and City, The Adult Health and Care Climate Statement contributes to delivery of the Effective and Efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy Living the Life You Want to Live.

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

3.1 The Adult Health and Care Committee climate statement is for information only and does not explicitly require consultation.

3.2 We held a Climate Summit event in November 2022 to bring together a wide range of organisations across the city to start exploring the action needed on climate change.

3.3 Climate has been a strong theme in the City Goals consultation.

3.4 Individual decisions of the Adult Health and Care Committee are either currently subject to the relevant consultation or will be in the future.

3.5 A crucial element in the successful implementation of the Statement will also be engagement with partners and providers of social care. This is set out in our commitments towards coproduction and engagement on our strategy priorities.

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

#### **4.1 Equality Implications**

4.1.1 It is widely recognised that climate change will have a more negative effect on people with protected characteristics, particularly people living in poverty, people with some long-term health conditions and disabilities and people from ethnic minorities, who are disproportionately likely to both experience disability and poverty. Young people are also acutely impacted, both due to climate anxiety now, and by being more impacted by climate change throughout their lifetimes.

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

4.1.3 The transition to a net zero society is happening independently of any decision of Sheffield City Council, but the local authority has an ambition to reach net zero by 2030, well ahead of the national target,

and this creates additional challenges. The Council has a key role to play in ensuring that the transition happens in a way which ensures both climate justice and social justice.

- 4.1.4 The statements also draw attention to the socioeconomic, health and wellbeing and other benefits to taking action on climate change, increase understanding that failing to act to address climate change will likely result in wider and greater inequality, and that activity taken to address climate change can also address social justice to deliver strong co-benefits.
- 4.1.5 We are committed to ensuring that our action on the climate emergency is grounded in our values of promoting equality, diversity and inclusion for all. A full Equality Impact Assessment has been undertaken alongside the creation of the 10 Point Plan for Climate Action in 2022, as well as initial assessment for the Our Council and The Way We Travel routemaps.
- 4.1.6 An initial assessment has been undertaken on the full draft composite of all Committee Climate Statements (EIA 2455 – Appendix 2) prior to going to the Strategy and Resources Committee in December 2023. As decisions are made on specific decisions, full Equality Impact Assessments will be prepared where appropriate for individual decision and actions and therefore a full assessment was not required on the composite of Committee Climate Statements
- 4.1.7 EIA 2455 has since been reviewed and updated with further detail specific to adult health and social care. However as decisions are made on specific decisions, full Equality Impact Assessments will be prepared where appropriate for individual decision and actions and so is again not required at this stage.

## 4.2 Financial and Commercial Implications

- 4.2.1 There are no financial and commercial implications arising directly from this report, however there are financial implications of Net Zero by 2030 and climate change.
- 4.2.2 Tackling the climate emergency and responding to the national and global changes that are facing the city will require multi-billion-pound investment over many years. It was recognised in the 10 Point Plan for Climate Action published in 2022 that it will not be possible to find the necessary finance within the local authority's, or the city's, existing resources. One of the ten points in the 10 Point Plan was specifically focused on the exploration of external funding streams and this work is ongoing.
- 4.2.3 The Our Council routemap chapter commits the local authority to prioritising climate action in our budgeting, and officers will need to work with Members to commit to specific sums or projects. Whilst sourcing the up-front investment is challenging, decarbonising the Council's

assets and adapting services to meet the challenges of a changing climate in the future can result in savings in ongoing energy costs.

- 4.2.4 Action will also need to be taken that commits us to working to reduce the carbon emissions and adapt to a changing climate, we are indirectly responsible for through our procurement. These may potentially have additional up-front costs but decisions will be taken on a case by case basis.
- 4.2.5 Many of the actions that we will need to take in order to achieve our ambitions will require working differently or taking decisions in ways which ensure that we do not increase our carbon emission and are able to adapt to a changing climate.
- 4.2.6 Investment in mitigation are likely to have long term benefits in terms of potentially reduced health and social care costs. An example of this is requiring new or adapted buildings to contribute to Net Zero targets. Similarly, other actions which have dual outcomes may potentially have positive benefits, for example, moving homecare provision to a locality model to reduce movement of workers around the city contributes to a more cost-effective service as well as encouraging use of local public transport or active travel options; and developing projects in which we can pool or share resources, for example launching an inter-agency car share scheme.

#### 4.3 Legal Implications

- 4.3.1 The proposed Climate Statement provides a focus and direction towards meeting those obligations within the context of our local climate ambitions There are no legal implications arising out of this report. There may be legal implications arising from decisions and actions arising from the implementation of proposals, and these proposals and their legal implications will be the subject of further reports where required.
- 4.3.2 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 equality
- 4.3.3 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

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

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

4.3.5 The Adult Health and Social Care Climate Statement supports delivery of these legal obligations through its focus on a partnership approach.

#### 4.4 Climate Implications

4.4.1 The Statements in themselves do not increase, maintain or reduce emissions against any of the categories. However, they restate our climate commitments amidst a challenging time, commit to developing council-wide service climate adaptation plans, and include an overview of and commitment to the decisions that committees intend to take to support and accelerate net zero and climate action at pace and scale.

4.4.2 By communicating commitment and increasing understanding of how the Adult Health and Care Committee are can support delivery of those commitments at pace and scale through decision-making, it is considered that if utilised, they have the potential to contribute to large reductions in emissions and increased climate action at pace and scale over the coming years and support an overall moderate decrease in emissions and climate adaptation for the future.

4.4.3 It is important to note however that realisation of climate benefits is reliant on future decision-making being in line with the commitments outlined.

4.4.4 An initial assessment has been undertaken on the full draft composite of all Committee Climate Statements prior to going to the Strategy and Resources Committee in December 2023. This has since been updated to include example of mitigation specific to Adult Health and Social Care (Appendix 3). However, as with Equality Impact Assessments, decisions are made on specific decisions and action, and initial/full Climate Impact Assessments will be prepared where appropriate for individual decision and actions.

4.4.5 We are committed to working with partners and providers aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to our provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide.

As set out above, this would be completed through more detailed Climate Impact Assessments for specific procurements.

#### 4.5 Other Implications

##### 4.5.1 Public Health

4.5.1.1 The climate emergency is recognised by the Director of Public Health as a public health emergency. Climate change is the greatest global health threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the social and environmental determinants of health. It threatens to undermine the last 50 years of gains in public health, intensifying heatwaves and extreme weather events, worsening flood and drought, altering the spread of infectious diseases, and exacerbating poverty and mental ill-health. However – and crucially - the response to climate change brings immense benefits for human health in Sheffield, with the potential for cleaner air, healthier diets, and a more liveable city.

4.5.1.2 Across all the work that we do to mitigate and adapt to climate change, it will be important to understand where our actions might widen inequalities and then act to mitigate against that widening of inequalities, for example, through provision of additional support to those people that are most impacted by the effects of climate change.

## 5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 Not providing committee climate statements. This would not provide the assurances to Committee and the Council that Climate Change and a commitment to Net Zero are being progressed by Adults Services.

## 6. **REASONS FOR RECOMMENDATIONS**

6.1 It is important that the response to the Annual Climate Progress Report is open and transparent in setting out the challenges which the local authority faces in making progress and clarifies future expectations on the part we all have to play in addressing climate change.

6.2 An endorsed Adult Climate Statement gives the public assurance that the Committee is delivering upon its commitment towards Climate Change and Net Zero.

6.3 Asking for the six-monthly updates provides public accountability and transparency of our progress in delivery.

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Sheffield City Council  
**Our Statement of Climate  
Commitments**

**December 2023**



# Contents

<b>Our commitment to addressing climate change</b>	<b>3</b>
<b>How climate change relates to our committees</b>	<b>3</b>
<b>Policy Committee Statements</b>	<b>4</b>
Transport Regeneration and Climate Policy Committee	4
Strategy and Resources Policy Committee	8
Finance Committee	10
Housing Policy Committee	12
Economic Development and Skills Policy Committee	15
Communities, Parks and Leisure Policy Committee	17
Waste and Street Scene Policy Committee	19
Education, Children and Families Policy Committee	22
Adult Health and Social Care Policy Committee	23

## Our Commitment to Addressing Climate Change



On 11<sup>th</sup> December 2023, the Transport, Regeneration and Climate Policy Committee approved the first Annual Climate Progress Report since Sheffield City Council declared a climate emergency in 2019 and set an ambitious target to be a net zero city by 2030.

This report highlighted that progress has been made, however it is not at the pace and scale needed to meet our 2030 target:

- 12.03% reduction in Sheffield City CO<sub>2</sub>e emissions between 2017 and 2021
- 3% reduction in Sheffield City Council CO<sub>2</sub>e emissions between 2019 and 2022
- Sheffield is expected to exceed its recommended carbon budget for 2018-2022

The climate emergency is one of the biggest challenges we will face as a city, region, country and global community. Following the announcement from Government in September 2023 to delay key climate change related legislation, we face a period of uncertainty around the policy levers that will be available in the coming years to support us to deliver our climate action at pace and at scale. Further to this, significant additional resources from central government will be required to help us to meet our ambitions and realise the opportunities that climate action brings. We will continue to work with government and the South Yorkshire Mayoral Combined Authority to influence this.

We, as elected Members, wish to restate our support and commitment to the targets that Sheffield has set around addressing climate change. We remain committed to tackling challenges that can be addressed by this council, using the opportunities and levers that are available to us. We also commit to developing council-wide climate adaptation plans within each of our service areas. By working together with Sheffield's communities, businesses, institutions and partner organisations to reduce our carbon emissions and adapt to our changing climate, we can minimise the impact of change, realise the widespread benefits of investing in homes and new technologies, and address issues around social justice.

## How Climate Change Relates to Our Committees

It is stated in the Sheffield City Council Constitution under the council functions of each committee that 'when devising policy, evaluating service delivery and taking decisions the committee must consider...climate and biodiversity'. In relation to climate change, each of our committees' work is impacted and affected by other committees' decisions, and we will only succeed if we take a cross-committee approach to climate action.

The following pages set out how climate change relates to the nine policy committees and highlights key activity on the current work plans and service plans that support net zero and address climate change.

Draft

# Policy Committee Statement

## Adult Health and Social Care Policy Committee

---

It is difficult to quantify the emission that our adult health and social care services contribute to the city's emissions, however Sheffield public sector as a whole contributed 127.5 ktCO<sub>2</sub>e (5%) of Sheffield's carbon emissions in 2021 and has increased by 7.7% since 2017.

Our performance data along with the Joint Strategic Needs Assessment, highlights that demand for social care will continue to rise. The recent COVID-19 pandemic showed how reliance on social care services can increase exponentially in the face of a public emergency. While adult health and social care is not a major contributor to emissions in the city, the negative impacts of climate change are disproportionately and more severely felt by vulnerable groups reliant on our adult health and social care services as was the case with COVID.

If the city doesn't act further to adapt our adult health and social care services in readiness for a changing climate, we could see the severity of these impacts increase further. In particular:

- climate change impacts such as extreme weather events such as heatwaves and flooding, poor air quality, food and water shortages and changes in ecology increases climate-sensitive health risks, particular for those already in poor health, such as:
  - malnutrition
  - heat-related illnesses
  - serious noncommunicable diseases such as cancers, cardiovascular disease and lung diseases
  - mental and psychological health conditions
  - injury and mortality from extreme weather events
  - water-borne, vector-borne and animal-to-human (zoonotic) transmitted diseases.
- rising costs, such as for energy, food and water, will exacerbate existing poverty and push more citizens below the poverty line further increasing inequalities in the city
- the rising costs for energy, food and water also affect providers of care services and voluntary sector ability to meet these costs. This risk destabilising our market and reducing the options for support, should funding not be provided to adult social care services to meet these costs
- increased reliance on adult health and social care services, facilities and providers will lead to an increase in operational cost and the necessary resources to meet demand
- increase in frequency and severity of extreme weather events, as well increased power outages from reduced energy security, will cause delays in response, disruption and reduced access to care and services and more

reliance on ensuring effective business continuity and agility of social care services across all sectors to meet demand

- widen social division and exclusion – those who can participate and those who can't – pollution tends to be higher in less affluent areas, food and water scarcity driving up prices, trip-chaining (time-poverty), reliance on car ownership (transport poverty)

This committee will contribute to the council's net zero ambitions and to adapting to climate change, at the same time as supporting adult health and social care, by taking decisions which ensure adult social care is:

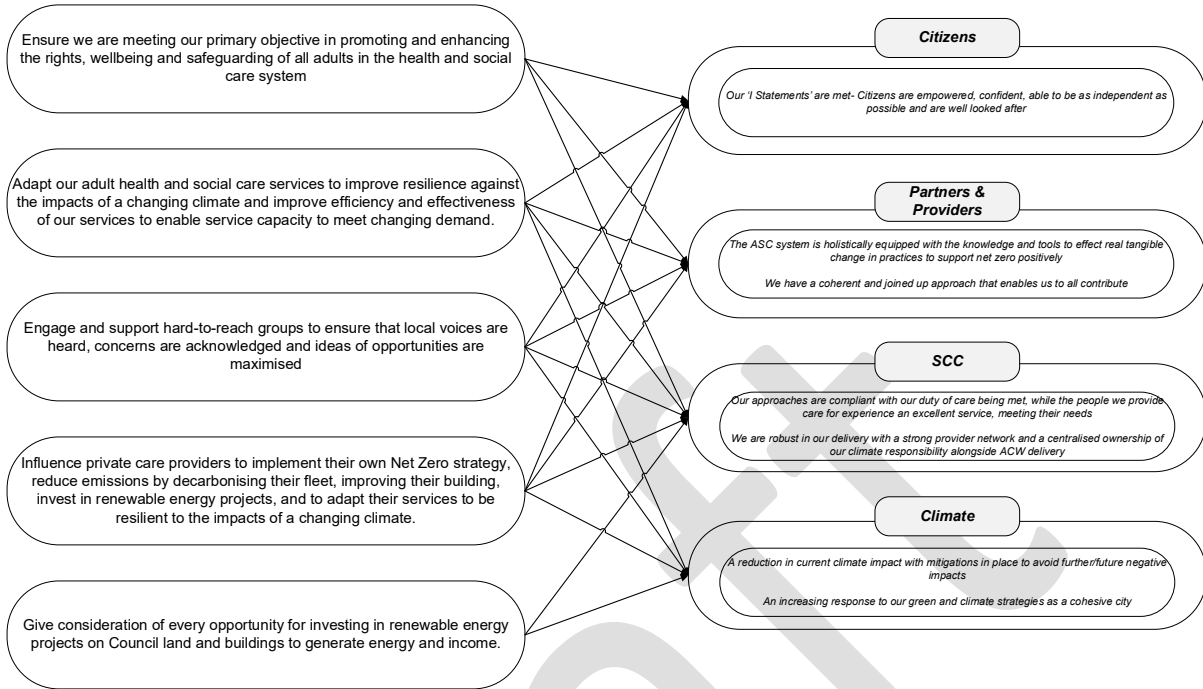
- meeting our primary objective in promoting and enhancing the rights, wellbeing and safeguarding of adults
- adapting our adult health and social care services to improve resilience and agility against the impacts of a changing climate
- openly discussing the impact of climate change with individuals, family members, providers, faith and voluntary sector so that we are working collaboratively to mitigate effects of climate change as well as contributing to net zero
- through our commissioning and strategic planning actively including our ambitions about net zero, so that any provider funded through the council is contributing to climate change
- influence private care providers to implement their own net zero strategy as part of their own corporate strategies, reduce emissions by decarbonising their fleet, improving their building, invest in renewable energy projects, and to adapt their services to be resilient to the impacts of a changing climate
- give consideration of every opportunity for investing in renewable energy projects on council land and buildings to generate energy and income.

The benefits of this approach:

- for citizens and unpaid carers, our 'I Statements' are met 'I have aspirations in my life and achieve my goals'
- providers of social care are holistically equipped with the knowledge and tools to effect real tangible change in practices to support net zero positively and can respond effectively to impact of climate change, ensuring continuity of service delivery
- we have a coherent and joined up approach across care providers that enables us to share best practice and learn from each other
- our approaches enable people to live the life they want to live, are compliant with our duties and enable individuals, families, and unpaid carers to experience an excellent service and satisfaction with our delivery, no matter who the provider.
- we are robust in our delivery with and a centralised ownership of our climate responsibility alongside delivery
- a reduction in current climate impact with mitigations and adaptations in place to avoid further/future negative impacts
- an increasing response to our green and climate strategies as a cohesive city.

## Decisions

## Benefits



## Key Actions

Milestone	Benefit	Priority
<p>1. Through our contract monitoring arrangements ensure that:</p> <ul style="list-style-type: none"> <li>All commissioned providers have effective business continuity arrangements are in place to respond to impacts of climate change.</li> <li>We have agreed with providers our climate expectations and opportunities for development.</li> </ul>	<p>Providers are holistically equipped with the knowledge and tools to effect real tangible change in practices to support net zero positively and can respond effectively to impact of climate change, ensuring continuity of service delivery.</p>	<p><b>Outcome 4: Effective and Efficient - Priority 12- Climate &amp; Net Zero</b></p> <p><b>Outcome 1: Safe and Well - Priority 2 – Quality and Continuity of Care</b></p>
<p>2. Review through our internal arrangements that all council providers have effective business continuity arrangements are in place to respond to impacts of climate change</p>		
<p>3. Embed through our recommissioning programmes, a requirement for providers funded by Adult Care to work to net zero and ensure that providers</p>		

<p>can respond to effects of climate change.</p>		
<p>4. Organise dedicated climate focused workshops during 2024 with providers and voluntary sector funded via Adult Care to identify opportunities for:</p> <ul style="list-style-type: none"> <li>• innovation projects which support and can realise net zero</li> <li>• mid to longer-term projects in which we can pool or share resources to reduce our overall carbon footprint</li> <li>• 'buy and use local' as using local resources has a substantially better impact on our climate than importing from other areas;</li> <li>• introducing climate champions who will be responsible for holding us to account, providing a climate steer, horizon scanning and identifying opportunities for improvements</li> <li>• a move towards fleet vehicles and/or electric vehicles for our workforce.</li> </ul>	<p>We have a coherent and joined up approach across care providers that enables us to share best practice and learn from each other.</p> <p>We are robust in our delivery with and a centralised ownership of our climate responsibility alongside delivery.</p> <p>An increasing response to our green and climate strategies as a cohesive city</p>	<p><i>Outcome 4: Effective and Efficient - Priority 12- Climate &amp; Net Zero</i></p>
<p>4. Through implementation of Adult Care Target Operating Model – specifically homecare, residential, supported living and care management - embed locally community-based and connected working to:</p> <ul style="list-style-type: none"> <li>• enable travel necessary to reduce our carbon footprint</li> <li>• launch an inter-agency car share scheme, promote the use of bicycles and walking route</li> <li>• optimise the use of assistive technology or wider digital applications, enabling more remote working, a reduction of risk and transport emissions.</li> </ul>	<p>A reduction in current climate impact with mitigations in place to avoid further/future negative impacts.</p> <p>Our approaches enable people to live the life they want to live, are compliant with our duties and enable individuals, families, and unpaid carers to experience an excellent service and satisfaction with our delivery, no matter who the provider.</p>	<p><i>Outcome 4: Effective and Efficient - Priority 12- Climate &amp; Net Zero</i></p> <p><i>Outcome 3: Active and Independent Living – Living and Ageing Well, Mental Health and Disability Friendly City.</i></p>
<p>5. Through our Strategic Planning Partnerships have open discussions about climate change and agree actions</p>	<p>Our 'I Statements' are met- I aspire in my life and achieve my goals.</p>	<p><i>Outcome 4: Effective and Efficient - Priority</i></p>

which will support people to achieve their own goals.

*12- Climate & Net Zero*

Outcome 3:  
Active and Independent Living – *Living and Ageing Well, Mental Health and Disability Friendly City.*

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## PART A - Initial Impact Assessment

**Proposal Name:** Committee Climate Statements

**EIA ID:** 2455

**EIA Author:** Laura Ellendale

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**Proposal Outline:** Public facing composite of Committee Climate Statements to: 1. Respond to the Annual Climate Progress Report 2022/23 in a timely manner. 2. Restate the cross-party council commitment to taking what action we can to address the climate emergency, adapt our city and council for a changing climate and reduce emissions to achieve our ambition to be a net zero city and council by 2030. 3. Increase understanding of the impact climate change will have on committees, the opportunities that tackling climate change offers, and the contribution to climate and net zero action each committee is currently making and needs to make moving forward.

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**Proposal Type:** Non-Budget

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**Year Of Proposal:** 22/23

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**Lead Director for proposal:** William Stewart

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**Service Area:** Sustainability and Climate Change

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**EIA Start Date:** 11/20/2023

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

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**Equality Lead Officer:**

Ed Sexton  
**Page 137**

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## Decision Type

### Committees:

Policy Committees

- Housing
- Adult Health & Social Care
- Communities, Parks & Leisure
- Economic Development & Skills
- Education, Children & Families
- Strategy & Resources
- Transport, Regeneration & Climate
- Waste & Street Scene

## Portfolio

### Primary Portfolio:

City Futures

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### EIA is cross portfolio:

Yes

All

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### EIA is joint with another organisation:

No

## Overview of Impact

### Overview Summary:

It is widely recognised that climate change will have a more negative effect on people with protected characteristics, particularly those with climate-sensitive health risks such as older people or those living with a disability or long-term health condition, and particularly for those already in poor health, as well as residents in poverty or at risk of poverty, especially older and disabled people, unpaid carers, and people from minoritised communities. Young people are also acutely impacted, both due to climate anxiety now, and by being more impacted by climate change throughout their lifetimes. We need to mitigate and adapt to the following risks for residents caused by climate change impacts such as heatwaves and flooding, poor air quality, food and water shortages and changes in ecology: - Rising costs, such as for energy, food and water will exacerbate existing poverty and push more citizens below the poverty line further increasing

inequalities in the City. Disabled and older residents, and residents from a minority community are disproportionately at risk. - Rising costs for energy, food and water also affect the ability of providers of care services and voluntary sector to meet these costs. This in turn risks destabilising our market and reducing the options for support for vulnerable residents. - Increased reliance on adult health and social care services, facilities and providers will lead to an increase in operational cost and the necessary resources to meet demand, which again would reduce the options for support for vulnerable residents. - Increase in frequency and severity of extreme weather events, as well as increased power outages from reduced energy security, will cause delays in response, disruption and reduced access to care and services which would impact care and support for vulnerable residents. The transition to a net zero society is happening independently of any decision of Sheffield City Council, but the local authority has an ambition to reach net zero by 2030, well ahead of the national target, and this creates additional challenges. The Council has a key role to play in ensuring that the transition happens in a way which ensures both climate justice and social justice. The statements also draw attention to the socioeconomic, health and wellbeing and other benefits to taking action on climate change, increase understanding that failing to act to address climate change will likely result in wider and greater inequality, and that activity taken to address climate change can also address social justice to deliver strong co-benefits. We are committed to ensuring that our action on the climate emergency is grounded in our values of promoting equality, diversity and inclusion for all. A full Equality Impact Assessment has been undertaken alongside the creation of the 10 Point Plan for Climate Action in 2022, as well as initial assessment for the Our Council and The Way We Travel routemaps. An initial assessment has been undertaken on the Committee Climate Statements. As decisions are made on specific decisions, full Equality Impact Assessments will be prepared where appropriate for individual decision and actions and is not required on the statements.

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**Impacted characteristics:**

- Cohesion
- Disability
- Health
- Poverty & Financial Inclusion
- Pregnancy/Maternity

Sex  
Carers  
Other  
Age  
Impacted local area(s): All

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact: Yes

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Impact areas: Year on Year, Geographical Area, Across a Community of Identity/Interest

## Initial Sign-Off

Full impact assessment required: No

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Review Date: 11/20/2023

## Action Plan & Supporting Evidence

Outline of action plan:

Action plan evidence:

Changes made as a result of action plan:

## Mitigation

Significant risk after mitigation measures:

Outline of impact and risks:

## Review Date

Review Date:

11/20/2023

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## Initial Assessment

Category	Impact
Buildings and Infrastructure	Construction
	Use
	Land use in development
Transport	Demand Reduction

	<b>Decarbonisation of Transport</b>
	<b>Public Transport</b>
	<b>Increasing Active Travel</b>

<b>Energy</b>	<b>Decarbonisation of Fuel</b>
	<b>Demand Reduction/Efficiency Improvements</b>
	<b>Increasing infrastructure for renewables generation</b>



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<b>Economy</b>	<b>Development of low carbon businesses</b>
	<b>Increase in low carbon skills/training</b>
	<b>Improved business sustainability</b>

<b>Influence</b>	<b>Awareness Raising</b>
	<b>Climate Leadership</b>
	<b>Working with Stakeholders</b>

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<b>Resource Use</b>	<b>Water Use</b>
	<b>Food and Drink</b>
	<b>Products</b>
	<b>Services</b>

<b>Waste</b>	<b>Waste Reduction</b>
	<b>Waste Hierarchy</b>
	<b>Circular Economy</b>

<b>Nature/Land Use</b>	<b>Biodiversity</b>
	<b>Carbon Storage</b>
	<b>Flood Management</b>

<b>Adaptation</b>	<b>Exposure to climate change impacts</b>
	<b>Vulnerable Groups</b>

**Just Transition**

**Description of Project Impact**

The Statements communicate our climate commitment, and increasing understanding of how committees can support delivery of those commitments at pace and scale through decision-making relevant to this category. The statements also commit us to developing council-wide service climate adaptation plans, which will set out how we will adapt our services to changing climate. Decisions relevant to this category are made on specific decisions and action, and initial/full Climate Impact Assessments will be prepared where appropriate for individual decision and actions, setting how both adaptation and mitigation we will take to reduce climate impacts. On that basis, further assessment is not required for specific categories.

Through our commissioning and strategic planning, mitigation examples for Adult Health and Social Care include: We will require new or adapted buildings to contribute to Net Zero

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The Statements publicly communicate and restate our climate commitments to taking what action we can to address the climate emergency, adapt our city and council for a changing climate and reduce emissions to achieve our ambition to be a net zero city and council by 2030, and state how all policy committees intend to support delivery of those commitments at pace and scale through decision-making across the council and city. Decisions relevant to this category are made on specific decisions and action, and

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The statements commit us to developing council-wide service climate adaptation plans, which will set out how we will adapt our services to changing climate. The climate emergency is one of the biggest challenges we will face as a city, region, country and global community. By restating our commitment to developing council-wide Climate Adaptation Plans within each of our service areas. By restating our support and commitment to the targets that Sheffield has set around addressing climate change, to tackling challenges that can be addressed by this council, and using the opportunities and levers that are available to us working together with Sheffield's communities, businesses, institutions and partner organisations we support further reduction to our carbon emissions

It is widely recognised that climate change will have a more negative effect on people with protected characteristics, particularly people living in poverty, people with some long-term health conditions and disabilities and people from ethnic minorities, who are disproportionately likely to both experience disability and poverty. Young people are also acutely impacted, both due to climate anxiety now, and by being more impacted by climate change throughout their lifetimes. The Council has a key role to play in ensuring that the transition happens in a way which ensures both climate justice and social justice. The statements also draw attention to the socioeconomic, health and wellbeing and other benefits to taking action on climate change, increase understanding that failing to act to

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Score		
4	10	The project will significantly increase the amount of CO2e released compared to before.
4	9	The project will increase the amount of CO2e released compared to before.
4	8	The project will maintain similar levels of CO2e emissions compared to before.
4	7 6	

4	5	
4		The project will achieve a moderate decrease in CO2e emissions compared to before.
4	4	
4	3	
4	2	The project will achieve a significant decrease in CO2e emissions compared to before.
4	1	
4	0	The project can be considered to achieve net zero CO2e emissions.

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<b>Carbon Negative</b>	The project is actively removing CO2e from the atmosphere.
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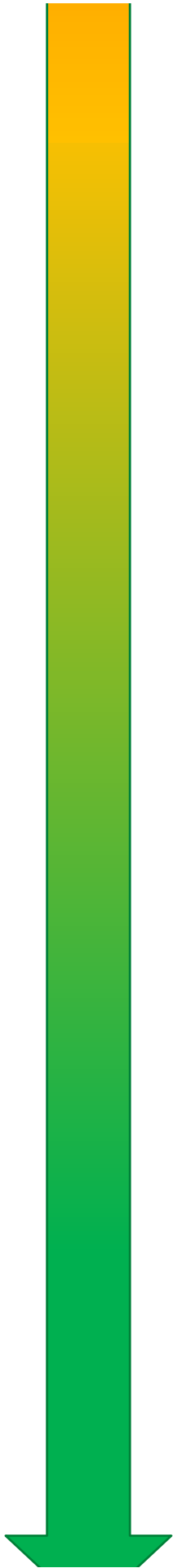
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## Report to Policy Committee

**Author/Lead Officer of Report:**  
Andrew Drummond, Service Manager -  
Safeguarding

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

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

**Date of Decision:** 31<sup>st</sup> January 2024

**Subject:** Adult Social Care Complaints Annual Report and Learning from Feedback Annual Report

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2533				
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 (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### Purpose of Report:

This report provides the Adult Social Care Complaints Annual Report 2022 – 2023 for endorsement by Committee and an update regard learning from our feedback from individuals and carers.

Learning from complaints and from individuals and carers experiences enables the continuous improvement of our services.

**Recommendations:**

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

1. Endorses the Sheffield Adult Social Care Complaints Annual Report 2022 – 2023 attached at Appendix 1.
2. Notes the Analysis of Complaints by Care Quality Commission Quality Statement attached at Appendix 2.
3. Endorses the Learning from Feedback Annual Report attached at Appendix 3.
4. Notes that engagement will be undertaken during 2024 with individuals and unpaid carers to continue to build our approach to learning from feedback and using this to inform service improvements and strategic developments.
5. Agrees that the Strategic Director Adult Care and Wellbeing providing six monthly updates on our learning from feedback and subsequent service improvements as an assurance to Committee that Adult Care and Wellbeing are continually learning from feedback.

**Background Papers:**

- Appendix 1 – Sheffield Adult Social Care Complaints Annual Report 2022 – 2023.
- Appendix 2 – Analysis of Complaints by CQC Quality Statement
- Appendix 3 – Learning from Feedback Annual Report
- Appendix 4 - 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: Ed Sexton
		Climate: Dawn Bassinder
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Andrew Drummond	<b>Job Title:</b> Service Manager – Safeguarding
	<b>Date: 8<sup>th</sup> January 2024</b>	

1. **PROPOSAL**

- 1.1 Learning from feedback from individuals and carers is an essential element of our continuous learning and improvement approach and core to delivering on our Strategy Living the Life You Want to Live.
- 1.2 In line with our strategic and operational priorities and the priorities set out in the Council Delivery Plan our focus has been on learning from Complaints, Compliments and Feedback and building a sustainable way of strategically coordinating and embedding learning from feedback across all Adult Care service provision.
- 1.3 Aligned to our Care Governance and Quality Matters Framework, the priority and focus for 2024 is to coordinate and embed learning from all feedback and use this to inform strategic and service developments in a systematic basis. To do this, the service has invested in dedicated Assurance and Performance Leadership which enables this approach to be undertaken.
- 1.4 The Committee report today to that end both provides an Annual Complaints Report, a thematic report which coordinates our learning from feedback and a direction of travel in relation to continuing to use feedback to make service improvements.
- 1.5 Annual Complaints Report 2022 - 2023**
- 1.5.1 The provision of an annual Adult Health and Social Care complaints report is a requirement of the complaints procedures established through the NHS and Local Authority Social Services Complaints (England) Regulations 2009.
- 1.5.2 An annual report is provided setting out an analysis of complaints, learning and priority activity for the following year. The Annual Report for 2022 – 2023 is attached at Appendix 1 for endorsement by Committee.
- 1.5.3 As an additional focus for scrutiny, an analysis of Complaints in the period 2022 – 2023 against each Care Quality Commission Quality Statement has also been completed and is attached at Appendix 2. Although not required by CQC, this will now form an annual exercise as part of the annual complaints reporting to enable ongoing learning and self-assessment in relation to the Quality Statements.
- 1.5.4 The Annual Report and Analysis by Quality Statements highlights that the majority of our complaints relate to how we work with people and in particular relating to our financial assessments and assessment of Needs.

Our learning more broadly can be highlighted into four main themes: -

- Assessing Needs - Complaints about assessing needs relate more often to decisions and outcomes than the assessment process or poor communication by staff. Customers are at times unaware of what they are eligible for, see action notes in appendix 2 for our improvement actions.



- Provision of Support - Just under 10% of complaints related to lack of support/ response from services or lack of timely assessment.
  - Delivery of Care - 15% of complaints related to poor care by providers or safeguarding complaints against providers. Whilst this is a significant proportion, it is also worth noting that care provider staff are likely to spend by far the greatest amount of time in contact with our customers.
  - Safe Pathways and Transitions - Of complaints relating to safe pathways and transitions, the largest number related to poor experience on discharge from hospital. In several cases these were joint complaints and related to hospital action at the time of discharge.
- 1.5.5 To deliver a sustainable approach to learning from complaints an improvement programme was established which was supported through implementation of a dedicated practice development officer with a focus on complaints, a partnership approach with Councils Complaints Team and oversight by Operations Directors. This embedded a service level ownership and leadership of complaint resolution.
- 1.5.6 In addition to this, the Council has introduced a standard Complaints Management System, which includes a standard approach to capturing compliments, compliments and learning from complaints. It also enables a clear focus on timeliness and quality of response and has enabled improvements in recording and consistency in approach.
- 1.5.7 An improvement during 2023 was to embed learning from complaints at all levels and action against such learning assured. The lessons learnt field is now mandatory in the Councils Management System which ensures that service leaders have ownership and knowledge of complaints, supported by complaints team at service level, along with the necessary improvements required.
- 1.5.8 In addition, it was recognised the volume of complaints related to our financial assessments, care provision and adaptations. Due to this, additional infrastructure has been business planned within our Care Governance and Commissioning Service to build capacity. A focused improvement programme regards Occupational Therapy and Adaptations has been reported to November 2023 Committee.
- 1.5.9 The effectiveness our focus on complaints is seen through the reduction in referral of complaints to the Local Government and Social Care Ombudsman (LGSCO) which demonstrates the work input into listening to what complainants are saying and being effective in explaining and clearly communicating the position of resolution and outcomes.
- 1.5.10 Building on the learning and infrastructure put in place, the priorities for 2024 are to embed: -
- ✓ A standard approach to recording and promoting compliments throughout the service.

- ✓ Recording of data on numbers of compliments and complaints received, including those upheld, within the quarterly Adult Care and Wellbeing performance dashboard presented to Committee.
- ✓ Directorate Complaints Improvement Plan in which six monthly updates are provided to Committee as part of our assurance regards learning from feedback.

## 1.6 Learning from Feedback

1.6.1 Appendix 3 sets out an analysis of learning from individuals feedback using learning from I Statements, Complaints, Citizens Involvement Project, including Learning Disability and Autism Partnership Boards, Festival of Involvement Analysis Report, Ethnicity Analysis Report, Sheffield Voices Project commissioned through Disability Sheffield, Compliments / Complaints including Complaints Annual Report 2022 – 2023c, Commissioning Strategies and Plans engagement.

1.6.2 As we have developed our governance function within adult care, a priority has been to strategically coordinate our learning and feedback from individuals and carers to enable an understanding of our strengths, challenges and risks to inform delivering improvements based on what people have said. This aligns to priority 5 of our Strategy Delivery – Citizen Leadership and Personalisation.

1.6.3 Investment has been made in our practice development and performance improvement teams to sustainably support this approach so that six monthly reports can be provided to our Directorate Leadership Team and Committee which coordinate learning from feedback from individuals so that it remains current.

1.6.4 In summary, the analysis of data from 2022 - 2023 highlighted that the following strengths and areas for improvement: -

RAG	Theme
Strength	Relationship building with front line staff is one of our biggest strengths
Strength	Positive areas of activity are making a real difference to people's lives. <i>(Both in-house and commissioned services)</i>
Area for Improvement	People have not found it easy to get the information and advice they need
Area for Improvement	People do not yet feel a strong sense of independence or quality of life
Area for Improvement	People felt afraid to speak up about poor practice
Area for Improvement	Listening to Seldom Heard Communities
Area for Improvement	Transport and Access Arrangements

1.6.5 In response to this learning, aligned to our Strategy Delivery Plan and Performance Update discussed at Committee in September 2023 and December

2023, the learning has informed a number of actions for improvement over the last year which includes: -

- ✓ Development of [Sheffield Directory](#)
- ✓ Reducing our waits to build accessibility for people to raise concerns.
- ✓ Building into the Healthwatch contract an additional mechanism for people to raise safeguarding concerns.
- ✓ Implementing our operating model and with that moving towards specialised service delivery.
- ✓ Developing all Age Autism Strategy and a Learning Disability Strategy along with a restructure to the boards to enable greater engagement and listening to those seldom heard.

Our priorities for 2024 to 2025 based on our learning are set out to: -

1.6.6

- ✓ Continue to implement our new target operating model and improvement actions set out in our Strategy Delivery Plan.
- ✓ Build learning from feedback from individuals into core discussions with leaders and services, so that as with complaints a systematic approach to learning from individuals is embedded at service level and strategically.
- ✓ A community engagement approach in partnership with voluntary sector to enable engagement with diverse communities across Sheffield, building on our equalities, diversity, inclusion, and social justice plan agreed at Committee in 2023

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

2.1 Learning from complaints and feedback enables delivery on our strategic outcomes in our [vision and strategy](#) and the Council's Delivery Plan by aiming to improve individuals experience of services.

2.2 In recognising this we need to ensure we meet the standard required to respond to people in a timely fashion, resolve the issue raised where necessary, taking learning from complaints and feedback, and embedding this learning into future working practices.

2.3 The Complaints and Learning from Individuals Annual Reports contributes to delivery upon the Connected and Engaged and Efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy Living the Life You Want to Live. It also contributes to delivery on the CQC Quality Statements.

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

3.1 Public engagement and participation has occurred at the root of this work. In that we have made it clear to Sheffield citizens how they can raise a complaint/compliment with Adult Care and Wellbeing.

3.2 We always strive to respond in the defined timeframes so the public feel when they have engaged with us their opinion has been heard and acknowledged.

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

### **4.1 Equality Implications**

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

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

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

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

4.1.4 The updated Equalities Impact Assessment is at Appendix 4. This will continue to be developed and identifies the need to improve demographic understanding of the people who are (and aren't) complaining) through:

- Further engagement activity with people who receive care and their carers
- Further analysis of customer data against Sheffield demographics to inform planning and engagement
- Work with Customer Services to seek to develop demographic capturing through the Complaints Management System

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

4.2.1 There are no direct financial implications arising from this report. Any future activity will be assessed for its financial implications and reported and recorded as part of the approval process.

### **4.3 Legal Implications**

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

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

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

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

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

4.3.4 With specific regard to complaints handling, the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Services Complaints (England) (Amendment) Regulations 2009 require Local Authorities to provide an annual report on Adult Social Care Complaints. This Annual report supports the Authority in meeting its statutory obligations in relation to those provisions and to its safeguarding obligations.

#### 4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report. Climate implications and improvement actions will be considered along with the proposed Climate Statement at Committee today along with learning from feedback from individuals.

4.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIAs for specific procurements.

#### 4.5 Other Implications

4.5.1 There are no specific other implications for this report.

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The alternative option is that Committee do not endorse the Annual Report and Learning from Feedback. However, this would not provide the opportunity for assurance and scrutiny.

**6. REASONS FOR RECOMMENDATIONS**

6.1 An endorsed Complaints Annual Report and endorsed Learning from Feedback gives the Public and Members assurance that Adult Care and Wellbeing is delivering upon its commitment to learn from complaints and learn from feedback.

6.2 Asking for six monthly updates provides greater accountability and transparency regards our delivery upon service improvements identified.



# **Sheffield City Council**

## **Annual Report of Complaints Received About Adult Social Care Services**

1 April 2022 – 31 March 2023

## **1. INTRODUCTION**

- 1.1. This report provides information on the complaints received about Adult Social Care services between 1 April 2022 and 31 March 2023.
- 1.2. The provision of an annual Adult Health and Social Care complaints report is a requirement of the complaints procedures established through the NHS and Local Authority Social Services Complaints (England) Regulations 2009.
- 1.3. The report has been written by the Council's Complaints Manager (in the role of Complaints Manager as defined in the Regulations) on behalf of the Director of Direct Services and the Director of Adult Health and Social Care. The Strategic Director of Adult Care and Wellbeing has an accountability to provide a local offer in relation to provision of complaints.
- 1.4. Adult Care and Wellbeing services are Directorate within Sheffield City Council. Services are delivered to people in need of social care under the Fair Access to Care Services criteria. Services are delivered to people with a learning disability, physical disability and/or sensory impairment, and to older people. Mental health services are provided by the Sheffield Health and Social Care Trust; complaints and feedback about mental health services are reported separately by the Trust. It should be noted that a decision was made by the Co-Operative Executive on 16<sup>th</sup> March 2022 to return the social workers back to Sheffield City Council with 2022 to 2023 being a transitional year to plan for their return by 1<sup>st</sup> April 2023.

## **2. WHAT IS A COMPLAINT?**

- 2.1. Sheffield City Council defines a complaint as "any expression of dissatisfaction whether justified or not."
- 2.2. The aim of the Council is to resolve complaints to the satisfaction of the customers who have made them.

## **3. WHO CAN MAKE A COMPLAINT?**

- 3.1. Anyone who uses Sheffield City Council services can make a complaint.
- 3.2. The Council's corporate complaints procedure provides a process for all customers to use.
- 3.3. If a complaint is about Adult Social Care, the statutory complaints process, as defined by the NHS and Local Authority Social Services Complaints (England) Regulations 2009, is used.

## **4. THE ADULT SOCIAL CARE STATUTORY COMPLAINTS PROCEDURE**

- 4.1. The statutory complaints procedure is a single stage process designed to resolve matters at the earliest opportunity. However, Sheffield City Council has introduced an optional 'review stage,' through which a customer who remains dissatisfied may request that a review of the investigation is carried out by a more senior officer. Where a complaint cannot be resolved, and the customer remains dissatisfied, they are informed of their right to raise this with the Local Government & Social Care Ombudsman.
- 4.2. A key characteristic of the statutory complaints process is the involvement of the customer in how their complaint will be resolved and how long this will take to investigate.
- 4.3. On receipt, the complaint is assessed against a set of criteria that determines the way it will be investigated. The majority of complaints are investigated and resolved by the service, but complaints can be investigated by independent investigators where this is judged appropriate. Independent investigators make recommendations to the Council's senior managers.



- 4.4. Complaints that are about both health services and social care services are investigated jointly with relevant NHS organisation/s. A single, coordinated response is made.
- 4.5. All complaint responses are approved and signed by the relevant Head of Service or, where appropriate, the Strategic Director of Adult Care and Wellbeing Services.

## **5. ANALYSIS OF COMPLAINTS AND FEEDBACK**

### **Complaints Received**

- 5.1. A total of 229 complaints were received into Adult Health and Social Care between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023, of these, 113 Statutory complaints were received and considered under the Adult Social Care Act Statutory Complaints Procedure, this is an increase of 35% on the number received the previous year (73).

(Table 1 below shows a breakdown of the numbers of complaints by service/team over the past 3 years)

Complaints received during 2020-2022 were lower in numbers across all services which is potentially due to the Covid-19 Pandemic. In line with government guidelines during this period all non-critical services paused and staff within local government focused on the delivery of essential services and support required to the citizens of Sheffield.

In addition to the above, in November 2021 Sheffield City Council introduced a new complaints case recording system and took this opportunity to give emphasis and importance to ensuring all customer dissatisfaction and complaints were captured which included local resolution.

The focus on capturing information and greater emphasis on ownership and accountability of complaint management delivered a shift in culture and behaviour towards complaints leading the journey of transforming our council to a more listening and caring organisation that listens to our customers and wants to learn from what people tell us.

- 5.2 The cause of complaint is categorised from the customer's perception upon receipt. A single complaint can be recorded against more than one category, and so the total will usually exceed the number of complaints received.

Table 2 shows that from the customer's perspective, the highest overall category of complaint during 2022/23 was in relation to quality (32%). The highest detailed category of complaint was poor customer care (27%).

The Adults' Social Care service works hard to resolve complaints at the local resolution stage of the procedure and service managers will often, with the agreement of customers, become personally involved and meet customers to address and resolve any outstanding/continued dissatisfaction without the need for formal investigation.

Table 1: Complaints received by service area.

\*There was a change to structure of the Adult Services in 2022/23 so some areas were amalgamated into different teams which is reflected below:

Breakdown of New Complaints Received	Totals 2020/21	Totals 2021/22	Totals 2022/23
	<b>Statutory</b>	<b>Statutory</b>	<b>Statutory</b>
Commissioning - (Contracts)	28	13	14
Commissioning - (Strategic)			3
Commissioning - Mental Health			2
Commissioning (Strategic)			1
Equipment and Adaptations Service	2	2	6
City Wide Care Alarms	2	0	3
First Contact Team	5	10	14
Hospital Out of Hours	7	4	8
Locality 1, 3 and 5	20	37	14
Locality 2 and 4			17
Locality 6 and 7			9
Social Care Accounts Service (SCAS)	6	3	18
STIT / Care4you	5	10	1
Safeguarding	2	0	0
Disabled Facilities Grant			1
Future Options	2	1	1
Withdrawn			1
<b>Total</b>	<b>71</b>	<b>73</b>	<b>113</b>

## What the complaints were about

5.2. An analysis is made of each complaint on receipt. Therefore, the categorisation in the table below is based on the customer's perception on making the complaint and does not take into account the findings and conclusions following investigation.

5.3. It should be noted that complaints are categorised against multiple categories to capture all areas of dissatisfaction. Therefore, the totals in the table are greater than the total for the number of complaints received.

**Table 2: Complaints by cause/problem category**

Problem	Details	Number 2021/22	Totals 2021/22	Number 2022/23	Totals 2022/23
Access	Other access to service or information problem	0	0	0	0
Delay	Delay in providing information	2	30	2	11
	Delay in delivering a service	10		8	
	Delay in taking action	15		0	
	Delay in returning phone calls	3		1	
Failure or Refusal	Failure or refusal to deliver a service	18	34	13	17
	Failure or refusal to give advice/provide information	3		1	
	Failure or refusal to respond to letters/emails/phone calls or meet	2		2	
	Failure or refusal to take action/make a decision	11		1	
Quality	Inadequate or incorrect advice/information given	1	49	2	25
	Inappropriate or incorrect action taken	27		20	
	Incorrect/unreasonable decision	7		2	
	Poor communication/unclear or misleading information given	6		0	
	Service provided but then changed or withdrawn	5		1	
	Breach of Confidentiality	1		0	
	Loss or damage to property	2		0	
Staff Conduct	Discriminatory behaviour	1	38	0	24
	Poor customer care	30		21	
	Lack of knowledge/training	4		1	
	Unhelpful attitude	2		1	
	Rude or aggressive behaviour	0		0	
	Other	1		1	
Policy	Council Policy	1	1	1	1
<b>TOTAL</b>			<b>152</b>		<b>78</b>

## Responding to complaints

- 5.4. During 2022/23, a total of 104 complaint responses were issued through the Adult Social Care services statutory complaints process.
- 5.5. The Department of Health has recognised the complexities of Adult Social Care complaints, and the difficulties in ensuring a quality response in a set timescale, and so took this into account when drafting the complaint Regulations.
- 5.6. The Regulations require that a timescale is agreed with the customer for each individual complaint, as opposed to their being a set response timescale. However, the Regulations expect all complaints to be resolved within six months.
- 5.7. Sheffield City Council has a corporate target for responding to complaints of 28 days but in line with the regulations expects the timescale for all statutory complaints to be agreed with the customer in each individual case.
- 5.8. The average response timescale for responding to complaints under the Statutory Complaints Procedure during 2022/23 was 87 working days. This is an increase of 3 days on the previous year 2021/22.

## Complaint escalation

- 5.9. During the reporting year 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, 7% of complaints considered under the Statutory Procedure about Adult Social Care Services were escalated for review by a more senior manager.
- 5.10. There was a total of 10 Adult Health and Social Care related complaints escalated to the ombudsman during 2022/23.  
Of the 10 complaints, one was classed as a premature referral, seven complaints were considered without formal enquiries and there were 2 formal enquiries made. (In the previous reporting year 2021-22, there was a total of 7 formal enquiries made, so there has been a significant decrease in this area which does indicate earlier intervention and effective resolution).

## Outcomes

- 5.11. When a complaint is responded to, we record the complaint outcome. In 2022/23, we recorded the following complaint outcomes:
  - Service failures identified – 18%
  - Misunderstanding clarified – 10%
  - No action necessary – 10%
  - Complaints withdrawn by customer – 15%
  - Complaints resolved via local resolution (Problem solved) – 48%

Due to the introduction of a new complaint case management recording system a number of outcomes have not been captured as we would expected. There has been an update / change made to the system to help improve this part of recording (insertion of mandatory requirement to capture this information) and also further communication and training has been provided to highlight the importance of this information being recorded.

- 5.12. The Council is committed to working together with customers to agree resolution. These figures demonstrate that in most cases the Council was able to agree suitable resolution.

## **6. QUALITY ASSURANCE**

- 6.1 The Complaints Team completes quality assurance checks throughout the year on a sample of complaint responses. A total of 30 responses were sampled during the year 2022/23, and Adult Social Care services scored an overall quality score rating of 86% against a target of 85%.

Four complaint responses scored less than 80%. These were between the 1<sup>st</sup> April 2022 and the 30<sup>th</sup> June 2022. Feedback is given directly to the Service Manager for that area for development with the Investigating Manager who delivered the response. The Council's Effective Complaints Handling Course which focuses on quality of responses to complaints is offered to all employees and delivered each quarter, it is recommended that any person responding to complaints in writing attend this learning and development course.

Following the half year results, all responses reviewed in the second half of the reporting period 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023 scored above 80%.

## **7. MULTI-AGENCY COMPLAINT HANDLING**

- 7.1. The Adult Social Care Service has signed an inter-agency protocol with the local NHS organisations and aim to work together with local NHS organisations to provide single complaint responses to customer problems. This ensures the joint consideration of issues to assist in the improvement of services across health and social care boundaries.

- 7.2. Those NHS organisations that Adult Social Care services work with most frequently are:

- Sheffield Health and Social Care Trust (usually around health and social care joint services to learning disability and mental health service clients)
- Sheffield Teaching Hospitals NHS Foundation Trust (usually around discharge from hospital and health and social care services in the community)
- Integrated Care Board (Previously known as the Clinical Commissioning Group).

- 7.3. During 2022/23 12 new complaints were received with the response for and the subject of a joint investigation with health partners). This is a decrease of 9 vs the previous reporting year 2021/22. One complaint was rejected following review as this sat wholly with Sheffield Teaching Hospitals Trust for full review and response.

- 7.4 Of these complaints;

- 4 complaints were investigated jointly with the Sheffield Teaching Hospitals Trust.
- 3 with the Integrated Care Board (ICB) (previously known as the Clinical Commissioning Group);
- 3 with the Sheffield Health and Social Care Trust and
- 1 complaint was investigated with Chesterfield Hospital.

- 7.5 The services involved, and volumes are shown in table 3:

**Table 3: Joint Complaints by Service Area:**

TEAM	VOLUME
LOCALITIES SERVICE	1
SHORT TERM INTERVENTION & HOSPITAL OUT OF HOURS TEAM	1
HOSPITAL & OUT OF HOURS	3
FIRST CONTACT TEAM	1
CONTRACTS	2
CHILDREN WITH DISABILITIES	1
SOCIAL CARE ACCOUNTS TEAM	1
COMMISSIONING MENTAL HEALTH	1

7.6 The Council led the investigation and response in respect of 5 complaints.

7.7 During 2022/23 we sent 6 joint complaint investigation responses.

## 8. REMEDIES AND SERVICE IMPROVEMENTS

8.1. A total of 8 remedies and/or service improvements (including financial remedies) were captured in respect of 15 individual adult social care related complaints that were responded to in 2022/23, this equates to 53%.

8.2. The remedies captured during 2022/23 is a significant reduction in remedies captured in previous years. This is due to a new complaints case recording system being introduced in November 2021 and a change to the accountability of capturing this information. Actions are being taken to improve this during the 2023/24 reporting year through systems training being delivered to investigating managers and a cultural / behavioural shift to develop investigating managers to have accountability for recording this information and using this to identify learning opportunities for the organisation.

**Table 4: Adult Social Care remedies and service improvements**

	2020/21	2021/22	2022/23
Financial Remedy	11	7	4
Apology	33	35	1
Change, review or provide a service	5	11	0
Improve customer care	2	1	0
Provide or review employee training or guidance	6	1	0
Provide additional information or explanation	0	1	3
Review or change customer literature	0	0	0
Review or change policy or procedure	2	3	0
Take action or enforce a decision	14	11	0
Take action against contractor/partner	0	3	0
Change Carer	0	0	0
Change service criteria	0	0	0
<b>Total</b>	<b>73</b>	<b>73</b>	<b>8</b>

- 8.3. Although not reflected in remedies, several complaints resulted in learning and improvements from an individual practice point of view, in particular around ownership, accountability and communication.

Examples of areas of wider key learning and improvements for the Adult Social Care Service during 2022/23 are outlined below:

- The Adult Health and Social Care Service developed a new strategy launched in March 2022 to set out their vision for 2022-2030, called 'Living the life you want to live' and sets out how we work together to help people of Sheffield live long, healthy and fulfilled lives.
- The strategy was developed from discussion with a wide range of people and groups between 2020-2022 and was formally agreed at our cooperative committee meeting in March 2022.
- A link to the Strategy: [Living the life you want to live Sheffield's adult social care vision 2021 to 2030](#)
- This new adult social care strategy builds on citywide commitments in the Joint Health & Wellbeing Strategy 2019-2024 and Shaping Sheffield 2019-2024. Shaping Sheffield 2019-2024 sets out four clear priorities which align with the adult social care strategy: Promoting Prevention, Ageing Well, All Age Mental Health, Thriving Communities.
- A set of values of how we work sets out clearly what people can expect. They reflect what people have told us what is important about how we should work and are 'Person-centred and Strengths based, collaborative & empowering showing compliance and best value' with full transparency.
- To support the strategy, the Adult Wellbeing and Care Directorate streamlined and renamed the service areas making it clearer for colleagues, citizens and service users to identify the relevant required service needed for support.
- A range of improvements was made to services for young people transitioning to adulthood including increased investment and reshaping of services which will enable the preparation for adulthood team to focus on pro-actively working with young people aged 14-18 years to promote autonomy and independence; and the introduction of a new tool called 247 enable families.  
Young people, professionals (across both Children and Adult Directorates) and non-social care professionals such as teachers, have a shared approach to understanding and tracking goals and aspirations.
- To focus on continuous complaints performance and improvement, each service area has a monthly complaints clinic with the Complaints Manager for the Council and relevant Assistant Director of Service to review open complaints to monitor and track progress of cases, identify and removing barriers to focus on solutions and effective resolution whilst sharing knowledge, experience and best practice and identifying any learnings from the complaints.
- Effectiveness of the above is seen through the reduction in referral of complaints to the LGSCO which demonstrates the work input into listening to what complainants are saying and being effective in explaining and clearly communicating the position of resolution and outcomes.

## 9. COMPLAINTS TO THE LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN

- 9.1. Complaints about Adult Social Care services received by the Ombudsman may become the subject of informal enquiry or formal investigation, or the Ombudsman may issue a decision without making any enquiries of the Council.
- 9.2. Occasionally, the Ombudsman will receive complaints that have not been considered by the Council, and in those cases may choose to refer the complaint to the Council to deal with first. These are known as 'premature.'
- 9.3. In 2022/23 the Ombudsman received 17 complaints about Sheffield City Council's Adult Social Care Services (A reduction of 3 from the previous reporting year of 2021/22 of 20). Only 2 of the complaints received resulted in a formal enquiry / investigation (A reduction of 12 from the previous reporting year 2021/22).
- 9.4. From an outcome perspective the Ombudsman closed both Adult Social Care complaints in 2022/23. Both of these complaints were upheld, and fault found.  
  
A summary of the 2 complaints upheld by the Ombudsman is provided at Appendix A.
- 9.5. Financial remedies totalling £900.00 across the 2 upheld complaints based on Ombudsman recommendations.

## **10. IMPROVEMENTS IN 2022/23 AND ONGOING/FUTURE DEVELOPMENTS FOR 2023/24**

- 10.1 The following provides an update on actions and areas identified for improvement in 2022/23 and ongoing/future developments for 2023/24
  - The Complaints Manager/Assistant Complaints Manager attends monthly service meetings to discuss and review status of open complaints to support effective resolution.
  - Appointment of a dedicated Practice Development Officer (Complaints) to cascade and drive learning from complaints and compliments throughout adult health and social care has been secured and is now in place.
  - A new Complaints Recording system was introduced in November 2021. The aim of the new system is to provide one platform of complaint recording consistently across the organisation, provide accountability and ownership of complaints recording management and analysis of data.
  - It aims to improve the customer journey as well as our internal case management processes. The new Customer Relationship Management (CRM) system to improve recording and reporting of complaints, compliments and suggestions this went live in November 2021, learning development and improvement is on-going to ensure full information is captured to support learning and drive improvement in service offer and proposition.
  - As part of the ongoing project all employees will be provided with the support and training needed to professionally manage complaints, by taking ownership and accountability from the day the complaint is received.
  - GoLearn the Council's central learning and development platform offers both online and remote classroom-based training for Effective Complaint Handling and system training which has been refreshed in 2022 following the relaunch of the new



complaint recording system, designed to promote the complaint policy and procedure and deliver clear guidelines to all staff of expectations and behaviour.

- Reporting of complaints performance is to be produced timelier to inform of volumes, trends, learnings.
- A Council Wide Learnings Dashboard is to be in place by the end of April 2024 (An organisational view). This will be published internally and externally and will demonstrate to citizens how learning has been implemented (You said, We did).
- An Adult Care and Wellbeing Complaints learning analysis set against CQC Quality Statements will be undertaken and used to inform further improvements and action which can inform our response to delivery of adult social care. the outcome and resultant action plan will be reported to Adult Health and Care Policy Committee in January 2024 as part of the DASS (Director of Adult Social Services) update and Cycle of Assurance.
- A review of capacity required in social care accounts service and commissioning to respond to and learn from complaints will be undertaken as part of Adult Care and Wellbeing Target Operating Model implementation with view of implementation by April 2024.
- The Council will develop and implement the new 'Statutory Joint Ombudsman Handling Code' from the 1<sup>st</sup> April 2024 and update the Council's Complaint Policy and Procedures to adhere to this.

## Contact Us

If you would like to make a complaint, suggestion, or compliment, you can do this by completing an on-line form on Sheffield City Council's website:

<https://www.sheffield.gov.uk/home/your-city-council/complaints>

You can also telephone us on 0114 273 4567, or write to:

Customer Services  
Sheffield City Council  
Town Hall  
Pinstone Street  
Sheffield  
S1 2HH

If you would like to comment on this report, or have any questions about Sheffield City Council's complaints procedure, please contact the Complaints Team at:

Email: [complaintsmanagers@sheffield.gov.uk](mailto:complaintsmanagers@sheffield.gov.uk)

Telephone 0114 273 4567 or write to the above address.

**Appendix A – Breakdown of 6 Adult Social Care complaints - Upheld by Local Government and Social Care Ombudsman 2022/23**

Complaint	Ombudsman Finding/Investigation Outcome	Agreed Remedy/Service Improvements	Remedy implementation detail and learning outcomes
<p>Ms B complained about the Council’s decision to charge her for her package of care without completing a full financial assessment. She says she did not know the Council would charge her for the care. She says the Council made mistakes in its calculation of her contribution and the invoices and disclosed confidential information about her.</p>	<p>The LGSCO found there was fault in the initial calculation of the contribution and in some of the invoices the Council sent. There was further fault as the Council disclosed information about Ms B which it should not have done. The LGSCO did not find fault in the Council’s help in finding residential accommodation for Ms B for a short period of time and Ms B’s stay at that accommodation.</p>	<p>In addition to the action already taken to correct the error in the contribution and invoices and backdate any changes, the Council has agreed (within 1 month) to apologise to Ms B in writing and pay Ms B £500 for distress caused.</p>	<p>30/09/2022 - Apology issued and £500 payment raised - evidence sent to LGSCO.</p>
<p>Mrs X complained about errors in how the Council managed her mother’s (Mrs Y) and father’s (Mr Y) care home fees and of poor communication.</p>	<p>The LGSCO found no fault in how it managed Mrs Y’s care fees but did find fault in how it managed Mr Y’s fees (delay and error in the financial assessment). It agreed to pay for Mr Y’s care and backdate payments to September 2021 but did not start doing so for three months. The errors caused Mrs X uncertainty, distress and financial loss.</p>	<p>The Council agreed (within 1 month) to pay Mrs X £400 as acknowledgement of the frustration and distress caused by the delay completing Mr Y’s financial assessment, the poor communication and further delay in starting to pay for Mr Y’s care between April and July 2022. The Council further agreed to confirm with the care home how much it needs to refund Mrs X for fees paid on Mr Y’s behalf since 27 September 2021 and support Mrs X as needed until Mrs X confirms the care home has refunded her all the fees she is owed.</p>	<p>08/12/2022 - Service confirmed with Mrs X that care home had now refunded all fees she was owed. 12/12/2022 - Update to LGSCO confirming £400 payment raised.</p>

## Appendix 2 - A Summary of Issues, Outcomes and Actions Taken, For Complaints By Quality Statement from the Annual Complaints Report 2022 - 2023

### 1 INTRODUCTION

Over the last 12 months Since 1<sup>st</sup> December 2022, we have received 267 complaints.

As almost all complaints received relate to contact with customer-facing teams and therefore when categorised under the CQC themes, most relate to the theme of working with people, as well as providing support and ensuring safety. Very few relate to the theme of leadership:

	Theme	Total complaints received	%
1	Working with People	161	60
2	Providing Support	51	19
3	How the local authority ensures safety within the system	45	17
4	Leadership	10	4

### 2 COMPLAINTS ANALYSIS BY QUALITY STATEMENT

#### 2.1 WORKING WITH PEOPLE

##### 2.1.1 Assessing Needs

Total complaints received 124 (47%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Financial assessment/charging disputes (incl. direct payments)	51	Rejected/ withdrawn/ duplicate	10
Dissatisfaction with assessment outcome	38	Under investigation/ reopened	34
Poor Communication	15	Resolved - problem solving (within 3 days without proceeding to investigation)	31
Dissatisfaction with assessment process/ quality	12	Investigated & resolved	32
Timeliness of Assessment	8		
Total	124		

#### Learning From Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- Review of procedures to prevent future recurrence.
- (re-)Training for staff to address issues.
- Supporting customers to understanding the decision we have made about eligibility. We now have a new resource in [tri.x](#), which staff can use to refer to national guidance when completing assessments. This can also be used to signpost customers to, referring them to the statutory duties we are working towards such as [the national eligibility criteria](#).
- Financial remedies
- Financial Assessment - Improvement activity is underway and includes:
  - Review of capacity needed to respond to financial / charging disputes and review of complaints processes.
  - Increasing supervision frequency for staff who are dealing with complaints re: financial assessments.
  - Changes to letter templates related to financial assessments.
  - Review and changes to processes, e.g. invoicing/ Care Package Line Item's (CPLI's) which impact on payments between customers and providers
- Practice - Focus on workforce development and embedding of practice standards aligned to our new operating model. Report to Committee Jan 24 providing an update.

##### 2.1.2 Supporting People to Live Healthier Lives.

## Appendix 2 - A Summary of Issues, Outcomes and Actions Taken, For Complaints By Quality Statement from the Annual Complaints Report 2022 - 2023

Total complaints received 35 (13%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Dissatisfaction with Equipment & Adaptations provision	17	Rejected/ withdrawn/ duplicate	3
lack of support/ response from Adult Care & Wellbeing	18	Under investigation/ reopened	4
Total	35	Resolved - problem solving (within 3 days without proceeding to investigation)	9
		Investigated & resolved	11

### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party and financial remedies
- Adaptations - Review of the Occupational Therapy Waits and Adaptations Processes – Reported to Committee in November 2023 and review of adaptations process as a partnership with Housing
- Information and advice: developments in Sheffield Directory and First Contact as reported to committee. Planned improvements within commissioning teams to develop communication with bereaved families

### 2.1.3 Equity In Experiences and Outcomes

Total complaints received 2 (1%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Subject to prejudice/ discrimination	1	Investigated & resolved	1
Counter complaint to allegation of racism	1	Rejected/ withdrawn/ duplicate	1
Total	2		

### Learning from Complaints

Action taken based on feedback was development of equality, diversity, inclusion, and social justice action plan was developed and approved at Committee in December 2023.

## 2.2 PROVIDING SUPPORT

### 2.2.1 Care Provision, Integration and Continuity

Total complaints received 50 (19%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
Poor Provider care	29	Rejected/ withdrawn/ duplicate	8
Provider misconduct	11	Under investigation/ reopened	10
Poor support from Adult Care & Wellbeing for providers	10	Resolved - problem solving (within 3 days without proceeding to investigation)	13
Total	50	Investigated & resolved	10

### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- (re-)Training to address issues.
- Review of Commissioned Provision and recommissioning of Homecare, Supported Living, Care Homes as reported to committee and engagement with providers to support collaboration and support to providers.
- Development of quality assurance framework and market stabilisation plan as reported to Committee.
- Ongoing interventions by the quality monitoring team in communication with CQC where risks with providers are identified.
- Targeted action with providers to improve the level of information recorded and communicated re: care delivered.
- The invoicing system, as well as CPLI processes are being reviewed to address issues, which impact on payments between customers and providers.

## Appendix 2 - A Summary of Issues, Outcomes and Actions Taken, For Complaints By Quality Statement from the Annual Complaints Report 2022 - 2023

### 2.3 ENSURING SAFETY

#### 2.3.1 Safeguarding

Total complaints received 30 (11%). Complaints received fell under the following themes and outcomes:

Theme	Total	Outcome of Complaint	Total
neglect/abuse/ failure to protect (including allegations against commissioned providers)	18	Rejected/ withdrawn/ duplicate	8
Safeguarding process	5	Under investigation/ reopened	2
Safeguarding outcome	7	Resolved - problem solving (within 3 days without proceeding to investigation)	4
Total	30	Investigated & resolved	11

#### Learning from Complaint

Where appropriate safeguarding alerts received as complaints will have been referred to the Safeguarding Teams to address. The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- Apologies to the concerned party
- Training (Including recording process)
- A Safeguarding Delivery Plan, Assessment and Internal Audit commissioned. The Delivery Plan has been reported to Committee in September 2023 with update due in March 2023.
- Healthwatch contract updated to include a model of enabling safeguarding complaints

#### 2.3.2 Safe systems, Pathways and Transitions

Total complaints received 15 (6%). Complaints received fell under the following themes and outcomes:

Theme	Number	Outcome of Complaint	Total
Poor experience of hospital discharge	8	Rejected/ withdrawn/ duplicate	1
Poor experience of transition	1	Under investigation/ reopened	4
Transfer of care Poor experience	4	Resolved - problem solving (within 3 days without proceeding to investigation)	3
Lack of support at hospital admission	2	Investigated & resolved	7
Total	15		

#### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

- (Re-)training of staff
- Service review / improvements
- Development of a new model of hospital discharge, including a focus on making discharge personal. This was reported to committee in June 2023
- Development of a new transitions model and team as reported to Committee in September 2023.

### 2.4 Leadership

#### 2.4.1 Governance

Total complaints received 10 (4%). Complaints received fell under the following themes and outcomes:

Theme	Number	Outcome of Complaint	Total
Complaints mishandling	7	Rejected/ withdrawn/ duplicate	4
Data management	2	Under investigation/ reopened	5
Co-production & involvement	1	Resolved - problem solving (within 3 days without proceeding to investigation)	
Total	10	Investigated & resolved	1

#### Learning from Complaints

The following actions have been taken at service level after investigation based on complaints feedback under this quality statement:

## Appendix 2 - A Summary of Issues, Outcomes and Actions Taken, For Complaints By Quality Statement from the Annual Complaints Report 2022 - 2023

- Service review / improvements
- Review of complaints timescales for completion and processes as a partnership with complaints team.
- Embedding of a dedicated adult care complaints officer

### 3 SUMMARY OF LEARNING THEMES

On reviewing the analysis by quality statement, the following learning themes have been identified:

- Assessing Needs - Complaints about assessing needs relate more often to decisions and outcomes than the assessment process or poor communication by staff.
- Provision of Support - Just under 10% of complaints related to lack of support/ response from services or lack of timely assessment.
- Delivery of Care -15% of complaints related to poor care by providers or safeguarding complaints against providers. Whilst this is a significant proportion, it is also worth noting that care provider staff are likely to spend the greatest amount of time in contact with our customers.
- Safe Systems Pathways and Transitions - Of complaints relating to safe pathways, the largest number related to poor experience on discharge from hospital. In several cases these were joint complaints and related to hospital action at the time of discharge.

Very few complaints were received in relation to the following priority areas: Equity in Experience and Outcomes; Experience of Transition

Outcomes and learning from each complaint were not always recorded within the OST (Complaints) reporting system, which led to gaps in data. Since November 2023 these are now mandatory fields, so we will be able to capture trends and themes more reliably.

## 1 INTRODUCTION

This report draws on feedback received within the following areas of engagement activity:

- I Statements Annual Survey
- Citizens Involvement Project, including Learning Disability and Autism Partnership Boards
- Festival of Involvement Analysis Report
- Ethnicity Analysis Report
- Sheffield Voices Project commissioned through Disability Sheffield
- Compliments / Complaints including Complaints Annual Report 2022 – 2023
- Commissioning Strategies and Plans engagement.

## 2 SUMMARY OF FEEDBACK

When we compare feedback across these different areas of engagement, we are able to capture common themes reflected in multiple reports. In this way, we have identified 2 key strengths and 5 Areas for improvement and priority.

RAG	Theme	CQC Theme	Where is It Referenced
Strength	Relationship building with front line staff is one of our biggest strengths	Working with People	I-statements reports Festival of Involvement Compliments
Strength	Positive areas of activity are making a real difference to people's lives <i>(Both in-house and commissioned services)</i>	Providing Support	Festival of Involvement I-Statements Commissioning strategies feedback Compliments
Area for Improvement	People have not found it easy to get the information and advice they need	Working with People	Festival of Involvement I-statements reports Sheffield Voices project Complaints (Working with People theme)
Area for Improvement	People do not yet feel a strong sense of independence or quality of life	Working with People	Festival of Involvement I-statements reports Sheffield Voices Project Complaints (Working with People theme)
Area for Improvement	People felt afraid to speak up about poor practice	Ensuring Safety	Festival of Involvement feedback Complaints (Providing Support/ Ensuring Safety theme)
Area for Improvement	Listening to Seldom Heard Communities	Providing Support	Sheffield Voices Project Citizens Involvement Project Ethnicity Analysis Report
Area for Improvement	Transport and Access Arrangements	Providing Support	Sheffield Voices Project Festival of Involvement

## 3 HOW WE ARE CELEBRATING OUR STRENGTHS

We now have three primary avenues for celebrating our achievements with our workforce and reflecting back the compliments and appreciation shared by customers and carers. These avenues are:

**Staff events** Regular Online and In-person events are now held, where successes are celebrated and feedback is shared. Speakers from across the directorate give updates on our achievements.

**The Adult Care and Wellbeing Manual** : an online resource for sharing staff information, guidance and best practice. It includes a 'Thank you Wall' for compliments

**The Adult Care and Wellbeing Weekly Newsletter** shares regular good news stories and celebrations of successes with our workforce

Feedback data, both quantitative and qualitative highlighting strengths and areas for improvement are fed regularly into Directorate Leadership Team (DLT) meetings via update reports and also reviewed through presentations at monthly performance clinics as part of our [cycle of assurance](#).

Learning is also captured at service level where it informs practice and is escalated when required. In these ways, we can ensure that areas of strength and best practice are highlighted, shared and inform strategic planning.

#### 4 LEARNING FROM FEEDBACK – OUR IMPROVEMENT ACTIVITIES

Below against each theme are noted the actions taken, impacts observed and significant future actions set out within our directorate plan. As with our strengths, all areas of concern have been highlighted within our cycle of assurance and formed the basis for robust action planning:

##### 4.1 Area for Improvement – Information and advice

People told us that they found it difficult to gain information and advice. In response to this, we have: -

Improvements Undertaken	Impact
<ul style="list-style-type: none"> <li>• We have strengthened and developed our first contact provision as an entry point for information, advice and guidance.</li> <li>• <a href="#">We have developed our IAG online provision through 'Sheffield Directory'</a></li> <li>• A Coproduction network has been set up to support Information and Advice website development.</li> <li>• <a href="#">Accessibility Software</a> to facilitate instant interpreting and translation of content has been built into the Sheffield Directory.</li> <li>• Updated the social care website.</li> <li>• Updated guidance published on equipment and adaptations eligibility criteria.</li> <li>• Revising of letter templates within financial assessments team</li> <li>• Refreshing of customer care training and increased supervision for staff dealing with complaints within financial assessments team</li> <li>• Planned improvements within commissioning teams to develop communication with bereaved families.</li> <li>• Staff to signpost customers to a grant fund search website – access to information on funding customers may be eligible for.</li> </ul>	<p>First Contact: Over 60% of contacts made to us are resolved in our first conversation and there are low levels of people returning following this: 4% after 6 months and 2% after 3 months</p> <p>Sheffield Directory Usage increased by 71% between February &amp; July 2023 Key performance data shows 50,000+ website hits every month, a huge growth from just 2000 for the previous site. The directory has met <a href="#">Reach Standards</a></p> <p>Increase in percentage of those who agree with each statement 2022/23 vs 2021/22 data):</p> <ul style="list-style-type: none"> <li>➤ Improvement of 13.2% to “I know what services are available and can make informed decisions.</li> <li>➤ Improvement of 10.4% to “I know where to go and get help”</li> <li>➤ Improvement of 4.0% to “I know what services and opportunities are available in my area”?</li> <li>➤ Improvement of 2.1% in recent I-statements survey to “The system is easy to navigate”.</li> </ul>

##### Priorities for 2024 - 2025

<p>In 2024 to 2025 to continue to improve our information and advice offer we will implement: -</p> <ul style="list-style-type: none"> <li>✓ A named worker approach, which is intended to improve access and quality of information, advice and guidance.</li> <li>✓ A community engagement approach in partnership with voluntary sector to enable engagement with diverse communities across Sheffield, building on our equalities, diversity, inclusion and social justice plan agreed at Committee in 2023.</li> <li>✓ Responsive and easy access to our services as identified within <b>Citizen Leadership, Involvement and Personalisation</b>.</li> </ul>
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##### 4.2 Area for Improvement - Independence and Quality of Life

Improvements Undertaken	Impact
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<ul style="list-style-type: none"> <li>• <a href="#">Coproductio</a>n and Engagement activities including the <a href="#">Festival of Involvement</a> recognising people as experts by experience, communicating the things that matter most to them, informing change according to their priorities.</li> <li>• Involvement work through the <a href="#">Autism Partnership Board</a> and <a href="#">Learning Disability Partnership Board</a></li> <li>• <a href="#">Sheffield Voices project (Disability Sheffield)</a> Projects commissioned to creatively engage people with care and support needs and inform improvements</li> <li>• <a href="#">Co-design and involvement activities in the creation of strategies</a>, for example the Learning Disabilities Strategy, to ensure people’s priorities are captured at the earliest stage and determine our approach.</li> <li>• <a href="#">People Keeping Well project</a> Integrated commissioning activity, supporting community based social prescribing and networking. Developing independence, community cohesion and resilience</li> <li>• <a href="#">Direct Payments improvement Programme</a> involvement group. This aims to improve support for people to manage money with confidence.</li> <li>• Pilot projects for supporting direct payments, including budget pooling and individual service funds commissioning.</li> <li>• <a href="#">Changing Futures Project</a> Improving the way that systems and services work to support individuals facing multiple disadvantages.</li> <li>• <a href="#">Digital Strategy</a>: Technology Enabled Care – supporting independence through technology.</li> <li>• Investment in early help, enablement and community based prevention activity</li> </ul>	<p><b>Improvements reflected in recent I-statements survey</b> (increase in percentage of those who agree with each statement 2022/23 vs 2021/22 data):</p> <ul style="list-style-type: none"> <li>Improvement of 8.9 % “I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.</li> <li>Improvement of 2.3% “I feel that I have a purpose”.</li> <li>Improvement of 17% “I can manage money easily and use it flexibly.</li> <li>Improvement of 13.2% “I can have fun, be active and be healthy.</li> </ul> <p>There has been significant positive feedback on the value of engagement activities to people with experience of care and support (see appendix – Big Voice Report)</p>
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**Priorities for 2024 - 2025**

<p>In 2024 to 2025 to continue to improve our local offer we will implement aligned to our priorities: -</p> <ul style="list-style-type: none"> <li>✓ Delivery on our unpaid carers delivery plan which includes continuing to build our supports in local communities and improve identification of unpaid carers.</li> <li>✓ Improving access to information on Appointeeships.</li> <li>✓ Delivery on our direct payments and personalisation plan</li> <li>✓ Deliver new Adults Early Intervention, Prevention and Community Resilience Model</li> <li>✓ Deliver Technology Enabled Care integrated approach, becoming a leader in innovation and technology around the person.</li> <li>✓ Codesign of Sheffield Dementia Strategy to enable people to live independently, safely and well.</li> <li>✓ Transformational care and wellbeing services focussing on individual outcomes, joined up services around local areas.</li> <li>✓ A new model promoting access to paid employment, volunteering, and day activities.</li> <li>✓ Ensuring that priorities within the Autism Strategy, Learning Disability Strategy and Physical Health Strategy are embedded and reflected in the population and communities of Sheffield (Action 54)</li> <li>✓ Adults Future Options connected integrated model to assure joined up services within communities providing a timely response.</li> </ul>
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**4.3 Area for Improvement – Raising Concerns about Practice** (People have told us they have experienced poor care practice at times from providers but were worried that speaking up may impact on the quality or amount of support they receive. This has included fear of reprisals)

<p><b>Improvements Undertaken</b></p>	<p><b>Impact</b></p>
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<ul style="list-style-type: none"> <li>• Where individual issues were highlighted through feedback events, these were swiftly escalated internally for action.</li> <li>• Targeted work to carry out care act reviews and reduce our waiting lists. This has given an opportunity for people to highlight concerns.</li> <li>• Ongoing interventions by the quality monitoring team in communication with CQC where risks with providers are identified.</li> <li>• Targeted action with providers to improve the level of information recorded and communicated re: care delivered.</li> <li>• Developing care quality monitoring and assurance as part of our new provider framework</li> <li>• A pilot project, which extends opportunities to gather customer and family feedback confidentially prior to care plan reviews.</li> <li>• Discussion as a priority within DLT, performance clinic and governance board.</li> </ul>	<p><b>Improvements reflected in recent I-statements survey</b> (increase in percentage of those who agree with each statement 2022/23 vs 2021/22 data):</p> <p>Improvement of 10.5% “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.” 72.4% of people agree with the statement “I feel safe and well.” (New measure)</p> <p>We have completed 74% reviews as at November 23 (for 5000 people due a review). This is a significant improvement from April 2022 where 42% of reviews were completed.</p>
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**Priorities for 2024 - 2025**

<p>In 2024 to 2025 to continue to improve our local offer we will implement aligned to our priorities:</p> <ul style="list-style-type: none"> <li>✓ Investment in our Safe Space offer to enable individuals, families, or staff to report abuse or harm, removing barriers to reporting safeguarding concerns.</li> <li>✓ Building learning and development to include trauma informed practice and learning from reviews.</li> <li>✓ Use of early indicators of concern as a framework to help identify and intervene early where there may be issues with safe, good quality care provision.</li> <li>✓ A proactive and preventative approach with care providers, which makes providers feel safe to act when there are concerns about care delivery.</li> <li>✓ Ensuring that all staff across the care sector have an appropriate and anonymous route to raise concerns.</li> <li>✓ We also plan to train experts by experience to become quality checkers.</li> </ul>
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**4.4 - Area for Improvement – Listening to Seldom Heard Communities**

<b>Improvements Undertaken</b>	<b>Impact</b>
<p><u>Actions we have taken so far to address this:</u></p> <ul style="list-style-type: none"> <li>• Reviewed <a href="#">SACHMA and Healthwatch reports</a> to inform recommissioning of homecare</li> <li>• Ongoing engagement activities with ‘seldom heard voices’ in various communities through the <a href="#">Sheffield Voices Project</a>, commissioned through Disability Sheffield. ‘We Speak You Listen’ events have taken place with the following community groups: <ul style="list-style-type: none"> <li>○ Darnall Wellbeing and Tinsley</li> <li>○ Israac Centre</li> <li>○ Ship Shape</li> <li>○ Firvale Community Hub</li> <li>○ Somali Disabled Womens group</li> <li>○ Adira</li> <li>○ Sachma</li> <li>○ United Gym project</li> <li>○ Our Mel</li> </ul> </li> <li>• <a href="#">Re-structuring of the Learning Disabilities and Autism Partnership Board</a> to incorporate a broader demographic profile. SCC and Sheffield Voices collaborated to co-design the new structure for the LD partnership board and the role description for reps. New members completed the application process, and once in place they elected a co-chair from the LD community.</li> <li>• Development of baseline equalities data to review how the demographic groups within Sheffield are reflected and represented through referrals and care provision. <ul style="list-style-type: none"> <li>○ This is being used to identify demographic groups for further engagement.</li> </ul> </li> </ul>	<p>The co-designed re-structuring of the Learning Disability Partnership board has been successfully achieved: The Board now has 18 people with a learning disability representing individuals voices.</p> <p>Commissioned engagement activity is informed by feedback, which includes the Learning Disability Strategy and our Frameworks.</p> <p>The initial data analysis is developing our understanding of specific demographic cohorts to engage with and further work is being done to develop our understanding of the data and ascertain suitable pathways for engagement.</p>

<ul style="list-style-type: none"> <li>○ Similar demographic data is being used to help develop a diverse workforce, representing the various communities within the city.</li> </ul>	
<b>Priorities for 2024 - 2025</b>	
<p>In 2024 to 2025 to continue to improve our local offer we will implement aligned to our priorities:</p> <ul style="list-style-type: none"> <li>● Further engagement activity with people who receive care and their carers from minority ethnic groups to identify and remove barriers to accessing support and achieving positive outcomes.</li> <li>● Further actions as outlined within our equality, diversity, inclusion, and social justice action plan, which was developed and approved at Committee in December 2023 e.g.:             <ul style="list-style-type: none"> <li>○ Further developing and monitoring data for those who receive care against Sheffield demographic to inform planning and engagement.</li> <li>○ Develop EDI training within our workforce.</li> <li>○ Review and recommissioning of advocacy services to ensure they meet the needs of individuals from our diverse communities.</li> </ul> </li> </ul>	

#### 4.5 Areas for Improvement – Transport and Access Arrangements

Improvements Undertaken	Impact
<ul style="list-style-type: none"> <li>● Sheffield Voices have a Transport Ambassador and are working with Safe Places Sheffield to <a href="#">tackle issues in getting around safely</a> faced by people with a learning disability and autism. The next Big Voice conference in Spring 2024 will be dedicated to discussing transport and co-design next steps.</li> </ul>	<p>Feedback on the success of the Sheffield Voices project clearly tells us people feel listened to and their contributions are resulting in actions (see appendix).</p> <p>I-Statement results for “When I need support, it looks at my whole situation, not just the one that might be an issue at the time” saw an improvement of 9.4% (% of those who agreed with statement 22/23 vs 21/22 data). This shows us that people see their wider needs are considered and addressed.</p>
<b>Priorities for 2024 - 2025</b>	
<p>In 2024 to 2025 to continue to improve our local offer we will implement aligned to our priorities:</p> <ul style="list-style-type: none"> <li>✓ Review out of area placements to enable people to live closer to home.</li> <li>✓ Review options to work with transport colleagues to look at accessibility as a dedicated project and programme.</li> </ul>	

## 5 CONCLUSIONS

The learning drawn from ongoing customer engagement across the directorate informs our strategic planning and the impacts can be seen, particularly within our I-statement survey results. The impact of our activity is tracked through the performance dashboard reported to Committee and this informs improvement actions through our cycle of assurance. Priority areas within the directorate plan capture effectively the concerns shared by customers and carers and set out a clear way forward.

We are working to further integrate and centralise our systems for collating and sharing feedback, learning and best practice. In this way we can ensure that people’s experience is our primary performance indicator and remains at the heart of everything we do.

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## PART A - Initial Impact Assessment

**Proposal Name:** Complaints Update - Adults Social Care

**EIA ID:** 2533

**EIA Author:** Andrew Drummond

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**Proposal Outline:** Update on Complaints across Adult Care and Wellbeing

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**Proposal Type:** Non-Budget

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**Year Of Proposal:** 23/24

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**Lead Director for proposal:** Alexis Chappell

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**Service Area:** Adult Care and Welbeing

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**EIA Start Date:** 16/01/2024

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**Lead Equality Objective:** Understanding Communities

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**Equality Lead Officer:** Ed Sexton

### Decision Type

**Committees:** Policy Committees

- Adult Health & Social Care

## Portfolio

Primary Portfolio: Adult Care and Wellbeing

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EIA is cross portfolio: No

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EIA is joint with another organisation: No

## Overview of Impact

### Overview Summary:

Adult Care and Wellbeing by the nature of our work our customer base falls across a number of protected characteristics. We endeavour to ensure everyone's voice is heard but in reflecting on the data we have we know there is more work required. In appendix 3 'Summary of Learning from People' we highlight as an area for improvement 'Listening to Seldom Heard Communities'. Looking at data from the Ethnicity Analysis Report, Citizens Involvement Project and Sheffield Voices Project there is more to be done particularly to hear the voices of the BAME and traveller communities. Our specific actions moving into 24/25 to support improvements in this area as set out in Appendix 3 are:- Further engagement activity with people who receive care and their carers from minority characteristics ethnic groups to identify and remove barriers to accessing support and achieving positive outcomes. Further actions as outlined within our equality, diversity, inclusion, and social justice action plan, which was developed and approved at Committee in December 2023 e.g.: Further developing and monitoring data for those who receive care against Sheffield demographic to inform planning and engagement Work with Customer Services to seek to develop demographic capturing through the Complaints Management System Develop EDI training within our workforce Review and recommissioning of advocacy services to ensure they meet the needs of individuals from our diverse communities

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Impacted characteristics:

- Age
- Disability
- Carers

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact: No

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Impact areas:

## Initial Sign-Off

Full impact assessment required: No

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Review Date: 16/01/2024

## Action Plan & Supporting Evidence

Outline of action plan:

Action plan evidence:

Changes made as a result of action plan:

## Mitigation

Significant risk after mitigation measures: Page 199

**Outline of impact and risks:**

**Review Date**

**Review Date:**

16/01/2024





## Report to Policy Committee

**Author/Lead Officer of Report:**  
Jonathan McKenna-Moore

**Report of:** Strategic Director of Adult Care and Wellbeing  
**Report to:** Adult Health and Social Care Policy Committee  
**Date of Decision:** 31st January 2024  
**Subject:** Adult Health and Social Care: Financial Recovery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA 2377				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**Purpose of Report:**

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

This update provides:

- An update on 2024/25 business planning;
- 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.

**Recommendations:**

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

1. Note the changes to the Committee's budget plan since the November update and the proposals being brought forward to close the 2024/25 budget gap.
2. Note that £2.8m more Social Care Grant (ringfenced for Adult and Childrens Social Care) than assumed in the Council's planning has been received but £4.9m less of unringfenced 'Services Grant received. To note that this has resulted in a subsequent increase of £2m Social Care Grant to Adult Health and Social Care Policy Committee but a decrease of £0.9m corporate funding to Adult Health and Social Care Policy Committee.
3. Note the impact of funding changes on the 2023/24 carry forward position and recovery plan for 2024/25.
4. Note the recovery plan to mitigate underlying demand and cost pressures in 2024/ 2025.

**Background Papers:**

Appendix 1: 2024-25 Recovery Plan

<b>Lead Officer to complete:</b>									
1	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">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 style="width: 50%; vertical-align: top;">Finance: Kerry Darlow</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Legal: Patrick Chisholm</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Equalities &amp; Consultation: Ed Sexton</td> </tr> <tr> <td></td> <td style="vertical-align: top;">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		Legal: Patrick Chisholm		Equalities & Consultation: Ed Sexton		Climate: Jonathan McKenna-Moore
I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow								
	Legal: Patrick Chisholm								
	Equalities & Consultation: Ed Sexton								
	Climate: Jonathan McKenna-Moore								
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>								
2	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>SLB member who approved submission:</b></td> <td style="width: 50%;">Alexis Chappell</td> </tr> </table>	<b>SLB member who approved submission:</b>	Alexis Chappell						
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3	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Committee Chair consulted:</b></td> <td style="width: 50%;">Councillor Angela Argenzio</td> </tr> </table>	<b>Committee Chair consulted:</b>	Councillor Angela Argenzio						
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4	<table border="1" style="width: 100%;"> <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 style="width: 50%;"><b>Lead Officer Name:</b> Jonathan McKenna-Moore</td> <td style="width: 50%;"><b>Job Title:</b> Service Manager for Business Planning and Care Governance</td> </tr> <tr> <td colspan="2"><b>Date:</b> 16/01/2024</td> </tr> </table>	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Service Manager for Business Planning and Care Governance	<b>Date:</b> 16/01/2024			
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<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Service Manager for Business Planning and Care Governance								
<b>Date:</b> 16/01/2024									

## 1.0 Proposal

- 1.1 In November 2023 this Committee approved a range of budget savings proposals to mitigate in full the new financial pressures forecast to arise in 2024/25 and, separately, a recovery plan describing how any underlying pressure in 2023/24 carrying forward into 2024/25 will be mitigated.
- 1.2 This report describes the updates that have been made to the planning assumptions underpinning the 2024/25 Adult Health and Social Care Policy Committee budget following national announcements on the National Living Wage, the Local Government Finance Settlement and other changes.
- 1.3 These updated planning assumptions have impacted on the savings target for the Committee in 2024/25 and this report provides an update of how this newly arising budget gap can be closed. Changes and updates to the savings programme also impact on the recovery plan and so a refreshed recovery plan is also provided in Appendix 1.

## 2.0 The Committee Budget

- 2.1 The budget of this Committee is made up of the Adult Care and Wellbeing Directorate permanent budget together with elements of the Integrated Commissioning service budget managed through Public Health and Corporate Overheads. The total budget is described in the table below.

Gross permanent budget	Lead Director	2023/24 (£'000)	Funding	2023/24 (£000s)
Adult Care and Wellbeing Directorate	Alexis Chappell	293,445	SCC cash limit	134,063
			Fees and charges	55,981
			Better care Fund	29,288
			S75 Agreement	26,782
			Grants/ Other income	45,690
			Recharges	1,642
Integrated Commissioning – AHSC budgets	Greg Fell	18,202	SCC cash limit	7,913
			Fees and charges	18
			S75 Agreement	249
			Grants	9,507
			Other income	485
			Recharges	30
<b>Total</b>				
Adult Health and Social Care Policy Committee Total		311,647		311,647

- 2.3 SCC income for service level agreements and corporate overheads are temporary funding arrangements matched corporately to internal spend on premises and service support. Further information on the committee's budget can be found in the June 2023 report to committee here: [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/cabinet-reports/draft-protocol-for-cabinet-reports). The lead Director for this funding is Philip Gregory, Director Finance and Commercial Services.

2.4 As reported to Committee in June 2022, Grants, s75 agreement and income from fees and charges cannot be used towards savings of the Policy Committee. Savings are therefore gained from the cash limit aligned to Adult Care & Wellbeing, Public Health and Integrated Commissioning and Finance & Commercial Services Directorates.

### 3.0 2024/25 Budget Programme update

3.1 A report was brought to the Committee in November ([Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk)) describing new financial pressure for the financial year 2024/25 forecast to be £32.5 million. A number of income opportunities totalling £23.2m were described which offset the forecast pressure to leave a budget gap and savings target for the committee of £9.3m. Savings proposals totalling the full £9.3m were identified and noted by the Committee leaving the Committee's draft budget for 2024/25 in balance.

3.2 Since this report there have been two notable changes impacting on the Council's budget assumptions; the Autumn Statement in November which increased the Committee's fee rate pressure assumptions by £5.0m and the Local Government Settlement in December which has had the effect of increasing income to the Committee budget by around £1.1m.

3.3 The Chancellor of the Exchequer presented his Autumn Statement to Parliament on Wednesday 22 November 2023. As reported to Committee in December the increase to the National Living Wage rate announced in that Statement was significantly in excess of the amount assumed by the Council for fee rate uplift planning purposes. The effect of this was to increase the financial pressures of the Adult Health and Care Policy Committee in 2024/25 by £5.0m.

3.4 The Provisional Local Government Finance Settlement for England 2024-2025 was published on 18 December 2023. The settlement for Sheffield included £2.8m more Social Care Grant (ringfenced for Adult and Childrens Social Care) than assumed in the Council's planning but £4.9m less of unringfenced 'Services Grant'.

3.5 This has meant that although the Committee benefits from more Social Care Grant than assumed in the November plans, there has also been a corresponding reduction in cash limit or corporate funding to Adult Health and Social Care Policy Committee. The Committee is asked to note this impact.

3.6 Since the November Committee there have also been some other developments and updates which have been incorporated into the budget including increases to staffing pressures offset by assumed slippage to the recruitment timeline. All updates to the budget assumptions are recorded in the table below.

3.7

Pressures/ Savings / Funding	Element	£m	Description
Pressures	National Living Wage	5.0	Full impact of Autumn Statement announcement on fee pressures
	Fair cost of care	0.1	Additional cost of above inflation uplift approved at Dec Committee
	Staffing Growth	-0.2	Net reduction in pressure. £0.5m relates to recruitment slippage which will fall into 25/26.
	Other	0.1	Mainly an increase to bad debt provision to align with higher contributions
	<b>Total</b>	<b>4.9</b>	
Savings/ Income	MSIF Grant	0.1	Offset to increase to above inflation uplift
	<b>Total</b>	<b>0.1</b>	
<b>Net budget position before funding</b>		<b>4.8</b>	
Funding	Increase to Social Care Grant	2.0	Increase to Social Care Grant announced in the settlement
	Decrease to Corporate Funding	-0.9	Impact of decreased Services Grant announced in the settlement
	<b>Total</b>	<b>1.1</b>	Overall funding increase
<b>Net budget position after funding</b>		<b>3.7</b>	

3.8

The impact of these updated budget assumptions is to increase the Committee's savings target by £3.7m.

	Elements	Nov 2023	Change	Jan 2024
<b>Pressures</b>	<ul style="list-style-type: none"> <li>Fee rates</li> <li>Above inflation rate increase for care homes</li> <li>Growth pressures</li> <li>Investment in workforce</li> <li>Other</li> </ul>	£32.5m	£4.9m	<b>£37.4m</b>
<b>Income &amp; Funding</b>	<ul style="list-style-type: none"> <li>Social Care Grant</li> <li>Market Sustainability and Improvement Fund</li> <li>Social Care Precept on Council Tax</li> <li>Cash limit</li> </ul>	-£23.2m	-£1.1m	<b>-£24.4m</b>
<b>Savings target</b>		<b>£9.3m</b>	<b>£3.7m</b>	<b>£13.0m</b>

4.0

### Closing the £3.7m gap

4.1

Proposals for the 2024/25 budget are brought forward to address the newly emerging £3.7m budget gap.

4.2

Some amendments are proposed to existing proposals. The impact of the annual uplift to contributions has been recalculated in line with the pension and benefit uplifts announced in the Autumn Statement and is forecast to provide an additional £1m. The impact in 2024/25 of savings from Mental Health reviews will be increased by £150k

by bringing forward the timing of these reviews such that they commence earlier, in 2023/24.

- 4.3 A new 'savings proposal' will be brought forward in relation to Continuing Healthcare (CHC) funding. £1.7m CHC income in 2023/24 was previously considered one-off income but, following analysis, £1.5m of this is now known to be recurring so can be factored into next year's budget.
- 4.4 Finally, a budget adjustment will be made to the permanent budget for next year relating to income we are already receiving. The November proposals assumed a £2m correction to the income budget but this will be increased by £1.05m to £3.05m to better reflect forecast income.
- 4.5 Whilst this final proposal is necessary for a better alignment of budget to income it does not create new income or reduce costs. It will therefore increase the risk of the Policy Committee overspend next year and a potential risk in relation to delivery of core statutory and regulated services.
- 4.6 Due to this the recovery plan, approved at November 2023 Committee has been reviewed as the additional pressures establishes an impact on the recovery plan target as described in section 5.9. Proposals will be brought to Committee in March 2024 to include each Directorate within the Policy Committee.
- 4.7 A summary of all draft proposals totalling £13.0m is set out in the table below with the £3.7m new / additional savings shown in **bold italics**.

4.8

Service	Savings target (£m)	Savings proposal	Value (£m)
Living & ageing well	8.0	Annual uplift to contributions	
		• Annual uplift to contributions	2.00
		• <b>Revised (additional) uplift estimate</b>	<b>1.00</b>
		• Realigning contribution budgets – original	2.00
		• <b>Realigning contribution budgets – additional</b>	<b>1.05</b>
		Promoting independence post discharge	1.57
		Making best use of commissioned services	0.87
Adult Future Options	1.9	Budget adjustments <b>Realigning CHC income</b>	0.94 <b>1.50</b>
Access, Mental Health & Wellbeing	1.6	Reducing demand for long term support – PIP	0.54
		Care Package reviews – original <b>Care Package reviews- additional</b>	0.35 <b>0.15</b>
Governance & Financial Inclusion	1.5	IMFI additional income	1.03
<b>Grand total:</b>	<b>13.0</b>		<b>13.00</b>

**5.0 2023/24 in year position.**

5.1 The in-year forecast for the Adult Care and Wellbeing Directorate as of November 2023 was of a £3.7m (1% of Directorate Budget) overspend.

5.2 Table 1 sets out the new income and funding received in 2023/24 since budgets were set and which are impacting the 2023/24 position.

5.3

Income Source	Amount	Permanent or Temporary
<b>Client Contributions</b> The amount of money paid towards the cost of support has increased more than assumed – this mainly relates to services for people aged 65+. The 2024/25 permanent budget for income will be updated to reflect this.	£3.1m	Permanent
<b>Continuing Healthcare</b> The amount of money paid by the NHS towards the cost of jointly funded care has been higher than expected following the resolution of a number of one-off backdated payments.	£1.7m	Permanent
<b>Social Care Grant</b> This is funding that was not built into the 2023/24 budget due to the timing of its release by Government and uncertainty around grant conditions. It has now been allocated to the Learning Disabilities purchasing budget and will become part of the permanent budget in 2024/25.	£6.2m	Permanent
<b>Discharge Grant</b> The total allocation for 2023/24 is £4.1m, of which £3m is included in the forecast to match activity to date. The funding available is due to increase in 2024/25, however there are no confirmed allocations past this point. In 2023/24, the Grant is mainly allocated against homecare costs above the Adult Care and Wellbeing budgeted hours in order to ensure capacity in the market.	£3m	Temporary
<b>Market Sustainability and Improvement Fund – Workforce Fund</b> This is new funding announced in summer 2023. This portion of the £4.1m total grant is funding STIT and Enablement services, which have expedited hospital discharge and provided additional hours of homecare support over the last year where the market was unable to provide. This proportion of the grant will reduce to £1.1m in 2024/25 and then end in 2025/26.	£1.5m	Temporary
<b>One Off Council Funding</b> £0.5m of one-off funding to support savings activity has reduced the overspend position on Adults Care and Wellbeing as a whole.	£0.5m	Temporary
<b>Capacity and Productivity Grant.</b> This is one-off funding to help the implementation of new ways of working in order to support more streamlined assessments.	£0.3m	Temporary
<b>Total</b>	<b>£16.2m</b>	

5.4 £5.3m of this funding is temporary and cannot be included in our permanent budget. Of this £1.8m relates to one-off funding received in 23/24 which will be unavailable in 24/25. The remaining £3.5m relates to funding through the discharge fund and capacity grant that is subject to approval for use. This funding cannot therefore be assumed next year.

5.5 The £11m new permanent funding streams must be applied to budgets for next year through the business planning process and will be used to offset new financial pressures in 2024/25 including the impact of inflation and increased demand.

5.6 Therefore whilst the £16.2m total income in table 1 will continue to mitigate costs in-year, this will not be able to fund the activity that it is currently funding.

- 5.7 After disregarding the £16.2m of one-off income and income not anticipated in the budget at the start of the year the underlying pressure is therefore £19.9m. However, £2.9m of in-year costs do not need to be included in the Recovery Plan. £2m has been included in pressures for 2024/25 and will be mitigated through the 24/25 Budget Plan. £0.9m relates to one-off costs and will not carry over into next year.
- 5.8 This leaves an underlying pressure of **£17.0m** to be mitigated through the Recovery Plan actions for 2024/25.
- 5.9 The underlying/carry forward overspend described in the report to Committee in November was £16.2m. This has increased by £0.8m to £17.0m largely because of the £1.1m budget adjustment described in Section 4.4 of this report offset by other smaller changes.
- 6.0 **2024/25 Recovery Plan**
- 6.1 When the mitigating funding detailed in section 5.3 is disregarded from the current overspend, the most significant pressure relates to the delivery of support and care to people with learning disabilities.
- 6.2 New activity in Adult Future Options will be focused on service development and recommissioning programmes related to overnight short breaks, accommodation with care and direct payments and it's planned to bring approval for these areas of activity to Committee later in 2023/24.
- 6.3 Other major pressures relate to Living and Ageing Well. The recovery plan for 2024/25 builds upon the introduction of an enablement team, annual reviews, financial inclusion, and service developments initiated in 2023. In addition, assumptions related to use of one-off grants are built into the recovery plan. No further approvals are needed for these. New opportunities to reduce lost income or recover costs will be brought to committee for approval separately.
- 6.4 A number of service wide developments underway will also enable recovery actions and help us to address the current financial pressures. These are:
- Educating and embedding technology enabled care in the workforce will improve access to innovations such as virtual homecare to inform early-help.
  - In addition, developing multi-agency approaches to community based informal networks to reduce need for social care support. An update regards both is provided as part of the Early Intervention Update at Committee today.
  - Greater involvement in support planning from both our Brokerage and Occupational Therapy teams will ensure the best enablement and early help options for the individual have been identified.
  - Reviewing our processes and ways of working to release time and capacity in our social care teams.
  - Reviewing opportunities for income generation and longer-term sustainability of services.



6.5 The 2024/25 Recovery Plan noted at Appendix 1 provides a framework and action plan to mitigate ongoing cost pressures. As noted, the majority of savings detailed in this Recovery Plan are existing initiatives either agreed in 2023/24 Budget Improvement Plans or in subsequent reports to committee. As such, no further approval is required of Committee for this ongoing work. Where recommissioning or other decisions are required by Committee, these will be brought for approval separately.

6.6 The £0.8m additional savings required of the recovery plan since the November update, as described in section 5.9, are as follows:

- £300k additional savings from Learning Disability transformation programme in relation to complex needs
- £300k homecare provider reviews
- £200k direct payment audits and money management

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

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

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

7.2 Our long-term strategy for Adult Health and Social Care sets out the outcomes we are driving for as a service, and the commitments we will follow to deliver those outcomes:

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

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

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

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

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

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

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

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

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

### **9.1 Equality Implications**

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

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

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

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

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

### **9.2 Financial and Commercial Implications**

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

- 9.2.2 Our long-term financial strategy to support the implementation of the adult health and social care strategy consists of three elements:
- Supporting people to be independent
  - Secure income and funding streams
  - Good governance

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

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

### 9.3 Legal Implications

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

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

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

9.3.4 The Council needs to be satisfied that it can continue to meet its statutory duties and meet the needs of vulnerable young people and adults. The proposals in this report have been drawn up on the basis that they will enable the Council to continue to meet its statutory duties and the needs of the most vulnerable. Where the proposals involve changes in legal relationships such as new contracts, it will be necessary to ensure that the necessary processes are followed.

### 9.4 Climate Implications

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

### 9.5 Other Implications

9.5.1 There are no further implications to consider at this time

## **10.0 ALTERNATIVE OPTIONS CONSIDERED**

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

## **11.0 REASONS FOR RECOMMENDATIONS**

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

Appendix One: 2024/25 Recovery Plan – updated January 2024.

Service Area	Recovery Programme Theme	Activity	Amount
Adult Future Options	Enablement Interventions	A new enablement team is being recruited to in 2023/24 and will be operational in the new year and has been built into staffing pressures for 2024/25 business planning. The team will provide short term strength and enablement interventions. People will be supported to be more independent in their day-to-day life, including routes to employment. This delivers £1.6m from slipped saving and £0.5m extended activity into 2024/25.	£2.1m
	Annual Reviews and Audit of Short-Term Interventions	Strength based reviews completed in 2023/24 will continue to reduce costs in 2024/25. In addition to this, Supported Living, 1-2-1 care and other services will continue to be reviewed. This will ensure that the new models of strength-based support are optimised. As with all our reviews, we will continue to apply a strengths-based approach and work with people to reduce their need for formal services and increase their independence. This delivers £1.1m of slipped savings and £0.2m through extended activity into 2024/25.	£1.3m
	Improved access to Continuing Health Care (CHC)	Delivering representation for people with primary healthcare needs to enable access to Continuing Health Care. This will be achieved through implementation of a specialist team, a learning programme and building integrated approaches with health colleagues.	£1.0m
	Adult Future Options Development Programmes	Commissioning activity and service development to deliver better quality services and outcomes will be based upon our co-produced Learning Disability Strategy. The priorities are:  <i>Overnight Short Breaks</i> - Developing capacity for overnight short breaks, including improving the quality and variety of provision in the market.  <i>Specialist accommodation with care.</i> Developing an accommodation growth plan to promote independent living, reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning.  <i>Direct Payments</i> – Developing the Personal Assistant workforce in conjunction with our wider care workforce strategy and more flexible use of Direct Payments / Individual Service Funds.	£4.1m
	Payment Controls	Tracking of contract changes and funding agreements, with improved links between social work teams, payments officers and contract management will make best use of contract payments and reduce error.	£0.5m
	Contract Costs	An ongoing phased reduction in contract payments for some supported living schemes previously employing council staff. This will be the penultimate year of a total saving of £1m identified in 2022/23. Renegotiated fee rates under the commissioning framework will also reduce costs.	£0.3m
	Direct Payment costs	Improved Recovery of unused Direct Payments and reduced costs relating to the use of Money Management companies	£0.2m
			<b>Total</b>

Appendix One: 2024/25 Recovery Plan – updated January 2024.

Service Area	Recovery Programme Theme	Activity	Amount
Living and Ageing Well Long-Term Support	One-off Discharge Grant funding	There will be a second year of discharge grant to increase capacity in the market and subject to grant conditions this will be used to mitigate support and assessment costs associated with discharge.	£2.2m
	Enablement Interventions and Reviews	A new enablement team is being recruited to in 2023/24 and will be operational in the new year and has been built into staffing pressures for 2024/25 business planning. This will replace agency teams and enable the service to complete additional reviews per year, working with people pro-actively with a focus on strength-based interventions and enablement. This delivers £1m from slipped savings and £0.6m from extended activity in 2024/25.	£1.6m
	Provider Led Reviews	Working with providers under the new Wellbeing contracts for homecare to implement strengths-based reductions to formal support before an annual care package review.	£0.3m
	Maximising Income	In accordance with our Fairer Charging Policy and assessment of the individual's ability to pay, there are ongoing financial reassessments to update contributions following access to state benefits.	£0.6m
		<b>Total</b>	<b>£4.7m</b>
Living and Ageing Well Short-Term Support	Market Sustainability and Improvement Fund	Temporary funding available in 2023/24 will reduce to £1.1m in 2024/25 and end in 2025/26. This will continue to mitigate staffing pressures in STIT and Enablement services following decision at September 2023 Committee.	£1.1m
	One-off Discharge Grant funding	There will be a second year of discharge grant to increase capacity in the market and subject to grant conditions this will be used to mitigate support costs associated with discharge.	£1.1m
	Income Generation and Service Development	Efficiencies in how the service operates will be implemented in order to reduce cost pressures on the purchasing budget for long term services. This includes, but will not be restricted to income generation activities, promotion of technology, equipment and adaptations.	£0.2m
		<b>Total</b>	<b>£2.4m</b>
Access & Mental Health	Additional Income	A review of funding arrangements to ensure agreed funding splits are being applied correctly.	£0.2m
	Early Help First Contact Services	Increased involvement from Occupational Therapy at the point of initial assessment and Community Support Workers managing substance misuse issues will ensure new starters get appropriate support rather than services that may not address their needs.	£0.2m
		<b>Total</b>	<b>£0.4m</b>
<b>GRAND TOTAL</b>			<b>£17.0m</b>



## 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:** 31<sup>st</sup> January 2024

**Subject:** Adult Health & Social Care Target Operating Model and Partnerships Model 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 (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

### Purpose of Report:

Sheffield’s [Adult Health & Social Care Strategy](#) was approved by the Co-operative Executive on 16<sup>th</sup> March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and 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.

This paper provides a further scheduled update, aligned to our cycle of assurance, setting out our delivery progress in relation to our Target Operating Model and the next steps for implementation in 2024 to 2025.

**Recommendations:**

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

1. Endorses progress in delivering upon the Adult Care Strategy.
2. Endorses progress in delivering the Target Operating Model
3. Requests that the Strategic Director Adult Care and Wellbeing provides an update in six months as part of the DASS and Strategy Delivery Updates

**Background Papers:**

None

<b>Lead Officer to complete: -</b>									
1	<table border="1" style="width: 100%;"> <tr> <td style="width: 45%; vertical-align: top;">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 style="width: 55%;">Finance: Laura Foster</td> </tr> <tr> <td></td> <td>Legal: Patrick Chisholm</td> </tr> <tr> <td></td> <td>Equalities &amp; Consultation: Ed Sexton</td> </tr> <tr> <td></td> <td>Climate: Alexis Chappell</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: Laura Foster		Legal: Patrick Chisholm		Equalities & Consultation: Ed Sexton		Climate: Alexis Chappell
I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster								
	Legal: Patrick Chisholm								
	Equalities & Consultation: Ed Sexton								
	Climate: 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	<table border="1" style="width: 100%;"> <tr> <td style="width: 45%;"><b>SLB member who approved submission:</b></td> <td style="width: 55%;">Alexis Chappell</td> </tr> </table>	<b>SLB member who approved submission:</b>	Alexis Chappell						
<b>SLB member who approved submission:</b>	Alexis Chappell								
3	<table border="1" style="width: 100%;"> <tr> <td style="width: 45%;"><b>Committee Chair consulted:</b></td> <td style="width: 55%;">Councillor Angela Argenzio</td> </tr> </table>	<b>Committee Chair consulted:</b>	Councillor Angela Argenzio						
<b>Committee Chair consulted:</b>	Councillor Angela Argenzio								
4	<table border="1" style="width: 100%;"> <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 style="width: 45%;"><b>Lead Officer Name:</b> Alexis Chappell</td> <td style="width: 55%;"><b>Job Title:</b> Strategic Director Adult Care and Wellbeing</td> </tr> <tr> <td colspan="2"><b>Date: 11<sup>th</sup> January 2024</b></td> </tr> </table>	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		<b>Lead Officer Name:</b> Alexis Chappell	<b>Job Title:</b> Strategic Director Adult Care and Wellbeing	<b>Date: 11<sup>th</sup> January 2024</b>			
I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.									
<b>Lead Officer Name:</b> Alexis Chappell	<b>Job Title:</b> Strategic Director Adult Care and Wellbeing								
<b>Date: 11<sup>th</sup> January 2024</b>									

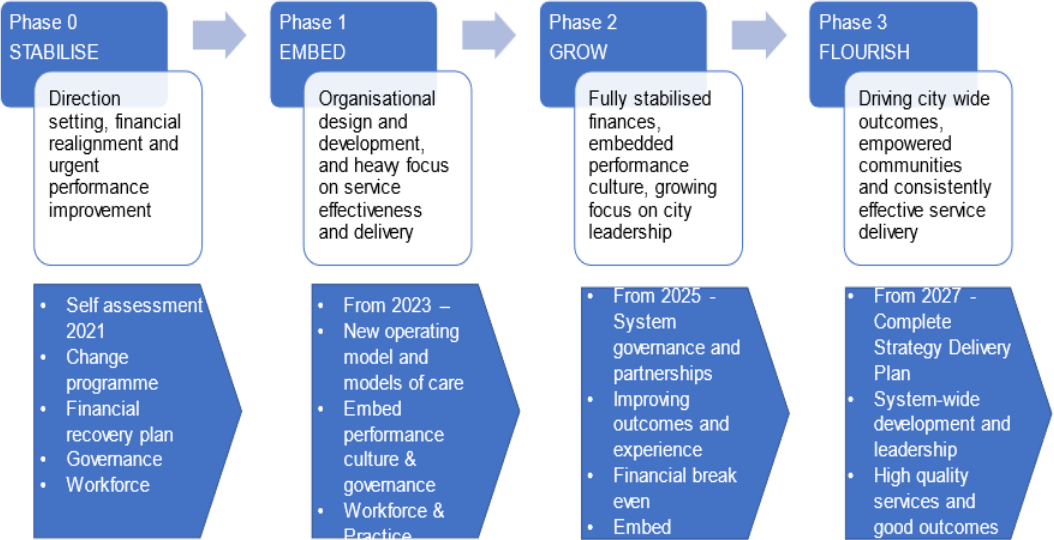


# 1 PROPOSAL

- 1.1 Sheffield's [Adult Health & Social Care Strategy](#) was approved by the Cooperative Executive on 16<sup>th</sup> March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.
- 1.2 The strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, 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 Delivery upon our strategy has been taken forward through development and implementation of our delivery programme implemented in June 2021 in response to a self-assessment completed in early 2021. This in turn enabled development and implementation of a new operating model, approved in November 2022 and through our [Adult Health and Social Care Strategy Delivery Plan](#). Updates regards implementation of the model and Strategy delivery plan were provided throughout 2023.
- 1.4 Alongside the delivery upon the Strategy, the One Year Plan and the subsequent [Council Delivery Plan](#), Council Plan, City Goals and Budget Programmes set out milestones and deliverables to achieve the Council's and City priorities. Alongside that the CQC Assurance Framework, key policy directives for social care and further learning from individuals, carers, workforce, Members, and partners set out areas of priority. Due to this, an updated Adult Care Strategy Delivery Plan and accompanying Performance Dashboard were endorsed by Members in 2023. It's planned to bring the final version of the Strategy Delivery Plan to Committee in 2024, which will set out proposed priorities for 2024 to 2026 based on outcome of further engagement, listening and consultation.
- 1.5 Key to delivery on the Strategy and with that improved outcomes and experiences of adults and unpaid carers in the City has been creating the conditions for delivery through implementation of our [Target Operating Model](#), approved in November 2022. The Target Operating Model is depicted below and sets out an ambition that the majority of people supported will be through earlier intervention and prevention with enablers through our partnerships, workforce development, technology enabled care and outcome focused practice and commissioning.



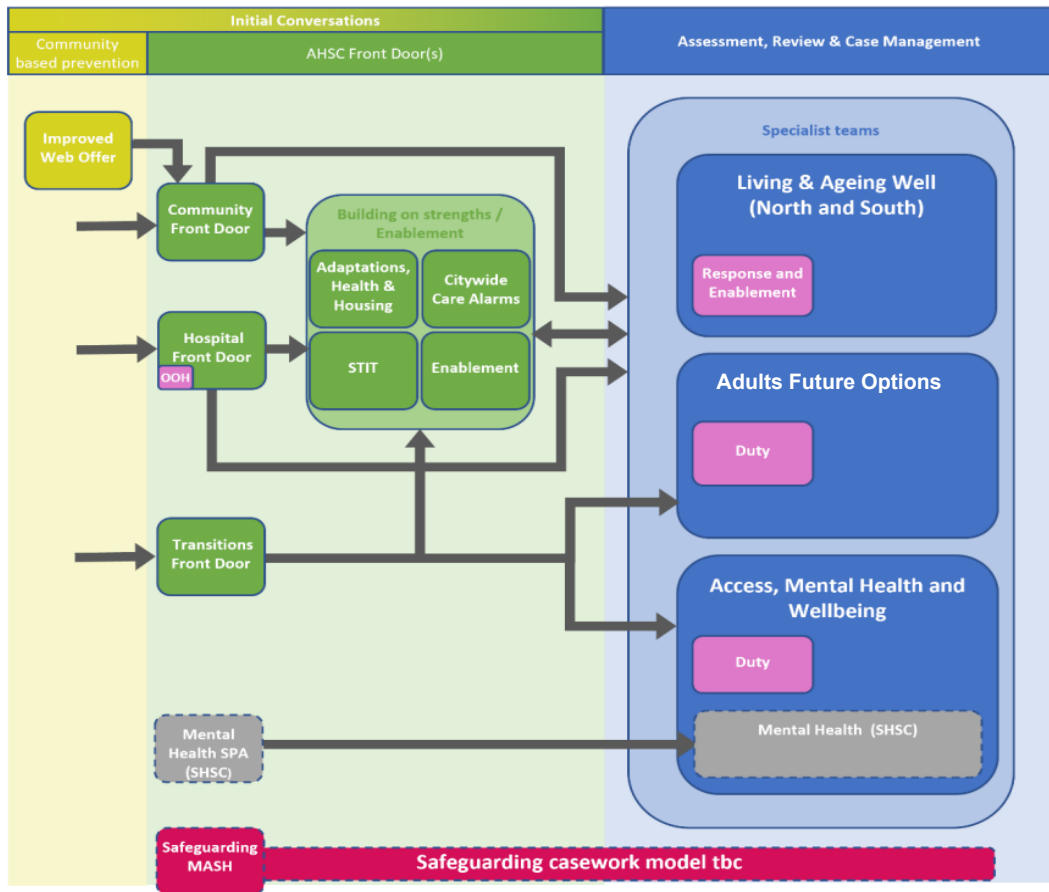
- 1.6 Investment has been made in a new leadership structure and team to enable delivery on our enablers, operational services, and strategic delivery programmes, all of which has been noted in specific committee reports. In particular this has led to the development of operational services and strategic and governance services. An update in relation to both is noted below.
- 1.7 A phased programme of delivery was noted to Committee and Members which mirrored that of the Council programme. As we start and move into 2024, the ambition is to move to embed our developments throughout this year, which includes building the further foundations for realising our strategic ambitions.



**1.8 Phase 1 Target Operating Model (TOM) Implementation Update – Wellbeing Services**

- 1.8.1 Phase 1 of the Target Operating Model was prioritised between 2021 and 2023 and this included implementation of the enablers noted at section 1.8, new leadership structure and addressing areas of performance risks. The progress in delivery of performance improvements has been noted to Committee through the DASS and Strategy updates and in particular Performance Dashboard.
- 1.8.2 In particular phase 1 has saw the implementation of a new operational operating model which moved towards specialist long term assessment, review, and case management teams (noted in blue in the diagram below), an Adult Multi-Agency Screening Hub (noted in red in the diagram below), a Transitions and Hospital Front Door (noted in Green Below) and an improved Web Offer (Sheffield Directory) (noted in yellow below).
- 1.8.3 Of note this has also included the development of a dedicated Care Home Team (Located in Living & Ageing Well) to enable greater focus and support to people living in residential care, dedicated Continuing Healthcare Team (located in Adults Future Options), early help bridging services located in Access, Mental Health and Wellbeing and Direct Payments Review Service located in our Commissioning Service. It also saw the transfer of Mental Health Social Work Services to Adult Care in April 2023 following approval to return in April 2022.
- 1.8.4 This aspect of the model in particular enables delivery on our statutory duties, regulation and assurance set out by the [CQC Assurance Framework](#) and a framework for building community connected adult care provision focused on wellbeing and independent living.

1.8.5



1.8.6 Each of the developments have been reported to Committee ([Transitions Update Sept 23](#); [Safeguarding Update Sept 23](#); [Hospital Update June 23](#); [Service Update Dec 23](#); [Mental Health Update Nov 23](#), [Early Help and Information & Advice Nov 23](#)) and align to delivery of our [Care Act 2014 Duties](#) and in particular the Working with People and Ensuring Safety themes of CQC Assurance.

1.8.7 To enable the model to be fully functional, between 2021 and 2023 our focus was on service stabilisation through move to the new structure during 2023, addressing waits and backlogs and building capacity of our team through recruitment described in the workforce update at Committee today. The aim is to reach a position by June 2024 that our teams are staffed and we have responsive, accessible, joined up and high quality services.

1.8.8 To that end, following the update noted in December 2023, our priority for 2024 is to take forward our programmes as a collaborative with individuals, carers, our workforce and in partnership with social care providers, voluntary sector, and system wide partners. Now that the infrastructure and teams are in place, aligned to our priorities identified in our Strategy Delivery Plan this means that in 2025 we can move to Phase 2. These programmes are: -

Programme	Activity
Joined up social care systems and processes	Conclude the social work part of the TOM by ensuring effective and streamlined systems and processes to reduce hand off's and enable individual's and carers to experience joined up support.

<p>Early Help and Short-Term Support (Priority 6 of Strategy Delivery Plan)</p>	<p>Implementation of an <b>early help and short-term enablement service (noted in green)</b> as final phase of the TOM to further promote and develop our approach to early help, enablement, and community asset building and ensure our duties, including regulatory requirements set out by CQC are met.</p>
<p>Living and Ageing Well in Communities Across Sheffield (Priority 7 of Strategy Delivery Plan)</p>	<p>Implementation of an <b>integrated approach in communities around older adults and people living with Dementia</b> to enable a joined-up approach with primary care, housing, voluntary sector and communities so that people only have to tell their story once. This builds on our partnership approach set out in our dementia strategy, prevention of admission and living &amp; ageing well programmes.</p> <p>We now have care &amp; assessment teams, care and wellbeing (homecare) all configured around primary care networks as a foundation for this programme and a joint approach with Yorkshire Ambulance Services to prevent falls.</p>
<p>Disability Friendly City (Adults Future Options) (Priority 8 of Strategy Delivery Plan)</p>	<p>Implementation of <b>inclusive and disability friendly communities focused on strengths, abilities, and wellbeing outcomes</b>. This builds on our partnership approach described in our All Age Autism Strategy, Learning Disability Strategy and Housing with Care Market Position Statement and our focus on delivering a named worker approach, reducing out of area placements, increasing accommodation with care availability in Sheffield and building opportunities for lifelong learning and employment.</p>
<p>Wellbeing, Mental Health and Recovery (Priority 9 of Strategy Delivery Plan)</p>	<p>Implementation of an <b>integrated community based mental health, wellbeing services</b> focused on prevention and recovery.</p> <p>This builds on our partnerships approach described in the All Age Emotional and Mental Health Strategy, Changing Futures Programme, our focus on mental health crisis services and primary and secondary care transformation, building opportunities for lifelong learning and employment.</p>

1.8.9 Delivery on the model will be evidenced through our [performance dashboard](#), the latest of which was reported to Committee in December 2023, feedback from individuals, carers and our workforce and with that increased satisfaction with adult care services and external assurance from regulatory bodies and external accreditors.

## 1.9 Phase 1 Target Operating Model (TOM) Implementation Update – Our Enabler Services.

1.9.1 Through to organisational changes, Adult Commissioning, Charging and Account Services, Executer Services, Business Support, Business Planning and Better Care Fund were transferred to be in the remit of the Director of Social Services to Adult Social Care in January 2022.

1.9.2 Phase 1 also saw a review of those services and implementation of Care Governance, Chief Social Work Office, Integration of Health and Care (BCF) and Adult Commissioning and Partnerships portfolios as key enablers for delivery on the Strategy and the Target Operating Model. These portfolios provide the governance and infrastructure to ensure our statutory obligations are met particularly in regard to the Providing Support and Leadership Themes of the CQC Assurance.



1.9.3 Progress with our key enablers which enable delivery on the Strategy and Target Operating Model have been reported to Committee during 2022 to 2023 as follows:

All Age Care Group Strategies	Strategic Delivery Plans
<ul style="list-style-type: none"> <li>• <a href="#">All Age Autism Strategy (May 23)</a>,</li> <li>• <a href="#">All Age Emotional and Mental Health Strategy (Feb 23)</a>,</li> <li>• <a href="#">All Age Carers Strategy Delivery Plan (Dec 22)</a>,</li> <li>• <a href="#">All Age Physical Health Strategy (Sept 23)</a></li> <li>• <a href="#">Learning Disabilities Strategy (Nov 23)</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Co-Production Strategy (Dec 22)</a>,</li> <li>• <a href="#">Digital Strategy (Feb 23) and Technology Enabled Care (Nov 22) and December 2023</a>.</li> <li>• <a href="#">Workforce Strategy and Delivery Plan (Mar 23); Update Due Jan 24</a></li> <li>• <a href="#">Direct Payments and Personalisation Strategy (Dec 22); Update Jan 24</a>.</li> <li>• <a href="#">Safeguarding Delivery Plan (Sept 23)</a></li> <li>• <a href="#">Early Intervention Delivery Plan (Nov 23)</a></li> <li>• <a href="#">Hospital Discharge Delivery Plan (June 23); Update Jan 24</a></li> <li>• <a href="#">Commissioning Delivery Plan Dec 23</a></li> </ul>
<p><b>Care Sector Market Shaping Strategies and Plans</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Adult Care Market Statement (Sept 22)</a>,</li> <li>• <a href="#">Housing with Support for Adults with a Learning Disability (Sept 22)</a>,</li> <li>• <a href="#">Mental Health (Sept 22)</a>,</li> <li>• <a href="#">Residential Care (Feb 22)</a></li> <li>• <a href="#">Living and Ageing Well (Mar 23)</a></li> </ul>	
<p><b>Governance and Performance Frameworks</b></p> <p><a href="#">Care Governance Strategy</a>  <a href="#">Performance Management Framework</a>  <a href="#">Quality Matters Framework</a> and <a href="#">Practice Standards Cycle of Assurance</a></p>	

- 1.9.4 Underpinning all of the developments is a focus on the updated [Strategy Delivery Plan](#) and priorities which were discussed at Committee on [September 2023](#) and [December 2023](#). This provides a framework for our key partnerships and developments. The Delivery Plan is out for consultation, and it's planned to bring the final version to Committee in 2024 for approval.
- 1.9.5 Along with the Strategy Delivery Plan our focus has also been building our communications and engagement with social care providers and voluntary sector and to maintain our [Sheffield Directory](#). A dedicated officer and team are now in place and a communication and engagement plan will also be brought to Committee in March.
- 1.9.6 As we move into 2024 the priority is to now re-establish the Adult Partnerships Board as a way of connecting individuals, carers, social care providers, and partners together to enable delivery on our strategy and targeting operating model in a collaborative way. Now that all enabling officers are in place this will provide the resource to sustain and deliver a partnership approach towards enabling people to [live the life they want to live](#).

## **2.0 HOW DOES THIS DECISION CONTRIBUTE**

### **2.1 Organisational Strategy**

- 2.1.1 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.
- 2.1.2 The strategy provides 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 Target Operating Model and Strategic Delivery Plan update augments this with the detail on how the outcomes were achieved and the model by which it will be delivered.
- 2.1.3 The activity underway in relation to the Target Operating Model enables preparation for CQC Assurance and our focus on financial resilience in particular delivery on our statutory and fiscal duties.
- 2.1.4 The Adult Care Strategy also supports and assists with contribution towards the City Goals and Council Plan. A key focus in 2024 will be supporting their delivery.

### **2.2 Health & Care System Alignment**

- 2.2.1 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.
- 2.2.2 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.

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

- 3.1 This paper provides an update regards the Target Operating Model implementation. The Target Operating Model and Strategy were established through engagement with our workforce, individuals, carers and system partners. Each key development, including strategic plans noted at section 1.8 had specific engagement and consultation so that our developments are reflective of our learning from feedback and what people told us.

- 3.2 This focus follows from a commitment made that 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.
- 3.3 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. In addition, coproduction of our strategies and a focus on learning from feedback, which is at Committee today for endorsement.
- 3.4 It's planned that as we move into 2024 and into phase 2, the focus on coproduction, engagement and listening to individuals, carers, our workforce and partners will be further developed so that they become and embedded and peoples voices are at the centre of driving change.

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

### **4.1 Equality Implications**

- 4.1.1 The strategy and operating model were supported by a comprehensive equality impact assessment, which can be found on the Council website [Our Social Care vision and strategy](#) and Future Design of Social Care.
- 4.1.2 The update today does not alter this assessment, although does add a layer of detail. In the Strategy Delivery Plan Refresh 2023 - 2025 and Safeguarding Delivery Plan presented at Committee in September 2023 and the Equalities, Diversity, Inclusion and Social Justice Delivery Plan presented at Committee in December 2023 is additional focus on ensuring that we have appropriate attention to equality, diversity, and inclusion and a specific equalities statement has included in these reports and plans.
- 4.1.3 Many constituent parts of the Strategy Delivery plan and Target Operating Model will require their own detailed equality impact assessment, which will be completed to inform plans and decision making.

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

- 4.2.1 The strategy and operating model were supported by a financial strategy, which can be found on the Council website [Our Adult Social Care vision and strategy \(sheffield.gov.uk\)](#), and is closely aligned with the budget strategy.
- 4.2.2 The additional detail in this update does not alter the assessments. All individual components of the Target Operating Model will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision-making.

### **4.3 Legal Implications**

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

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

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

4.3.3 The Living the life you want to live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report demonstrates how we are already delivering on commitments and sets out a clear plan for 2023 and up to 2030. The Target Operating Model enables delivery upon the Adult Care Strategy and our legal obligations set out in the Care Act.

#### **4.4 Climate Implications**

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

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

- [Supported living, day services and respite care for working age adults](#)
- [Approval of new technology enabled care contract extension and strategy](#)
- [Adults Health and Social Care Digital Strategy](#)
- [Transforming Care Homes for Citizens of Sheffield](#)
- The [Climate Impact Assessment for Recommissioning Homecare Services](#)

4.4.3 A Climate Action Plan and Statement is at Committee in January 2024 as a key foundation for responding to the impacts of Climate Change as well as contributing to delivery of net Zero. It is planned that through implementation of the new operating model and commissioning strategies.

#### **4.5 Other Implications**

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

### **5 ALTERNATIVE OPTIONS CONSIDERED**

5.1 Do Not Provide an Update on The Target Operating Model Plan Progress – When the Target Operating Model was approved by Committee in November 2022 the was a



commitment to review the plan regularly and by not reviewing, we would not be meeting that commitment.

- 5.2 A different Target Operating Model - 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.

## **6 REASONS FOR RECOMMENDATIONS**

### **6.1 Reasons for Recommendations**

- 6.1.1 The Target Operating Model gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall adult care strategy and to providing foundations for sustainable approach to delivery on our Statutory duties and CQC Assurance.
- 6.1.2 Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and impact and will provide an additional mechanism to input to future development.

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# Equality Impact Assessment

## Introductory Information

### Budget/Project name

Living the life you want to live – AH&SC Strategy

### Proposal type

- Budget
- Project

### Reference number

1148

### Decision Type

- Cooperative Executive
- Leader
- Individual Cooperative Committee Member
- Executive Director/Director
- Officer Decision (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committee (e.g. Licensing Committee)
- Local Area Committee

### Lead Cooperative Executive Member

CLlr George Lindars-Hammond

### Entered on Q Tier

- Yes
- No

### Year(s)

18/19
  19/20
  20/21
  21/22
  22/23
  23/24
  24/25
  25/26

### EIA date

21/12/2021

### EIA Lead

- |                      |                    |
|----------------------|--------------------|
| ▪ Adele Robinson     | ▪ Ed Sexton        |
| ▪ Annemarie Johnston | ▪ Louise Nunn      |
| ▪ Bashir Khan        | ▪ Richard Bartlett |
| ▪ Bev Law            | ▪ Rosie May        |

### Person filling in this EIA form

Charlotte Murrie

### Lead officer

Alexis Chappell

### Lead Corporate Plan priority

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> An In-Touch Organisation | <input type="checkbox"/> Strong Economy | <input type="checkbox"/> Thriving Neighbourhoods and Communities | <input type="checkbox"/> Better Health and Wellbeing | <input type="checkbox"/> Tackling Inequalities |
|---|---|--|--|--|

## Portfolio, Service and Team

### Cross-Portfolio

- Yes
- No

### Portfolio

People

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

- Yes
- No

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

Update, February 2023

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield's population. We have been without a clear strategy that unifies this whole system in Sheffield for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, and we must develop a response that commits to improving the lives of people who draw on care and support.

The new strategy meets our obligations under the Care Act to have a strategy for adult social care. It has been developed with citizens, providers, and partners. It sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

The Adult Social Care Strategy Delivery plan sets out the enablers and timeframes for delivery to meet the commitments and outcomes in the strategy.

## 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

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

## Overview

### Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The strategy is fully consistent with the Duty and is particularly focused on ensuring equality of opportunity for people and communities who draw on care and support. Not enough people in Sheffield who need support in their daily lives are able to live the life they want to live.

The vision of our strategy - *Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, and when they need it, they receive care and support that prioritises independence, choice, and recovery* – is a statement of intent that everyone in Sheffield should be able to live the life they want to live. The strategy outlines that it is our role as advocates of the

adult social care system to make sure this is the reality for the people of our city who draw on care and support.

The strategy sets out key values of how we as an adult health and social system should work – these are person-centred and strengths based, collaborative and empowering, and compliance and best value. These values highlight how we should recognise strengths, assets, skills, and talents who should be supported by flexible services that focus on the outcomes they want to achieve. By working in this way, we aim to remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people’s lives and the care they receive.

We set out high-level actions that indicate how we’ll focus our work over the next ten years to achieve the vision of the strategy. These include:

- Working with communities to develop and deliver the care and support people are looking for – moving away from fitting people into inflexible services that don’t meet their specific needs or outcomes
- Developing an accessible team model where social work staff can work in partnership with and get to know their community – whatever and wherever this may be
- Providing more options for care with accommodation – that helps people retain or regain control over their life, connected to their strengths and networks
- Transforming care at home – so that people can continue to live in their homes, as they choose, in a way that meets their needs and doesn’t limit their opportunities
- Improve how we share information and how people access our services – so it’s straightforward and recognises people have different access needs
- Ensure everyone, no matter how they access social care and support, receives the same standard of person-centred care
- Make sure everyone has an equal voice in designing the support and services they receive
- Deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support – around what they want to achieve

These actions are a commitment to working with our communities and understanding what they need to live the life they want to live and ensuring equal opportunity of access. Through this we deliver on the Public Sector Equality Duty.

## Impacts

### Proposal has an impact on

▪ Health	▪ Transgender
▪ Age	▪ Carers
▪ Disability	▪ Voluntary/Community & Faith Sectors
▪ Pregnancy/Maternity	▪ Cohesion
▪ Race	▪ Partners
▪ Religion/Belief	▪ Poverty & Financial Inclusion
▪ Sex	▪ Armed Forces
▪ Sexual Orientation	▪ Other

Give details in sections below.

## 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

#### Impact

- Positive       Neutral       Negative

#### Level

- None       Low       Medium       High

#### Details of impact

The strategy sets a clear commitment to recognising the value of staff right across adult health and social care. In this context we have taken staff to refer to anyone who works in the sector, not just for the Local Authority. It outlines the role of all parts of the system in ensuring people who draw on care and support can live the life they want to live. It sets a commitment to deliver a workforce strategy that is cross-sector and Sheffield-focussed.

Adult social care has faced significant challenges over the last decade, and this has impacted on staff. The sector has not been sufficiently funded over recent years through austerity measures and improvements have been slow to be embedded due to the ongoing, day-to-day challenge of keeping delivering care. Population changes, the ongoing stress of the day-to-day job, zero-hours contracts, increasing vacancy rates, a perception that social care is an unskilled profession – all contribute to challenging staff wellbeing.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

The Strategy Delivery plan sets out the enablers to deliver on the commitments in the strategy. Particular enablers that impact health and wellbeing are:

- The design and implementation of the new operating model (commitment 1). The model is now aligned to the Primary Care network areas and we are collaborating with health partners to move to a more integrated health and care place based model.
- The implementation all age mental health and emotional wellbeing strategy (commitment 4A)
- The development of the Sheffield joint health and social care outcomes framework (Commitment 4A)
- Improvements to the Hospital Discharge pathways (Commitment 2)
- The development of Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 )

#### Customers

- Yes       No

#### Impact

- Positive       Neutral       Negative

#### Level

- None       Low       Medium       High

**Details of impact**

The strategy recognises the importance of wellbeing as a determinant of health and that health creation takes place in communities. We have embedded the 5 ways to wellbeing throughout the strategy.

We want to encourage our citizens to:

- keep healthy, active, and safe — including managing emerging and existing conditions
- give — volunteer if they can, share their knowledge and experience
- get connected — reach out to friends, talk to a neighbour, engage with their community
- keep learning — learn, relearn, and grow skills
- take notice — pause and reflect, focus on the here and now, look out for one another

We identified Integrated Care Systems as an enabling factor in the continued join up between health and social care, recognising that many people need social care support due to a health issue – whether that's in recovery from a crisis or as an ongoing issue.

The strategy is expected to go to Health & Care Partnership, CCG commissioning directors group, Health & Wellbeing Strategy for endorsement, recognising that in order to succeed in our vision for adult social care, we all have to work as a partnership and we need cross-sector buy in to ensure everyone has a good experience of health and social care.

**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

**Health Lead**

## Age

### Staff

- Yes                      ▪ No

### Impact

- Positive      ▪ Neutral      ▪ Negative

### Level

- None                      ▪ Low                      ▪ Medium                      ▪ High

### Details of impact

26% of the adult social care workforce is aged 55 and over. This proportion of the workforce represents years of experience and skill and it's important this is value and recognised in the workforce strategy that comes out of the adult health and social care strategy. As a social care system, we must ensure that all the organisations in our system are age-friendly, with opportunities for flexible working, access to training and technology and investment in staff wellbeing. Age UK estimates that there are likely to be more over 50s in work than those under 30 in the next decade – this aligns with our strategy period and should be an important part of our approach.

In 2020/21, we also have a 7.3% vacancy rate in the adult social care workforce across the city – an increase on the previous year. We're exploring opportunities to reengage recently retired staff members in short term work where this suits them. We must also make social care an attractive career. This means breaking the perception that it is an unskilled profession and in the shadow of the NHS and means working attract younger workers.

### Customers

- Yes                      ▪ No

### Impact

- Positive      ▪ Neutral      ▪ Negative

### Level

- None                      ▪ Low                      ▪ Medium                      ▪ High

### 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.

Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care – from family, friends, or neighbours. For older people, family care can come from spouses and partners, who are themselves elderly with their own changing needs.

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.

The strategy details Commitments which should improve people's experience of ageing:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed – supporting people to live at home where this is the right choice for them and connecting them to their community, reducing loneliness and isolation
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis – perhaps following a fall or a diagnosis



- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home – including care homes but expanding our options to ensure people have a choice of accommodation that best meets their needs, rather than defaulting to care homes.

The strategy recognises that transition between services is a key issue in how people experience adult social care in Sheffield. This has often been defined by services, rather than people’s experience. We have particularly noted that the transition between children and young peoples’ services to adult services needs improvement. The strategy sets the context for improving this transition and will further be explored in our subsequent and more detailed annual delivery plans in line with the commitment in Sheffield’s One Year Plan 2021-22.

The particular impacts that are in the Strategy Delivery plan are

The design and implementation of the new operating model, this new model now has specialist services for older people

The strategic review of care homes which is informed by the healthwatch report that sets out people’s experiences of residential care

The transformation of homecare which is moving to a strengths based, outcomes focussed service

## Disability

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Skills for Care provides information on the social care workforces in local authority areas, enabling comparison across the country. The information provided allows us to understand the number of roles and demographics of the workforce. Unfortunately it does not indicate the proportion of the workforce that class themselves as having a disability.

Recent figures (SCC, 2021) indicate that 11.3% of the Council’s entire workforce is disabled, compared to 15% in the internal adult social care workforce. In the wider adult social care workforce, if this followed in line with the wider figure of 19% of working-age adults with a disability, approximately 2660 of that workforce may have a disability. We need to do further work to understand these demographics of our workforce.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The prevalence of disability among working-age adults is 19%, up from 15% in 2010/11. For those of State Pension age, the percentage reporting a disability has been between 44% and 46% in every year of the past decade.

The Family Resources Survey 2019-2020 gives us an overarching understanding of the prevalence of different impairments. Mental health impairment is the only category of impairment to have increased in the latest report – a 4% rise since 2017-18.

Impairment type*	2019/20	18-64	Over 65
Mobility	49%	41%	68%
Stamina/breathing/fatigue	36%	32%	44%
Dexterity	25%	21%	32%
Mental health	29%	42%	10%
Memory	16%	16%	17%
Hearing	13%	8%	23%
Vision	12%	9%	18%
Learning	14%	15%	8%
Social/behavioural	9%	9%	2%
Other	17%	18%	16%

\* figures add to over 100% as individuals can report multiple impairments

This helps us have a picture of our communities and changing needs: the system needs to ensure it supports and responds to these.

The CQC State of Care 2020 report identified that there were higher rates of death from coronavirus during the pandemic for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic.

The strategy sets high level actions that recognise the differing needs of individuals to ensure the system can best support people with a disability in Sheffield:

- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will ensure people can move between care and support more easily, including health, social care, providers and the voluntary, community, and social enterprise sector.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.

From the strategy delivery plan the elements below are changes that will positively impact people with disabilities

The design and implementation of the new operating model, this new model now has specialist services for adults with disabilities and mental health issues  
 The Learning disability strategy and delivery plan co-development and delivery  
 The Autism strategy and delivery plan co-development and delivery  
 The implementation of the new supported living, respite care and day services for adults with disabilities

## Pregnancy/Maternity

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

As a strategy for the whole of the adult social care workforce, we must ensure our workforce strategy enables whole social care workforce, across the city to have the same rights and equality of access. This includes pregnancy and maternity.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The strategy focuses on people living the life they want to lead. This includes enabling people to make informed choices around pregnancy. We need to ensure the need to ensure the system doesn't discriminate and that people are supported in positive risk-taking. 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. This is part of our values under compliance and best value – 'Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.'

From the strategy delivery plan the Changing futures project is likely to have a positive impact for pregnancy for some of our most vulnerable women who struggle to maintain a housing tenancy and experience multi disadvantage.

## Race

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

15% of the adult social care workforce in Sheffield is from an ethnic minority according to Skills for Care data. 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. The workforce does not fully represent this diversity of our population.

We know that management positions in the local authority are not representative of the diversity of the community. We don't yet understand this picture for the rest of the adult social care system.

There are some concerns that the government's migration policies following the EU exit will negatively impact workforce retention.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. We identified that we need to ensure the workforce strategy doesn't lose focus on equality, diversity and inclusion and have identified this in the high-level plan.

- We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.

#### Customers

- Yes
- No

#### Impact

- Positive
- Neutral
- Negative

#### Level

- None
- Low
- Medium
- High

#### 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.

As part of our engagement work when developing the strategy, community group leaders told us that strategies often don't focus enough on the ethnic minority population, fully engage them in understanding their specific needs or design services that meet those needs. They told us that the whole adult care system is difficult and complicated and that we need to simplify the whole system and language. We need to include and be relevant to all communities and simplify our language and processes. We heard about specific challenges of some of our communities, who forgo their own care in favour of supporting families in their home countries.

The strategy has been developed from a recognition of the strength of our communities and especially during the coronavirus pandemic. Health and wellbeing happens in communities that care – our strategy aims to support and strengthen this wherever we can, alongside a commitment to equality and diversity, and adopts this as part of our person-centred value:

- We view everyone as unique individuals who have strengths, assets, skills, and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the outcomes they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

We've additionally set specific actions in our high-level plan that recognise what our community leaders have told us:

- We will provide a partnership of care and support, designed, and delivered with communities – we need to continue to trust our communities: they know themselves and their

- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community – this doesn't need to be geographic: many of our ethnic minority communities are spread out across the city, though there may be community hubs communities come together in.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps – everyone should be able to understand how to access services and what they can expect.
- We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care – our system should tackle inequality and ensure we deliver culturally sensitive support.

There is specific emphasis on race in the strategy delivery plan for 2023/24. A commitment to a more systematic approach to designing and testing services that culturally and racially appropriate and to ensuring people equality of access and experience.

We will be looking to align to the recommendations in the Race equality report and also local reports, for example the SACMHA report about homecare.

## Religion/Belief

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city has the same rights and equality of access. This includes religion and belief.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Sheffield's 2011 census gives us a good understanding of the mix of religions in the city, though this is likely to have changed over the last ten years. The updated census should give us more details.

Religion	2011
Christian	52.5%
Buddhist	0.4%
Hindu	0.6%

Jewish	0.1%
Muslim	7.7%
Sikh	0.2%
Other	0.4%
None	31.2%

Our values highlight the way in which we will focus on recognising where religion and belief are important to the people who use adult social care:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

## Sex

### Staff

▪ Yes

▪ No

### Impact

▪ Positive

▪ Neutral

▪ Negative

### Level

▪ None

▪ Low

▪ Medium

▪ High

### Details of impact

According to Skills for Care, 81% of Sheffield's care workforce are female. National figures look similar: about 80 per cent of all jobs in adult social care are done by women. The proportion in direct care and support-providing jobs is higher, at 85-95%. Considering that overall the proportion of women in the workforce in all fields nationally is 46%, these figures represent a significant difference for this workforce though the reasons this is a highly female dominated workforce are likely to be the same as in other areas.

The Women's Budget Group identified in their paper 'A Care-Led Recovery from Coronavirus' that investing in care would create 2.7 times as many jobs as the same investment in construction: 6.3 as many for women and 10% more for men. Increasing the numbers working in care to 10% of the employed population, as in Sweden and Denmark, and giving all care workers a pay rise to the real living wage would create 2 million jobs, increasing overall employment rates by 5% points and decreasing the gender employment gap by 4% points.

The workforce strategy that we commit to in the high-level plan must take sex into account.

### Customers

▪ Yes

▪ No

### Impact

▪ Positive

▪ Neutral

▪ Negative

### Level

▪ None

▪ Low

▪ Medium

▪ High

**Details of impact**

Disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2017 to 2019 report), and a higher number of people face years of poor health and increased difficulty in older age.

The Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Our person-centred values in particular - we listen to what matters to each person we work with, making sure they have an equal voice in their care and support - should help us ensure our system gives everyone a voice.

In the Strategy delivery plan, the carers strategy will start to be implemented on 2023 which will provide positive impacts for women who care for dependents.

**Sexual Orientation****Staff**

▪ Yes                      ▪ No

**Impact**

▪ Positive              ▪ Neutral              ▪ Negative

**Level**

▪ None                      ▪ Low                      ▪ Medium                      ▪ High

**Details of impact**

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes sexual orientation.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

**Customers**

▪ Yes                      ▪ No

**Impact**

▪ Positive              ▪ Neutral              ▪ Negative

**Level**

▪ None                      ▪ Low                      ▪ Medium                      ▪ High

**Details of impact**

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

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.

- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
  - Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We would expect providers of services to recognise the additional issues/concerns of people from LGBT groups and respond to this.

## Transgender

### Staff

- Yes                      ▪ No

### Impact

- Positive              ▪ Neutral              ▪ Negative

### Level

- None                      ▪ Low                      ▪ Medium                      ▪ High

### Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes transgender individuals.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes                      ▪ No

### Impact

- Positive              ▪ Neutral              ▪ Negative

### Level

- None                      ▪ Low                      ▪ Medium                      ▪ High

### Details of impact

Managing disability and ageing is challenging for everyone, however being transgender alongside this can present extra difficulties. The LGBT community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their gender identity and confident that their care provision will respect this.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of transgender individuals and respond to this.



## Carers

### Staff

■ Yes      ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None      ■ Low      ■ Medium      ■ High

### Details of impact

In Sheffield, 1 in 10 people are carers (2011 Census) and 12% of carers are estimated to be of working age. Around 1 in 10 people working for the Council declare themselves as carers – but the figure could be higher. This compares to 18.5% of the council internal workforce who say they are a carer.

Caring for someone can be an all-consuming job. If you're caring and working, not having access to help and advice may impact on your health. You may also feel like you're not able to cope. Managers can make a big difference by:

- creating a workplace where carers can identify themselves and feel comfortable about accessing support
- supporting carers to balance their responsibilities at work and to the people they care for (whether the carer is working from a worksite, in the community or from home)

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city improves the support provided to carers who also work in adult social care.

### Customers

■ Yes      ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None      ■ Low      ■ Medium      ■ High

### Details of impact

Carers have been particularly affected by the coronavirus pandemic. The Carers UK 2020 survey 'Caring behind closed doors: six months on' allows us to estimate that there are approximately 89,700 carers in Sheffield, and that figure increased by 49.5% since before the coronavirus pandemic. 81% of carers reported that they are doing more caring since the start of lockdown. The survey showed that carers are providing more care with fewer breaks. Physical and mental health has worsened and nearly half of carers asked said they were reaching breaking point.

The national Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Caring can play a significant toll on individuals. Sheffield's Carer's survey explored the impact of the coronavirus pandemic on our carers.

- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).

- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.
- 22% of carers reported that they found it difficult to find the information they need.
- 56% of carers would like more help in order to manage their caring role.
- 11% of carers said they didn't feel they could provide care safely.
- 67% of carers don't have an emergency plan in place.
- 11% of carers indicated they don't have enough money for essentials.

If the caring situation breaks down this has big implications for the health and social care systems in Sheffield.

The strategy makes a clear commitment to Carers: Commitment 5 states that we will 'recognise and value unpaid carers and the social care workforce and the contribution they make to our city'. Within this we set a high-level action - We will embed a clear support offer and structure for all carers.

From the strategy delivery plan, the implementation of the carers strategy should make a significant difference to carers across the city

## Voluntary/Community & Faith Sectors

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The adult social care strategy is a whole system approach to providing care and support 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. 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 and advocate for their communities.

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent. As a strategy for the whole of the adult social care workforce, our workforce strategy must ensure the whole social care workforce, including those in the voluntary, community and faith sectors, are supported by a system that recognises their value and contribution.

**Customers**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

Being supported by communities that care is one part of wellbeing. We know that volunteering and contributing our skills and experience to our communities has a massive impact on our well-being and overall health.

We have made a clear commitment the strategy to work in better partnership with our voluntary, community, and faith sector partners to ensure our adult social care system is better aligned with what matters to people. This means recognising the power this sector has in helping people to maintain independence and health wherever they are.

Commitment 1 in our strategy highlights this: Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

Within this, we've set a clear action in our high-level plan to better work with communities and those who represent them:

We will provide a partnership of care and support, designed, and delivered with communities.

This means ensuring these sectors are well-represented within strategy and delivery development alongside ongoing governance, accountability, and performance management. We have been well supported in developing this new strategy by our partners across the sector and encouraged by their ongoing commitment to help us embed this new approach.

Our commissioning plan will aim to have a positive impact on the voluntary, community and faith sector.

**Cohesion****Staff**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy is an attempt to improve the cohesion of the adult social care system in Sheffield. By working in a partnership, there needs to be recognition that different organisations within that partnership have different, but appropriate, organisational practices, inspection and legal requirements, cultural backgrounds and starting points. In creating a community of care with our partners, we develop better links that give us a greater opportunity to understand these differing practices and see ourselves as a cohesive community, rather than defined by our organisational boundaries.

In this way, staff in the social care workforce across the system and over the next ten years, will feel more included, more rewarded, more listened to and more respected.

**Customers**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy has a clear focus on community as a key source of health and wellbeing. The community of people who use adult social care are at risk of exclusion from the wider community because of their differing needs, clearly impacting on the feeling of community cohesion. It's important that the strategy fosters communities of interest as well as place that everyone can feel included in.

Care with accommodation has the potential to be restrictive and exclusive environments and care homes certainly have this reputation. The high-level plan commits to 'develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.' This is a recognition of the connection between care and the community.

The strategy refers regularly to supporting people to live a fulfilling life at home. Everyone should be able to live in a place they can call home – this may not always be their own home and in some cases should not be. Home is a reflection of a space that is one's own, where we can feel safe and connected to the people and things that matter to us, connected to a community.

**Partners****Staff**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy is a system wide approach to adult social care, as it recognises that the people of this city and their needs, are best supported by a cohesive whole and not by organisations operating in silos.

The strategy is about strengthening the relationship between the services providing support and the people supported, together with their carers – all as equal members of this system. How the system works in Sheffield is important for everyone who works to support our residents, including the council, NHS partners who fund, plan, and oversee health care, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals, Primary Care Sheffield, our independent sector care, and support and our voluntary, community and faith sector partners

We have worked hard to develop this new strategy in conjunction with our partners, ensuring that they have been able to be involved in our engagement work and contribute to the development of the strategy and high-level plan.

The strategy, and subsequent delivery plan, will not be successful without the support and contribution of our partners across the city.

The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

We already have existing strong partnerships across the city in adult health and social care. Many of these have been tested and strengthened through the recent coronavirus pandemic. The strategy sets the overarching intention to build on these connections and improve on them wherever possible.

From the strategy delivery plan, the new asc operating model and the homecare contract align to Primary care network boundaries and the embedding of the new models will involve transforming to an integrated place based health and care model. This will make it easier for people to understand roles and responsibilities and connect with each more easily to improve customer outcomes.

The market shaping statements and principles set out how we will move to a closer, more equal relationship with partners starting with community based preventative services development through to closer working as part of a health and care family with care providers in communities.

#### Customers

- Yes
- No

#### Impact

- Positive
- Neutral
- Negative

#### Level

- None
- Low
- Medium
- High

#### Details of impact

Improved collaboration across the system with our partners should pay dividends for the people who use our services. People's support needs and the outcomes they want to achieve but not defined by the organisations that support them or their boundaries. Taking a system approach with our partners should ensure a better focus on individuals and the outcomes they want to achieve alongside really considering what matters to them.

Some of this is embedded in our commitments: for example commitment 4 we should make sure support is what matters to you with helpful information and easier to understand steps.

Actions in our high-level plan that clearly support this aim include:

- we will invest in a system wide approach that means everyone receives the same standard and continuity of preventative person-centred care
- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system
- We will ensure people can move between care and support more easily, including health, social care, providers, and the voluntary, community, and social enterprise sector

The new operating model should make it easier for customers to connect up with appropriate services in communities due to more integrated working with partners and providers

## Poverty & Financial Inclusion

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Policy in Practice identified that in 2020, the median hourly pay for adult social care workers was £9.01, only slightly higher than the National Living Wage of £8.91. Although pay for care workers has increased significantly over the last decade, it has not kept up with increases in other sectors. In 2012, the average pay for adult social care workers was higher than the average pay for retail assistants and cleaners; by 2020 this was no longer the case. This means that pay for care workers is now one of the lowest in the economy.

Although some adult social care workers are employed directly by the NHS and local authorities, the majority are employed by private agencies or direct payment recipients. These private-sector employees are much more likely to be on zero-hours contracts and have lower pay than people employed by local authorities: in 2019, 10% of local authority employees were on zero-hours contracts compared to 36% of private-sector employees.

The strategy meets 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'. Within the One Year Plan, we have committed to 'deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City'.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of 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.

Unlike NHS health services, most adult care and support is not free. Many of us will have to pay for some or all our support, depending on our circumstances.

In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The paper sets out the new cap on fee contributions people make towards their care.

We know that paying for care can put considerable stress on individuals and affect whether they approach services for support, considering that they worry they will be financially worse off or must sell their homes. The number of pensioners in poverty has now passed the two million mark, according to Age UK, with Black and Asian older people most at risk of struggling financially in later life. Since 2013/14, the number of pensioners in poverty has risen by almost a third (31 per cent) from 1.6 million. Official figures show that a third of Asian older people (33 per cent) and just under a third of Black older people (30 per cent) in the UK live below the poverty line, compared to 16 per cent of White older people. The over-85s, renters, and single, female pensioners, are also at greater risk of poverty than the older population as a whole.

Benefits changes affect the whole population, and some people on long-term benefits worry about working affecting their income. The system can be incredibly difficult to navigate, and issues can take a significant amount of time to resolve when they arise. We heard from carers of autistic people that they felt pressured into finding work by a system that didn't want them on benefits rather than that a good job was the right for them.

Carers receive a limited Allowance, and some feel this is a limited recompense for the support they provide that effectively saves the adult social care system overall.

The strategy sets out Commitment 6 to 'make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.' We've further outlined a high-level actions that are relevant to ensuring people are better able to understand our financial processes and take more control over them:

- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.

In the adults social care strategy delivery plan we have already improved availability of money management options for those that opt to have direct payments.

We are also looking to broaden our support around debt management and managing money in future

## Armed Forces

### Staff

■ Yes            ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None        ■ Low        ■ Medium    ■ High

### Details of impact

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. Issues identified for customers will also affect staff across the workforce.

### Customers

■ Yes            ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

40% of UK veterans are aged 16-64 and 60% are over 65. Experience of service and the transition to civilian life may have a negative effect on veterans' wellbeing (The health and wellbeing needs of veterans: a rapid review, 2017). Veterans can face disability and injury, alongside trauma and mental health issues, on discharge.

There is also a concept called the 'healthy soldier effect' that means some veterans have been observed to have a lower mortality risk relative to the general population – this can be partly attributed to high physical health standards for entry into the Armed Forces. Recent conflicts may be changing this 'healthy soldier effects' – some research indicates that 'prolonged and repeated deployments [and] survival from injuries that would have resulted in death in previous conflicts' could be changing this.

Overall there are no differences between veterans' and non-veterans' self-reported general health (Annual Population Survey 2017).

The King's Centre for Military Health Research 'estimates the overall rate of probable PTSD among a sample of current and ex-serving regular military personnel was 6% in the 2014/16 cohort... this compares to a rate of 4.4% within the civilian population'. There are dedicated services available to support veterans' and armed forces personnel's mental health.

In 2014 it was estimated that the proportion of those sleeping rough who had services in the Armed Forces ranged from 3% to 6%.

The whole system has a role to play in supporting the Armed Forces community in line with the Armed Forces Covenant – for example in employment, healthcare, housing, education, and financial advice.

**Other**

**Staff**

- Yes
- No

*Please specify*

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

**Customers**

- Yes
- No

*Please specify* **Page 248**



<p><b>Impact</b></p> <p> <input type="checkbox"/> Positive    <input type="checkbox"/> Neutral    <input type="checkbox"/> Negative </p> <p><b>Level</b></p> <p> <input type="checkbox"/> None    <input type="checkbox"/> Low    <input type="checkbox"/> Medium    <input type="checkbox"/> High </p> <p><b>Details of impact</b></p> <div style="background-color: #cccccc; height: 50px;"></div>

## Cumulative Impact

### Proposal has a cumulative impact

- Yes                       No

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

#### *If yes, details of impact*

The strategy is a cross-city approach for the whole of the city for the next 10 years. We expect it to particularly interest and effect:

- People aged over 65
- People with a disability
- People who care for someone who needs social care support

### Proposal has geographical impact across Sheffield

- Yes                       No

#### *If Yes, details of geographical impact across Sheffield*

The strategy is a cross-city approach for the whole of the city for the next 10 years. It sets the strategic intention for changing how services are delivered and provided across the city and to tackle inequality and disparity faced by different areas. For example, it could see the development of new provision in a different area or the changing of provision in a specific locality. This would be dependent on need and in conjunction and consultation with individuals and communities.

### Local Partnership Area(s) impacted

- All                       Specific

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

## Action Plan and Supporting Evidence

### Action Plan

The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. The Strategy Delivery Board, reporting to the Strategic Board, will:

1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Health & Social Care Strategy
2. Provide assurance that the outcomes of the Adult Health & Social Care Strategy are being delivered

Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes.

The strategy’s high-level plan sets out actions that shape our intentions over the years: how will we know we’ve made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output based metrics.

The high-level plan also commits to an action to ‘embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.’ This is likely to take the form of annually co-designed and published delivery plans. We will review this EIA annually in line with this delivery plan.

Additional actions arising from the EIA:

- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups
- Improve the identification of carers
- Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
- Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort

(New) Develop an approach that ensures that we understand the impact of changes and service delivery on diverse groups and that supports equality of experience in relation to race equality, diversity, and inclusion for our programme of change.	April 2023 – April 2024	(New) Embed and quality assure the approach when changes are made	April 2024 to March 2026
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**Supporting Evidence** (Please detail all your evidence used to support the EIA)

- Living the life you want to live - 2022-2030 - adult social care strategy
- Skills for Care - local authority workforce figures - My local area (skillsforcare.org.uk)
- Age UK - What does it mean to be an age-friendly workplace? | Age UK
- Projecting Older People Population Information - [www.POPPI.org.uk](http://www.POPPI.org.uk)
- Carer's Trust, A few hours a week to call my own, November 2020 ,  
<https://carers.org/downloads/resources-pdfs/a-few-hours-a-week-to-call-my-own.pdf>
- Carers UK, Caring behind closed doors, (Caring behind closed doors: six months on, (  
<https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>)
- Sheffield's One Year Plan 2021-22, <https://www.sheffield.gov.uk/home/your-city-council/corporate-plan>
- Sheffield City Council Intranet, Disability Confident in the workplace (sheffield.gov.uk)
- Family Resources Survey: financial year 2019 to 2020 - GOV.UK ([www.gov.uk](http://www.gov.uk))
- The state of health and adult social care in England 2020-21,  
20211021\_stateofcare2021\_print.pdf (cqc.org.uk)
- Census 2011, <https://www.sheffield.gov.uk/home/your-city-council/population-in-sheffield>
- Adult social care workforce survey: December 2021 report - GOV.UK ([www.gov.uk](http://www.gov.uk))
- Women's Budget Group, <https://wbg.org.uk/analysis/reports/a-care-led-recovery-from-coronavirus/>
- Office for National Statistics, Health state life expectancies UK: 2017 to 2019,  
<https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2017to2019>
- Sheffield City Council Carer's consultation - April 2021
- Sheffield City Council intranet, Support for carers (sheffield.gov.uk)
- 'Integrating care: Next steps to building strong and effective integrated care systems across England' NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England
- King's Fund, Overview of the health and social care workforce,  
<https://www.kingsfund.org.uk/projects/time-think-differently/trends-workforce-overview>
- Policy in Practice - <https://policyinpractice.co.uk/wages-and-welfare-for-adult-social-care-workers/>
- People at the Heart of Care -  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1037594/people-at-the-heart-of-care\\_asc-form-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037594/people-at-the-heart-of-care_asc-form-accessible.pdf)
- Age UK, Number of pensioners living in poverty 2021,  
<https://www.ageuk.org.uk/latest-press/articles/2021/number-of-pensioners-living-in-poverty-tops-two-million/>
- Veterans factsheet 2020,  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874821/6.6409\\_CO\\_Armed-Forces\\_Veterans-Factsheet\\_v9\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf)
- The health and wellbeing needs of veterans: a rapid review,  
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1547-0>

## Consultation

### Consultation required

- Yes
- No

### If consultation is not required please state why

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

- Yes
- No

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

- Yes
- No

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

## Summary of overall impact

### Summary of overall impact

Overall positive impact from setting the intention around developing a more flexible system of support that is driven by 'what matters' to the people who use the system. This includes reducing organisational silos and increased partnership working and making our information and processes easier to understand.

### Summary of evidence

The strategy is informed by national research and local consultation feedback

### Changes made as a result of the EIA

Feedback will inform the delivery plan and subsequent projects

## Escalation plan

### Is there a high impact in any area?

- Yes
- No

### Overall risk rating after any mitigations have been put in place

- High
- Medium
- Low
- None

**Review Date**

31/03/2023



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## Report to Policy Committee

**Author/Lead Officer of Report:** John Chamberlain/Dawn Bassinder

**Report of:** Strategic Director Adult Care and Wellbeing  
**Report to:** Adult Health & Social Care Policy Committee  
**Date of Decision:** 31<sup>st</sup> January 2024  
**Subject:** Sheffield Care Sector Workforce Development Strategy 2023 – 2026 Update

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

### Purpose of Report:

This report provides the first update on progress made with the Care Sector Workforce Development Strategy 2023 – 2026 which was endorsed by Committee in March 2023. This update is in line with the Cycle of Assurance approved in June 2023.

The Strategy sets out our ambitious vision for the future of Adult Social Care and explains how we will work towards addressing some of the systemic issues affecting the Adult Social Care workforce.

**Recommendations:**

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

1. Endorses progress made with implementing the Care Sector Workforce Development Strategy 2023 – 2026.
2. Notes that a Care Sector Workforce Strategy Workshop Session will be organised in 2024 to involve and engage Social Care Providers, Voluntary Sector and Academia in further developing our approach to workforce development, wellbeing and including agreement of shared workforce standards.
3. Notes that a Sheffield Adult Workforce Celebration & Recognition Event will be launched in 2024 to celebrate good practice and learning.
4. Notes the intended commissioning strategy for a Sheffield Health and Social Care Academy.
5. Endorses the Sheffield City Council Adults Care & Wellbeing Being Healthy at Work Plan 2024 – 2025.
6. Requests that the Strategic Director of Adult Care and Wellbeing continues to provide the Committee with updates on progress against the Strategy on a six-monthly basis, including updates made based on ongoing learning.

**Background Papers:**

- Appendix 1 - Sheffield Care Sector Workforce Development Strategy Delivery Plan 2022/23 January 24 Update.
- Appendix 2 – Sheffield LGA Workforce Standards Audit
- Appendix 3 – Sheffield City Council Adult Care Being Healthy at Work Plan 2024 – 2025
- Appendix 4 – Equalities Impact Assessment.



Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster & Kerry Darlow
		Legal: Patrick Chisholm
		Equalities & Consultation: Richard Bartlett
		Climate: John Chamberlain
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	Alexis Chappell
3	<b>Committee Chair consulted:</b>	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.	
	<b>Lead Officer Name:</b> Dawn Bassinder	<b>Job Title:</b> Chief Social Work Officer
	<b>Date: 23<sup>rd</sup> January 2024</b>	

## 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 In the Adult Social Care Strategy, we made a commitment to valuing the social care workforce, recognising that we need parity of esteem and that this is a key aspect of addressing workforce sustainability.

1.3 Our priority was to take forward actions that deliver on that promise for our entire care sector workforce in Sheffield. We need a skilled, valued and engaged workforce to be able to support individuals to achieve their wellbeing outcomes and live the life they want to live.

### 1.4 Adult Care Sector Workforce Development Strategy 2023-2026

1.4.1 Last year we launched our [Adult Care Sector Workforce Development Strategy 2023 – 2026](#) henceforth known as the Strategy. This was approved by the Health and Social Care Policy Committee on the 23<sup>rd</sup> March 2023.

1.4.2 Locally and nationally, the aim is to attract more people to the social care sector and to promote social care as a long-term career choice which will also improve retention. The core priorities used in the development of the adult social care workforce includes:

- A well-trained and developed workforce.
- A healthy and supported workforce.
- A sustainable and recognised workforce

1.4.3 Our Strategy was framed against these core priorities, we implemented five key themes which we felt would address some of the longstanding issues affecting the adults care Workforce. Our key themes are:

- Valuing and Empowering the Adult Care Workforce
- Creating a More Representative Adult Care Workforce
- Increasing Recruitment in Adult Care
- Improving Retention in Adult Care
- Improving Conditions for the Adult Care Workforce

1.4.4 As an enabler for the Strategy to be implemented in a sustainable way, over the past year we have embedded leadership and delivery resource to build capacity for delivery. Our Service managers on workforce development, planning, and wellbeing and practice development have been in post since August 2023 and realigned teams to implement activity by February 2024. A Principal Occupational Therapist to provide professional leadership and support to our occupational therapy, allied health professionals and enablement workforce will be in post by April 2024.

- 1.4.5 A Sheffield Workforce Engagement Board with membership from across the care sector, skills for care, health and unions is established and in place and leads delivery upon the workforce action plan.
- 1.4.6 To promote collaboration and sector wide involvement, particularly as our new frameworks are mobilised, a Care Sector Workforce Strategy Workshop Session will be organised in 2024 to involve and engage Social Care Providers, Voluntary Sector and Academia in further developing our approach to workforce development, wellbeing and including agreement of shared workforce standards.
- 1.4.7 To support and embed our approach to workforce engagement and investment, a priority is to work towards achieving investing in people award in 2024, with accreditation in 2025. This will provide external accreditation and endorsement of our approach to workforce engagement.

## **1.5 Progress in Delivering Upon Workforce Development Strategy**

- 1.5.1 The actions that we committed to deliver upon our Strategy were outlined in the Adult Care Sector Workforce Development Strategy 2023 – 2026 Delivery Plan.
- 1.5.2 We have updated the Delivery Plan to reflect progress made against our Strategy since it was launched in March 2023 and refreshed timelines to reflect the activities to be undertaken. The updated Delivery Plan is included as appendix 1 and outlines the progress against our goals.
- 1.5.3 Key Achievements and next steps are as follows: -

### **Valuing and Empowering the Adult Care Workforce**

- Successful marketing campaign to promote social care as a rewarding career choice was developed in 2023. A campaign to support recruitment of social workers, Occupational Therapists, and other social work professionals to be launched 2024.
- Citizens Involvement Festival delivered through Summer 2023 which highlighted the value of our Care Sector workforce.
- Adults Care and Wellbeing 'Being Healthy at Work Plan 2024' refreshed following engagement with the workforce and planned for implementation in 2024.
- In 2024 we will launch an adult care celebration & recognition event in Sheffield. We will work in partnership with our care sector to celebrate good practice and learning.

### **More Representative Adult Care Workforce**

- Sheffield City Council launched our Equality, Diversity, Inclusion and Social Justice Delivery Plan at Health and Social Care Policy Committee on 14<sup>th</sup> December. We will work with partners to embed the delivery plan during 2024.

### **Increasing Recruitment in Adults Care**

- Indeed social worker recruitment campaign was launched in September 2023, from then to the 1<sup>st</sup> of December we have received over 200 applications, we are now nearing 20 appointments. This campaign was launched to address some of the longstanding and nationwide issues associated with recruitment and retention of social workers in England and has been a springboard for further recruitment approaches to be launched in 2024.
- Working in partnership with Integrated Care System (ICS) colleagues to develop a programme of recruitment events to support recruitment into health and social care.
- Implementation of Health and Social Care Department of Work and Pensions health and social care pilot and Princes Trust care leavers pilot. Both projects aim to support recruitment across Health and Social Care.
- Implementation of Yorkshire and Humber ADASS international recruitment bursary and support hub. We are supporting implementation of approximately 44 recruitment grants for Sheffield Care Providers totalling £230k.
- Placement expansion project in Social Care launched in collaboration with ICS colleagues. Guidance for care sector managers and proposed model have been developed. To launch placements in 2024 with 14 pilot sites identified.

### **Improving Retention in Adults Care**

- We have implemented career progression pathways for our Social Workers. Development of progression pathways for Occupational Therapy and non-Social Work or Occupational Therapy qualified staff will continue to be developed to make us an attractive employer and retain staff in the organisation.
- We have begun to co-design role specific training profiles for our adult care workforce in Sheffield. This will continue with implementation in 2024.

### **Improving conditions for the Adult Care Workforce**

- We launched our Practice Development Assurance Framework in 2023.
- We have set out actions to achieve LGA Workforce Standards for the Adult Care Sector workforce in Sheffield.
- We have updated the Adults Care Manual for our Adults Care and Wellbeing staff to support practice in adult care.

### **Workforce Performance**

Fig. 1 shows the performance picture for our 'Valued Workforce' which is part of our Adults Performance Dashboard. Data source Skills for Care Workforce Data Set. Key highlights include:

- Staff Turnover Rate sector wide in Sheffield has increased from 32.6% to 37% in 2022/23.
- Sickness days lost sector wide in Sheffield has decreased from 9.9 to 8.
- The number of posts in the Adult Care Sector in Sheffield has increased from 16500 to 17000. Although the percentage of posts in adult care in Sheffield in the Independent Sector or working for direct payment recipients have decreased.
- The percentage of the adult care workforce who are BAME has increased from 16 to 25%.

Fig 1. Workforce Performance

Priority 9 – Valued Workforce						
ASC Staff Turnover Rate – Sector Wide	25%	CSWO AD Commissioning	Increased	37.0%	22/23	32.6%
ASC Sickness Days Lost – Sector Wide	6		Decreased	8	22/23	9.9
Number of Posts in Adult Care Across Sector	To Monitor		Increased	17,500	22/23	16,500
% 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%
% workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield	26%		Increased	25%	22/23	16%
Economic Contribution of Adult Care Workforce (Gross Value Added)	To Monitor		n/a	NA	22/23	£480m

1.5.4 Other notable figures to note from the [Skills for Care Adult Social Care Workforce Data Set](#):

- There are 10.2% vacant posts, this has increased by 1% over the last year.
- Average age of the workforce is 44 with only 9% of the workforce under 25 years old.
- In Sheffield, only 47% of the care delivery workforce hold a suitable qualification.

**1.6 Update On Implementation of Practice Quality and Local Government Association (LGA) Social Work and Occupational Therapy Workforce Standards.**

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

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

1.6.3 As a first step towards implementation, the initial focus has been on Social Workers, Occupational Therapists and Social Care Practitioners employed by the Council during 2023 – 2024.

1.6.4 The [LGA workforce standards for employers \(Social Work\)](#) and [LGA Workforce Standards \(Occupational Therapists\)](#) are focused on eight standards. Appendix 2 – Sheffield LGA Workforce Standards Audit highlights our progress to meeting these standards.

1.6.5 Our commitment is delivering fully upon the LGA Workforce Standards by June 2024 for our Social Workers, Occupational Therapists and Social Care Practitioners employed by the Council and to do this, the next steps are:

- Continuing to embed practice leads in across Adult Care and Wellbeing.
- Implementing role specific training profiles for our workforce by July 2024.
- Through the workforce board and recommissioning of services underway, setting out standards that the care sector workforce can expect.

1.6.6 The actions and milestones are incorporated into the updated Adult Care Workforce Strategy Delivery Plan, at Appendix 1 of this report, to enable a coordinated approach to delivery upon our workforce ambitions.

## **1.7 Sheffield Health and Care Academy Proposal**

1.7.1 In the Workforce Development Strategy, we made a commitment to deliver a Health and Care Academy<sup>1</sup> to support recruitment and develop a high-quality care workforce in Sheffield. Subject to final officer decision, it is proposed to initially commission the Health and Care Academy for a 2-year period running from 2024 – 2026 and to commission from an external provider.

1.7.2 Consideration was given to developing a bespoke academy either in-house or with assistance, possibly co-designed with the sector. However, following the implementation of the Workforce Strategy we carried out initial scoping activity for the Health and Care Academy and now feel that procurement and contract award to an external provider of a ready-made and already functioning Academy for Sheffield is the most efficient means of implementing a Care Academy within 2024. This is in recognition that developing a Care Academy from the outset would take longer and require significant resource.

1.7.3 Following initial soft market testing, the estimated cost for the 2-year Academy is approximately £150,000. This will be confirmed following procurement and awarding a contract.

1.7.4 The Market Sustainability and Improvement Fund was approved in September 2023 as part of the [Adult Health and Social Care: Financial Recovery Plan](#). In the proposal we have allocated funding towards the development of the Care Academy.

1.7.5 Over the period 2024 to 2025, invest to save opportunities will be developed to establish a Health and Care Academy in the long term. The benefits of a Health and Care Academy for our valued social care workforce are access to:

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<sup>1</sup> The Local Government Association explain that Health and Care Academies offer job advice, career guidance and development, apprenticeships, and opportunities to gain management, specialist and leadership training to those interested in pursuing health and social care careers.

- Free learning and development for care providers in Sheffield. This would allow providers to invest more in staff wages and help us to move towards the Foundation Living Wage.
- High quality learning and development for our provider workforce within Sheffield City Council. This will result in a cost saving against future training procurement and delivery.
- Skills for Care Workforce Development Fund. The Academy will support more staff across all sectors to access the Workforce Development Fund, become qualified and access development opportunities.
- The development of Health and Social Care Academies is one of the ICS workforce priorities. This proposal may support joint funding arrangements with South Yorkshire ICS in long term.

1.7.6 It is still proposed that the Council will work closely with partners and the care sector in the implementation/launch of the Health and Care Academy for Sheffield and will take a co-design approach where practical.

## 1.8 Care Sector Pay Rates and Trajectory Towards Foundation Living Wage

1.8.1 An [Adult Care & Wellbeing: Market Sustainability & Commissioning Update and Approval of the 24/25 Care Fees](#) was presented to Adults Health and Social Care Policy committee on 13<sup>th</sup> December 2023. This sets out the actions we intend to take to continue to secure a sustainable market in Sheffield.

1.8.2 This included, a note of 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
- A note of progress made in implementing Quality Assurance oversight and governance arrangements.
- Approval of consultation an escalation process for providers covering contractual, safeguarding and fee uplift requests.
- Approval of Care Fees for financial year 2024/2025.
- Approval of the 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.

1.8.3 This activity supports our ambition as set out in the Workforce Development Strategy to support care sector pay rates and the trajectory towards foundation living wage.

## 1.9 **Being Healthy at Work Plan 2024 – 2025**

- 1.9.1 In the Workforce Strategy, we made a commitment to co-design and embed an approach that promotes attendance, wellbeing, and values the workforce.
- 1.9.2 To support this commitment, we have engaged with our workforce and developed and updated our 'Sheffield City Council Adults Care & Wellbeing Being Healthy at Work Plan 2024 – 2025' (Appendix 3) as a first step, recognising that the next step to widen to whole sector workforce.
- 1.9.3 This plan outlines the practical steps in which we will take to improve the health and wellbeing of our workforce. If approved by committee the plan will be implemented during 2024.

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

- 2.1 In 2022, Sheffield City Council launched our Adult Social Care Strategy, 'Living the life you want to live' 2022 – 2030. Within the strategy one of the key commitments was to 'Recognise and value the adult social care workforce'.
- 2.2 As part of this we made a commitment in the strategy delivery plan to deliver a long-term workforce plan which empowers and values the **Adult Social Care (ASC)** workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and improve conditions for all social care workers in Sheffield.
- 2.3 This Care Sector Workforce Development Strategy sets out the current workforce challenges, the impact on the system and the actions required to overcome such challenges in Adult Social Care in Sheffield.
- 2.4 The strategy supports key outcomes from the Adult Health and Social Care, Care Governance Strategy and Quality Improvement Framework. The Care Governance Strategy sets out how it aims to make sure that our workforce is valued, engaged, and feel empowered to continuously develop practice and delivery of social care services.
- 2.5 The implementation of this workforce development strategy and workforce standards will help to ensure that we have a skilled, confident workforce which can meet the demands of the population in Sheffield.
- 2.6 The workforce development strategy has been supported by the Sheffield Workforce Engagement Board and our Workforce Development Group.

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

- 3.1 There has been a series of engagement activity to support the development of role-based training profiles, the being health at work plan, Equalities, Diversity Inclusion and Social Justice Delivery Plan and to implement Practice Quality Standards



3.2 An overall approach to coproduction and involvement is a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead.

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

### **4.1 Equality Implications**

4.1.1 There are no adverse equality implications because of this strategy. The aim is to improve conditions for all adult social care workers in Sheffield. The proposal aims to value and empower the workforce and make the adult social care workforce more representative of our communities.

4.1.2 The high-level plan that accompanies the strategy commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review our Equality Impact Assessment (Appendix 4) annually in line with this delivery plan.

4.1.3 Implementation of the strategy may result in specific projects which would be accompanied by appropriate equality impact assessments and considerations and will be subject to the usual processes and are therefore not considered in this report.

4.1.4 Additional actions arising from the Equality Impact Assessment:

- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups.
- Improve the identification of carers.
- Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers.
- Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.

### **4.2 Financial Implications**

4.2.1 In September 2023 a paper was brought to committee to approve the allocation of the Market Sustainability Workforce Fund for 23/24 and 24/25. The initial proposal was that the Social Care Academy would be funded by the grant in 23/24, with an allocation of £150K.

4.2.2 The proposal in this paper would mean that the initial 2-year contract will begin in 24/25 and run into 25/26. The MSIF Workforce grant is non-recurrent funding and is only available until 24/25.

4.2.3 The impact of procuring the contract in 24/25 will affect the proposed allocations brought to committee in September. These are currently being reviewed to ensure that the grant is used to best effect. Any costs of running the Academy in 25/26 will need to be addressed in Business Planning.

4.2.4 There is potential for a contribution to the cost of the Health and Social Care Academy from the ICS, however there is no funding currently allocated, so this would be subject to further discussion and confirmation.

### 4.3 Legal Implications

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

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

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

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

### 4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its 10 Point Plan for Climate Action – is a partner in the Sheffield Workforce Engagement Board.

4.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to safeguarding provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIAs for specific procurements.

### 4.5 Other Implications

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

## 5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **Delivery Plan:** This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternatives options are available due to this.
- 5.2 **Care Academy:** The approved Workforce Strategy gave a commitment towards developing a Care Academy. The alternative is to develop a new Care Academy by Sheffield Adult Care Officers. Scoping has identified that this would take longer and require significant initial resource whereas commissioning an already functioning and completed Academy would enable the Academy to be implemented within 2024 and benefits realised in 2024 – 2025.
- 5.3 **Being Health at Work Plan:** The approved Workforce Strategy gave a commitment towards developing a Wellbeing at Work Plan. The alternative is not have a plan but this would not provide the focus and assurance of delivery regards improved wellbeing for our workforce.

## 6. REASONS FOR RECOMMENDATIONS

- 6.1 The delivery plan gives a structured approach to delivery of workforce development improvements. Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.
- 6.2 Endorsement of a Sheffield City Council Adults Care & Wellbeing Being Healthy at Work Plan 2024 – 2025 gives commitment towards the wellbeing of our workforce and a first step towards promoting wellbeing across the sector.
- 6.3 Noting the planned Sector Wide Workforce Strategy Workshop Session and Workforce Celebration & Recognition Event gives public commitment towards valuing our social care workforce.

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# Sheffield Care Sector Workforce Development Strategy

Updated Delivery Plan

## 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 Commitment to Valuing our Adult Social Care Workforce

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

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

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

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

The strategy and delivery plan set our vision, values, and direction. Our priority is to work with our communities, partners, and workforce to figure out what comes next together. The strategy is a long-term vision, and we know how quickly situations change and priorities shift.

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

This updated delivery plan highlights the progress which we have made towards our long-term goals and ambitions since the strategy was launched.

As part of the Strategy we implemented five key themes which we felt would address some of the longstanding issues affecting the adults care Workforce. Our key themes are:

- Valuing and Empowering the Adult Care Workforce
- Creating a More Representative Adult Care Workforce
- Increasing Recruitment in Adult Care
- Improving Retention in Adult Care
- Improving Conditions for the Adult Care Workforce

Outcome	Milestone/ Action	Timeline	Lead	Progress Update	RAG
Value and empower the Adult Care Workforce	Undertake marketing campaigns to promote social care as a career choice and improve recruitment and retention	Completed	Chief Social Work Officer	Filming to support recruitment of social workers, OTs and other social work professionals completed Oct 23. To launch refreshed campaign in 2024 with updated recruitment website.	Completed
	Monitor perception of social care in Sheffield and develop interventions to address themes arising.	April 2025	Sheffield Workforce Board	Developing engagement activity with wider care sector and general population. We will review perception of social care as part of ongoing engagement activity.	Ongoing
	Co-design and embed interventions which improve staff recognition, value, and reward of the workforce.	April 2025	Sheffield Workforce Board	Allocated approx. £100k from MSIF grant for 23/24 to support implementation of wellbeing support for wider care sector.  Citizens Involvement Festival delivered through Summer 2023 which highlighted the value of our Care Sector workforce.  In 2024, we will launch an Adult Care Sector recognition event to celebrate good practice and reward our workforce.	In Progress – On Track
	Co-Design and embed an approach that promotes attendance, wellbeing, and values the workforce.	April 2025	Chief Social Work Officer	Completed - 'SCC AC&W Being Healthy at Work Plan 2024 – 2025' has been refreshed following engagement with workforce. The plan will be launched in 2024.	In Progress – On Track
	Establish and implement a Sheffield Adult Care Workforce Forum and Engagement Programme to support ongoing engagement and involvement of our workforce in the development and planning of services.	December 2024	Chief Social Work Officer	Programme to launch in 2024 aligned to mobilisation of new contracts	To be Launched in 2024
	Implement recommissioning activities to improve the terms and conditions and the Foundation Living Wage for commissioned sector care staff.	September 2023	Assistant Director Commissioning and Partnerships	Adult Care & Wellbeing: Market Sustainability & Commissioning Update was presented to Adults Health and Social Care Policy committee on 13 <sup>th</sup> December 2023. A Trajectory is to be presented as a follow up report to March 2024 committee.	In Progress – On Track
	Implement action plan to mitigate high agency workforce costs of commissioned provider services.	December 2024	Assistant Director Commissioning Adults Services Sheffield Workforce Board	Programme to launch in 2024 aligned to mobilisation of new contracts	To be Launched in 2024
	Work with partners to look at and resolve infrastructure issues such as affordable housing and public transport routes where these are identified as major blocks to recruitment and retention of care workers or delivery of care services.	September 2025	Assistant Director Commissioning Adults Services Sheffield Workforce Board	Infrastructure issues are monitored as part of our BAU quality monitoring processes in Commissioning. Some issues are dealt with by our commissioning teams. We will collate strategic issues and action via our Workforce Board. We will monitor any themes raised as part of our ongoing engagement work with wider care sector.	In progress – Monitoring
More Representative Adult Care Workforce	Improve the understanding of the Adult Care workforce including system pressures, benchmarking, workforce demographics, the rationale for people exiting health and care and workforce skills gaps.	April 2025	Sheffield Workforce Board	Ongoing actions to support provider uptake of annual Skills for Care ASCWDS return in Sheffield. Supporting implementation of Skills for Care Workforce Race Equality Standard in Sheffield. Developing Workforce Performance Dashboard to support understanding of our adult care workforce. This will be implemented in 2024.	In progress – On track
	Develop and embed a shared approach to workforce planning with partners, including actions to respond to learning from workforce research.	April 2026	Sheffield Workforce Board	Programme to launch in 2024 aligned to mobilisation of new contracts and integrated working.	To be Launched in 2024
	Co-Design and implement a plan to improve workforce equality and diversity, taking learning from <a href="#">SACHMA</a> and <a href="#">Race Equality Commission</a> reports, benchmarking and research to: -  <ul style="list-style-type: none"> <li>remove barriers that people may face in equality and diversity in Adult Care and we will make sure that our workforce reflects the diversity of our population in Sheffield.</li> <li>improve equality and representation of our workforce in social care including the implementation of values-based recruitment in ASC.</li> <li>Promote social mobility, review ways to remove barriers and increase the diversity of top earners from BAME, Women, Disabled People and LGB groups within ASC.</li> </ul>	April 2025	Sheffield Workforce Board Chief Social Work Officer	Completed - Sheffield City Council launched our Equality, Diversity, Inclusion and Social Justice Delivery Plan at Health and Social Care Policy Committee on 13 <sup>th</sup> December. We will work with partners to embed the delivery plan during 2024.	In progress – On track

## Increasing Recruitment

	<ul style="list-style-type: none"> <li>Review the education and training offer for our workforce and increase awareness of diversity and inclusion through conversations on topics such as discrimination and anti-racism</li> </ul>				
	Implement an annual Adult Care workforce census to inform annual workforce plan.	Completed	Sheffield Workforce Board	Completed – Sheffield City Council supports an annual census as part of the Skills for Care ASCWDS yearly update. We will continue to support completion of the ASCWDS.	Completed
Increasing Recruitment	<p>Co-design and embed a SMART plan to improve recruitment in Sheffield to include:</p> <ul style="list-style-type: none"> <li>Reducing costs associated with recruitment. This may include the development of a single point of access for recruitment in Adult Care.</li> <li>An enhanced recruitment strategy, including review of barriers to recruitment.</li> <li>Targeted marketing campaign for social workers, occupational therapists, and social care professionals.</li> <li>Effective Overseas Recruitment</li> <li>Cross organisational recruitment methods and reduce barriers to recruitment in Adult Care.</li> <li>Reducing costs of agency usage</li> </ul>	April 2025	Sheffield Workforce Board	<p>Progress to date:</p> <ul style="list-style-type: none"> <li>Marketing campaign for Adult Care in Sheffield</li> <li>Social Care Recruitment events</li> <li>Health and Social Care DWP and Princes Trust Pilots</li> <li>Yorkshire and Humber International Recruitment Bursary and support hub.</li> <li>'Indeed' campaign to recruit social workers was successful.</li> </ul> <p>Identified areas for further development:</p> <ul style="list-style-type: none"> <li>Implement Adults Care Recruitment Delivery Plan</li> <li>Invest in dedicated recruiters for social workers, OT, social care practitioners.</li> <li>Co-design care academy</li> <li>Continue to develop and implement marketing campaign for adult care workforce.</li> <li>Expansion of sector routeways in social care in Sheffield</li> <li>Work with FE providers to support school engagement and apprenticeships offer for Adults Care sector.</li> <li>Support development of South Yorkshire Careers website for Adults Health and Social Care.</li> </ul>	In progress – on Track
	<p>Review the apprenticeships offer, identify gaps in delivery and work with partners to agree actions to:</p> <ul style="list-style-type: none"> <li>expand the apprenticeship offer.</li> <li>promote apprenticeships as a viable career option.</li> <li>Improve access to, reduce underspend and make effective use of the apprenticeship levy</li> </ul>	April 2025	Sheffield Workforce Board	Work ongoing as part of our recruitment delivery plan for adult care in Sheffield.	In progress – on Track
	Strengthen links with further education and partners across Adult Care.	2023 - 2025	Sheffield Workforce Board	There is good engagement with FE providers as part of our Sheffield Workforce Board. To continue to co-design workforce development initiatives in partnership with our FE partners including a Care Academy.	In Progress – On track
	Strengthen partnerships with regional employment and skills strategies to make sure that adult care is well represented and is considered as part of the development of future strategies and plans.	2024 - 2025	Sheffield Workforce Board	To develop further links with SYMCA to promote Adults Care in regional employment and skills strategies. Programme to launch in 2024	To be Launched in 2024
	Increase the proportion of graduates coming from outside of the Adult Care. We will attract new talent from other professions and sectors.	2024 - 2025	Sheffield Workforce Board	To develop as part of our Adults Care Recruitment Delivery Plan and programme to launch in 2024.	To be Launched in 2024
	Agree a SMART plan, evidenced by metrics, to increase the number of placements opportunities across Adult Care and improve quality of ASYE placements.	April 2025	Sheffield Workforce Board	Placement expansion in Social Care launched in collaboration with ICS colleagues. Guidance for care sector managers and proposed model have been developed. To launch placements in 2024 with 14 pilot sites identified.	In Progress – On track
	Support the volunteer workforce to move more easily into paid employment.	April 2026	Sheffield Workforce Board	Working with DWP to remove barriers and support volunteer opportunities in Adults Care. Linking with wider ICS work supporting volunteer workforce via Sheffield Workforce Board.	In Progress – On track
	Improve recruitment of personal assistants, aligned to the direct payment's improvement programme.	April 2025	Strategic Commissioner Direct Payments	Direct Payments and Personalisation update at Committee in January 2024	In Progress – On track
Improving Retention	Complete a collaborative review of health and social care learning and development opportunities alongside partner organisations.	2023 - 25	Sheffield Workforce Board	To review learning and development opportunities to continue in 2024. Work to support implementation of Care Sector Pathways. Review of Learning and Development offer for Adults Care sector in Sheffield to launch in 2024.	To be Launched in 2024



	Co-design a Health and Social Care Academy for Sheffield.	2023 - 26	Chief Social Work Officer & Sheffield Workforce Board	To review commissioning approach for Health and Social Care Academy. If approved procurement activity and implementation would launch in 2024.	To be Launched in 2024
	Agree and implement a joint health and social care learning and development and career pathway offer in Sheffield which includes: <ul style="list-style-type: none"> <li>• cross system career opportunities and organisational structures to support career pathways.</li> <li>• development of specific roles to promote integration.</li> <li>• the implementation of portable care certificates and qualifications across the health and social care system.</li> <li>• upskill care workers to support people with multiple conditions and sensory deprivation to live as independently as possible.</li> <li>• develop our collective understanding of the potential of assistive technology and equipment available for the benefit of people who receive services, particularly those wishing to remain in the home.</li> <li>• Maintain and promote training exchanges whereby smaller organisations can access individual places on training and development programmes for all groups of staff.</li> <li>• Maintain/Enhance the support offered to the Personal Assistant workforce through Skills for Care with a bespoke and targeted learning offer that begins from induction.</li> <li>• Agree system-wide approach to volunteer recruitment and initiatives to allow easier movement between roles and organisations</li> </ul>	April 2026	Sheffield Workforce Board	Progression pathway routes for Social Workers in Sheffield City Council have been implemented.  In 2024 we will: <ul style="list-style-type: none"> <li>• We will support implementation of national Care Sector career pathways in Sheffield.</li> <li>• To support implementation of Skills for Care updated care certificate.</li> <li>• To support implementation of delegated healthcare tasks in Sheffield.</li> <li>• To launch TEC learning and development programme for adult care sector.</li> <li>• Support unpaid carers to access learning and development.</li> <li>• Support our direct payments and individual employers to access high quality learning and development.</li> <li>• We have allocated £100k from MSIF grant for 23/24 to support recruitment activity in Sheffield.</li> </ul>	In Progress – On Track
	Increase access to learning and development funding for the workforce.	2023/24	Sheffield Workforce Board	We will review ways to increase usage of Skills for Care workforce development fund and reduce the apprenticeship levy underspend.  We will continue to monitor any grant funding opportunities to support the adult care sector workforce.	To be Launched in 2024
	Further develop systems leadership across AHSC, including talent management and succession planning for staff including transitional development and support for registered managers.	2023 - 26	Sheffield Workforce Board	We will work with our partners in ADASS and across ICS to review the leadership and management development opportunities within Sheffield.	To be Launched in 2024
	Launch a Sheffield City Council Practice Development and Learning and Development Plan for SCC workforce.	March 2023 with activity throughout 2023/24	Chief Social Work Officer	We have begun to co-design role specific training profiles for our adult care workforce. This will continue into 2024.  We will ensure that our workforce have good quality training available which matches our training profiles.  We will use our training profiles to improve overall training compliance and support monitoring.	In Progress – On track
<b>Improving Conditions for the Adult Social Care Workforce</b>	Fully implement a <a href="#">practice development assurance framework</a> . This sets out our ambition to achieve <a href="#">LGA workforce standards</a> for Social Work and implement a practice development focus across Adult Care.	Completed	Chief Social Work Officer	We launched our Practice Development Assurance Framework in 2023.  We have set out what actions we have taken to help us to achieve LGA Workforce Standards for the Adult Care Sector workforce in Sheffield.  We updated our Adults Care Manual for staff in Adults Care and Wellbeing. This provides quality practice guidance for our social care workforce. We have launched our practice quality standards for our Social Work staff.	Completed
	Commission research to improve the understanding of the practical activities which will improve the working conditions and environment for staff across the sector and use recommendations to inform a SMART action plan.	Completed	Sheffield Workforce Board	Allocated approx. £100k from MSIF grant for 23/24 to support recruitment activity for wider care sector.	Completed
	Embed LGA workforce standards and investors in people across the care sector.	April 2026	Chief Social Work Officer and Sheffield Workforce Board	To set out actions and implement in 2024 to help us to achieve LGA Workforce Standards and Investors for People for the Adult Care Sector workforce in Sheffield.	In progress – On Track

	Work with partners to remove barriers to integration and work with system partners to adapt to changing demands.	April 2026	Sheffield Workforce Board	We will continue to work closely with our colleagues across health and social care to support integration. We will work together to align our priorities to support the adults care workforce.	In progress – On Track
	Use our Market Position Statement, Skills for Care data, and national social care demand forecasts, to plan and predict the changing nature of the health and social care workforce.	2023 - 2026	Sheffield Workforce Board	Sheffield City Council Market position statements launched in March 2023. We will continue to monitor national data and demand forecasts to support strategic planning of the health and care workforce.	In progress – On Track
	Implement the workforce element of the <a href="#">Sheffield Joint Health and Social Care Wellbeing Outcomes Framework</a>	September 2024	Sheffield Workforce Board	We will continue to support the implementation of the Sheffield Joint Health and Social Care Wellbeing Outcomes Framework.	In Progress – On track
	We will work closely with partners to improve access to wellbeing support for ASC workforce.	2023 - 2026	Sheffield Workforce Board	Activity to launch in 2024: We will engage with partners and staff to monitor the wellbeing of the adult care sector workforce in Sheffield. We will co-design initiatives to improve wellbeing support to the adult care workforce in Sheffield.	To be Launched in 2024
	We will implement the 'Sheffield City Council Adult Care Being Healthy at Work Plan 2024 – 2025'	2024 - 2025	Chief Social Work Officer	'SCC AC&W Being Healthy at Work Plan 2024 – 2025' has been refreshed following engagement with workforce. To be launched Jan 24.	To be Launched in 2024

**APPENDIX 2 - SHEFFIELD LGA WORKFORCE STANDARDS AUDIT**

Standard	Progress	Activities Planned for 2024 - 2025	RAG
<b>Standard 1 – Strong and clear social work framework</b>	<ul style="list-style-type: none"> <li>Practice Standards and a practice model have been developed and are being implemented.</li> <li>The model shows how social workers are supported to exercise professional judgement and creativity whilst balancing strengths, needs and uncertainty.</li> <li>We will continue to review our practice in relation to our standards and model. This will inform our workforce performance.</li> <li>Strong focus on social worker recruitment via indeed campaign.</li> <li>Case file audits and peer review in place.</li> <li>Accountable management structure with Chief Social Work Officer in place.</li> <li>Implementation of career development pathway and excellent ASYE programme in place.</li> <li>Good access to learning and development for social workers. Engagement work to develop role based training has taken place and to be implemented.</li> </ul>	<ul style="list-style-type: none"> <li>Implement consistent and regular engagement approach with people we support and our workforce to support learning and feedback.</li> <li>Implement Workforce Performance Dashboard</li> </ul>	
<b>Standard 2 – Effective workforce planning systems</b>	<ul style="list-style-type: none"> <li>Assessment of current and future needs used to design target operating model. This will be reviewed regularly to make sure that we have the right number of staff to support the people of Sheffield.</li> <li>Strategic Partnerships in place to support effective workforce planning.</li> <li>We have reviewed our job descriptions of social workers to ensure that we have the right knowledge and skills at the right levels. We are implementing role-based learning and development to support our workforce based on their roles.</li> <li>We have agreed practice quality standards and model which we are implementing.</li> <li>We have good quality practice placements in place to support the progression of new social workers. We have good links with FE providers in Sheffield.</li> </ul>	<ul style="list-style-type: none"> <li>Implement Role Based Learning and Development Profiles.</li> <li>Embed system-based workforce planning and intelligence.</li> <li>Implement progression pathways for Occupational Therapy and non-Social Work or Occupational Therapy qualified staff to make us an attractive employer and retain staff in the organisation.</li> </ul>	
<b>Standard 3: Safe Workloads and Case Allocation</b>	<ul style="list-style-type: none"> <li>As part of a recent Organisational Change, standard Workloads and Case Allocation have been developed and implemented. This will be regularly reviewed as part of supervision.</li> </ul>	<ul style="list-style-type: none"> <li>Review safe workloads and case allocation for our teams.</li> </ul>	
<b>Standard 4: Wellbeing</b>	<ul style="list-style-type: none"> <li>Workforce wellbeing is a priority for Adult Care. We have update and will implement the 'Being Healthy at Work Plan 2024 – 2025' to support the health and wellbeing of our ASC workforce.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to embed and promote workforce wellbeing.</li> </ul>	
<b>Standard 5: Effective and Appropriate Supervision</b>	<ul style="list-style-type: none"> <li>We have embedded a Critically Reflective Supervision model to ensure that we focus on continuous improvement and reflective practice across the service.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to ensure that our workforce have regular supervisions in line with Council policy and annual PDRs, including audits.</li> </ul>	
<b>Standard 6: Opportunities for Continuing Professional Development</b>	<ul style="list-style-type: none"> <li>Apprenticeships at all levels have been introduced, from entry to graduate schemes. In addition, we support staff with training both internally and externally and a standard progression route is now in place for social workers, occupational therapists, and social care practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>Refresh our induction system.</li> <li>Embed the Adults Workforce Dashboard and share in service meetings to promote learning and continuous improvement.</li> </ul>	
<b>Standard 7: Professional Registration</b>	<ul style="list-style-type: none"> <li>Staff are supported to register with the appropriate bodies. We have assisted staff whose registration has lapsed to ensure they can operate to the level they are qualified.</li> </ul>		
<b>Standard 8: Effective Partnerships</b>	<ul style="list-style-type: none"> <li>A Workforce Engagement Board with membership from across the sector has been established. To demonstrate our commitment to partnership working this is jointly chaired by representatives from Skills for Care and the ICB.</li> </ul>		

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## Adults Care and Wellbeing Being Healthy at Work Plan 2024 – 2025

Priority	How Will We Achieve This	What are we doing to support the priority	How will we monitor improvements	Supporting Information
<b>Priority 1: Workforce Satisfaction, Involvement and Recognition</b>				
<b>Leadership Team to:</b> <ul style="list-style-type: none"> <li>Commit to service meetings.</li> <li>Develop effective communications.</li> <li>Promote peer support/mentoring.</li> <li>Act on feedback from Workforce Opinion Survey &amp; ongoing staff surveys</li> <li>Promote learning and development opportunities to support personal growth.</li> <li>Promote and support staff recognition schemes and celebrate employee's achievements e.g. qualifications, awards, dignity awards.</li> </ul>	<ul style="list-style-type: none"> <li>Promote employee assistance programme.</li> <li>Promote work/life balance for all staff.</li> <li>Encourage flexible working.</li> <li>Provide weekly e-bulletins to keep staff informed.</li> <li>Develop mentoring programme for adult care and wellbeing staff.</li> <li>Embed you said/we did approach to engagement.</li> <li>Respect and value staff diversity and inclusion</li> <li>Invest in learning and development.</li> <li>Embed organisational values and service quality standards.</li> </ul>	<ul style="list-style-type: none"> <li>Workforce Development Strategy</li> <li>Practice Development Action Plan</li> <li>Learning and Development Plan</li> <li>Role-based training profiles for all adult care and wellbeing staff</li> <li>Refreshed induction for adult care and wellbeing staff.</li> <li>Adults Care and Wellbeing Equality, Diversity, Inclusion and Social Justice Action Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Numbers/percentage of staff who have had 1/1s and PDRs.</li> <li>Numbers of staff reading e-bulletin.</li> <li>Improved Workforce Opinion Survey results.</li> <li>Staff engagement with mentoring programme.</li> <li>Regular service events taking place.</li> <li>Staff access relevant personal development opportunities and CPD pathways.</li> <li>Personal Stress Awareness and Managing Stress in the Workplace processes.</li> <li>Staff feel listened to, valued and appreciated.</li> <li>Improved Staff Morale, and Satisfaction at Work</li> </ul>	<a href="#">Health and Wellbeing</a> <a href="#">Workplace Wellbeing</a> <a href="#">Workplace Adjustment Passport</a> <a href="#">Sheffield Care Sector Workforce Development Strategy</a> <a href="#">Adult Care and Wellbeing Manual</a>
<b>Managers to:</b> <ul style="list-style-type: none"> <li>Support staff returning to work in the office. Enable hybrid working arrangements.</li> <li>Offer in-person 1-1s.</li> <li>Encourage a positive work/life balance and promote flexible working arrangements.</li> <li>Provide appropriate equipment to enable home working and office working.</li> <li>Encourage staff to attend employees' networks.</li> <li>Be clear on priorities.</li> <li>Provide regular 1-1s, team meetings and annual PDRs.</li> <li>Offer in-person meetings.</li> <li>Recognise good practice at team and individual level.</li> <li>Promote breaks for staff.</li> <li>Provide opportunities for staff to get involved in decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Ask staff how they are feeling and their wellbeing.</li> <li>Review team stress risk assessments quarterly.</li> <li>Offer individual stress risk assessments where appropriate.</li> <li>Offer a mixture of online and in-person meetings.</li> <li>Support safe working practices and provide appropriate equipment.</li> <li>Acknowledge the efforts and achievements of employees.</li> <li>Support change management.</li> <li>Promote communication and dialogue ensuring that employee voice is heard.</li> <li>Provide regular reflective supervision.</li> </ul>	<ul style="list-style-type: none"> <li>Number of staff nominated for Dignity Awards.</li> <li>Posts on Thank You Wall.</li> <li>Staff feel listened to, valued and appreciated.</li> </ul>		
<b>Employees are encouraged to:</b> <ul style="list-style-type: none"> <li>Access support services when needed.</li> <li>Support each other.</li> </ul>	<ul style="list-style-type: none"> <li>Check if colleagues are ok.</li> </ul>			

<b>Priority 2: Workforce Health and Wellbeing</b>				
<b>Leadership Team to:</b> <ul style="list-style-type: none"> <li>Promote corporate incentives e.g. disability leave, employee assistance programme, eye voucher scheme, cycle to work scheme, etc.</li> <li>Support staff to develop personal resilience and coping strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Provide compassionate leadership.</li> <li>Promote the wellbeing services available to all staff.</li> <li>Promote the Employee Assistance Programme to all staff.</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield City Council Being Healthy at Work Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in employees sickness and absence rates.</li> <li>Improved employee survey outcomes.</li> <li>Staff feel valued and supported.</li> </ul>	<a href="#">Your Health at Work</a> <a href="#">Employee Assistance Programme</a> <a href="#">Workplace Wellbeing</a> <a href="#">Able Futures</a> <a href="#">MHFA England Resources</a> <a href="#">Every Mind Matters</a>
<b>Managers to:</b> <ul style="list-style-type: none"> <li>Review team risk assessments quarterly</li> <li>Carry out risk assessments where appropriate, e.g. for health needs that may impact on job role; and to support occupational health assessments to improve work conditions where appropriate.</li> <li>Be practical, flexible, and sensitive to employees with caring responsibilities.</li> </ul>	<ul style="list-style-type: none"> <li>Support staff to develop personal resilience strategies.</li> <li>Promote the Sheffield City Council Health and Wellbeing Framework. This supports the Being Healthy at Work Strategy, Sheffield City Council Adults Care and Wellbeing Being Healthy at Work Action Plan, and the aims and objectives of the Health and Safety Policy that sets out how we will</li> </ul>	<ul style="list-style-type: none"> <li>FTE days lost for work related anxiety, stress and depression.</li> <li>Number of staff completing key training.</li> <li>Stories of difference.</li> </ul> Number of employees accessing: <ol style="list-style-type: none"> <li>Employee Assistance Programme</li> <li>Cycle Scheme</li> </ol>		

## Adults Care and Wellbeing Being Healthy at Work Plan 2024 – 2025

Priority	How Will We Achieve This	What are we doing to support the priority	How will we monitor improvements	Supporting Information
	prioritise the health and wellness of our staff and aims to promote a culture of self-care and care of others.		3. Shared Parental Leave 4. Flexi-time Workforce 5. Discretionary Leave 6. Westfield Health	
<b>Employees are encouraged to:</b> <ul style="list-style-type: none"> <li>Complete wellbeing/mental health e-learning modules.</li> <li>Access support services where needed.</li> </ul>			<ul style="list-style-type: none"> <li>Numbers of staff accessing distance learning modules and training sessions.</li> </ul>	
<b>Health and Wellbeing Lead to:</b> <ul style="list-style-type: none"> <li>Promote learning, practical tips, tools and ideas to support health and wellbeing.</li> <li>Share health and wellbeing resources with our commissioned providers to support the wider sector workforce.</li> <li>Increase capacity and knowledge of mental health and strategies to support people in distress.</li> </ul>	<ul style="list-style-type: none"> <li>Promote Skills for Care wellness webinars including wellbeing leadership, leading for wellbeing, recovery, reflection, etc.</li> <li>Increase the number of Mental Health First Aiders across adult's care and wellbeing.</li> </ul>		<ul style="list-style-type: none"> <li>Improved employee survey outcomes. Staff feel valued and supported.</li> <li>Numbers of employees accessing Mental Health First Aider support service.</li> </ul>	
<b>Sheffield City Council to:</b> <ul style="list-style-type: none"> <li>Expand its mental health support for care workers in Sheffield.</li> </ul>	<ul style="list-style-type: none"> <li>Expand the wellbeing support offer for all care workers in Sheffield.</li> </ul>		<ul style="list-style-type: none"> <li>Number of employees accessing support services.</li> </ul>	

Priority 3: Compassionate Leadership				
<p style="font-size: 2em; margin: 0;">P a g e 2 7 8</p> <b>Leadership Team to:</b> <ul style="list-style-type: none"> <li>Promote Sheffield City Council Workplace Wellbeing tool and associated initiatives.</li> <li>Ensure that the Being Healthy at Work Plan is regularly reviewed.</li> </ul>	<ul style="list-style-type: none"> <li>Chief Social Work Officer will lead Sheffield City Council Adults Care and Wellbeing Being Healthy at Work Action Plan.</li> <li>Promote access to training on GoLearn.</li> <li>Promote access to Workplace Wellbeing Tool.</li> </ul>	<ul style="list-style-type: none"> <li>Sheffield City Council Being Healthy at Work Strategy</li> </ul>	<ul style="list-style-type: none"> <li>Number of employees accessing goLearn.</li> <li>Number of employees engaged in health and wellbeing events and activities.</li> <li>Improved employee survey outcomes.</li> <li>Staff feel valued and supported.</li> <li>Positive employee stories of difference.</li> </ul>	<a href="#">Your Health at Work</a>  <a href="#">Employee Assistance Programme</a>  <a href="#">Workplace Wellbeing</a>
<b>Chief Social Work Officer to:</b> <ul style="list-style-type: none"> <li>Report action plan progress</li> <li>Attend Health, Safety and Wellbeing board.</li> <li>Share best practice with other leads.</li> <li>Be an advocate for wellbeing for Adults Care and Wellbeing.</li> <li>Be a focal point for wellbeing in Adults Care and Wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Inductions will include information about wellbeing support and initiatives.</li> <li>Stories of difference will be shared across Adults Care and Wellbeing.</li> </ul>			
<b>Managers to:</b> <ul style="list-style-type: none"> <li>Encourage employees to access Go Learn for training and development.</li> <li>Encourage employees to access Workforce Wellbeing Tool.</li> <li>Share examples of wellbeing initiatives and good practice across all teams via peer reflective huddles.</li> </ul>	<ul style="list-style-type: none"> <li>Share Stories of difference</li> <li>Involve, encourage, and support one another.</li> </ul>			
<b>Employees are encouraged to:</b> <ul style="list-style-type: none"> <li>Be kind and support one another.</li> </ul>				

## Part A

### Initial Impact Assessment

**Proposal name** Adult Social Care Workforce Development Strategy

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

In Sheffield we are prioritising the development of our adult health and social care workforce. In our [Adult Social Care Strategy](#) we made a commitment to recognise and value our unpaid carers and social care workforce and the recognition that they make to our city.

As part of our commitment we undertook work to develop our [Sheffield Care Sector Workforce Development Strategy \(WDS\)](#). *The strategy was developed in partnership with the Sheffield Health and Care Sector, and this was launched at our Health and Social Care policy committee in March 2023.*

As part of the Strategy, we implemented five key themes which we felt would address some of the longstanding issues affecting the adult health and social care workforce. Our key themes are:

- Valuing and Empowering the Adult Care Workforce
- Creating a More Representative Adult Care Workforce
- Increasing Recruitment in Adult Care
- Improving Retention in Adult Care
- Improving Conditions for the Adult Care Workforce

This EIA is to support the update to our Sheffield Adults Care Sector Workforce Development Strategy which is due at our Adults Health and Social Care Policy Committee on January 31<sup>st</sup>, 2024.

Some notable achievements to the WDS relating to Equality and Diversity include the development and implementation of our Equality, Diversity, Inclusion and Social Justice Delivery Plan at Health and Social Care Policy Committee on 14<sup>th</sup> December.

Other longer-term ambitions within the WDS include, but are not limited to:

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

- Supporting the Health and Wellbeing of the ASC Workforce – supporting best practice and approaches to wellbeing for ASC workforce in Sheffield.

**Proposal type**

- Budget       non-Budget

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

- Yes       No

If yes what is the Q Tier reference

**Year of proposal (s)**

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

**Decision Type**

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

**Lead Committee Member**

**Lead Director for Proposal**

**Person filling in this EIA form**

**EIA start date**

**Equality Lead Officer**

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

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

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



## Portfolio, Service and Team

### Is this Cross-Portfolio

Yes  No

### Portfolio

People

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

Yes  No Please specify

## Consultation

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

Yes  No

### If consultation is not required please state why

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

Yes  No

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

Yes  No

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

This proposal shouldn't directly affect customers.

## Initial Impact

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

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

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

## Identify Impacts

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

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

## Cumulative Impact

**Does the Proposal have a cumulative impact**

- Yes  No

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

*If yes, details of impact*

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

**Proposal has geographical impact across Sheffield**

- Yes  No

*If Yes, details of geographical impact across Sheffield*

City wide proposal for ASC workforce.

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

- All  Specific

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

## Initial Impact Overview

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

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

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

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

## Initial Impact Sign Off

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

Yes  No

Date agreed

Name of EIA lead officer

## Part B

### Full Impact Assessment

#### Health

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

Yes       No      *if Yes, complete section below*

#### Staff

Yes       No

#### Customers

Yes       No

#### Details of impact

Within this proposal there are specific plans to improve the health and wellbeing of the adult social care workforce and people that we support in Sheffield.

The WDS sets out how we will improve some of the underlying areas of sickness and absence. It will support initiatives to improve health and wellbeing and aim to measure and improve staff morale across ASC.

In Sheffield the average number of sickness days across ASC in 22/23 is 8. This has decreased from 9.9 in 21/22. This is higher than the national average of 5.7.

The WDS aims to work with partners to understand the impact of health and wellbeing on the ASC workforce in Sheffield. We will work with partners to co-design initiatives to improve health and wellbeing.

Longer-term the WDS aims to influence areas relating to workforce which will have a positive impact on customers. This includes, but is not limited to:

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

#### Comprehensive Health Impact Assessment being completed

Yes       No

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

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

Yes       No

Name of Health Lead Officer

## Age

### Impact on Staff

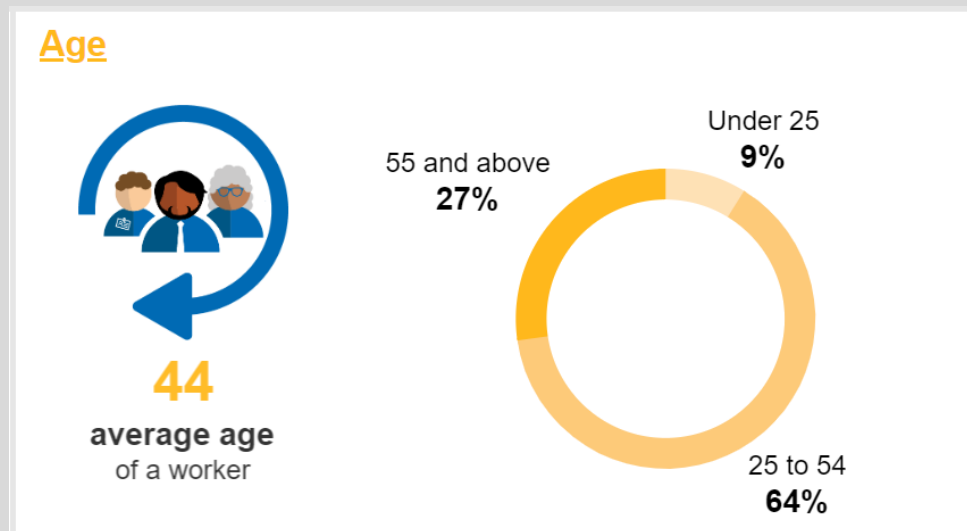
Yes  No

### Impact on Customers

Yes  No

### Details of impact

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



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

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

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

We will also look at interventions to improve retention in ASC and look at ways in which people can stay in Health and Social Care with rewarding career progression pathways. Interventions to improve the learning and development offer for our ASC workforce are likely to have positive impacts on the quality of care offered to people in receipt of care.

## Disability

### Impact on Staff

Yes  No

### Impact on Customers

Yes  No

### Details of impact

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.

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

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

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

## Pregnancy/Maternity

### Impact on Staff

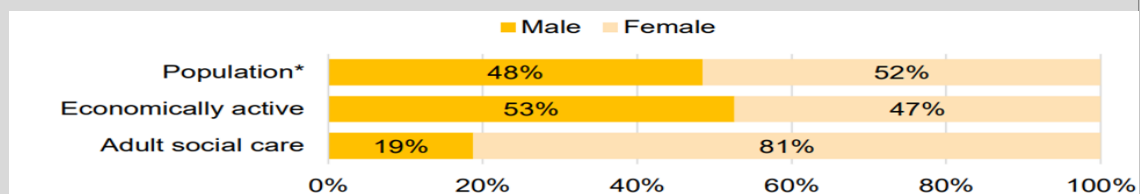
Yes  No

### Impact on Customers

Yes  No

### Details of impact

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



In Sheffield the gender of the care sector workforce is largely in line with national statistics. The workforce is predominantly female. 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.

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

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

## Race

### Impact on Staff

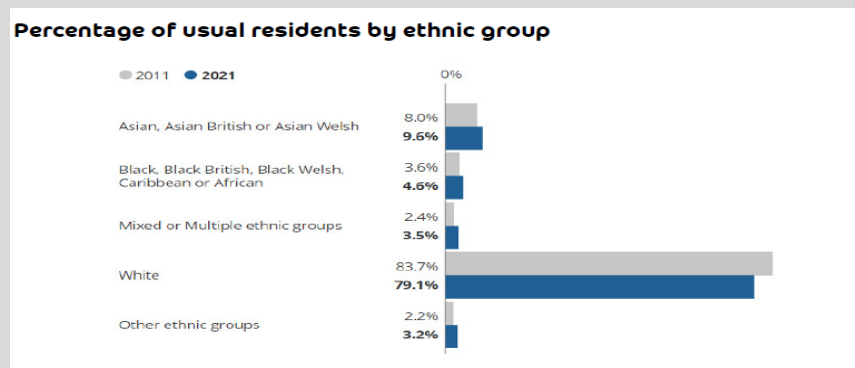
● Yes    ○ No

### Impact on Customers

● Yes    ○ No

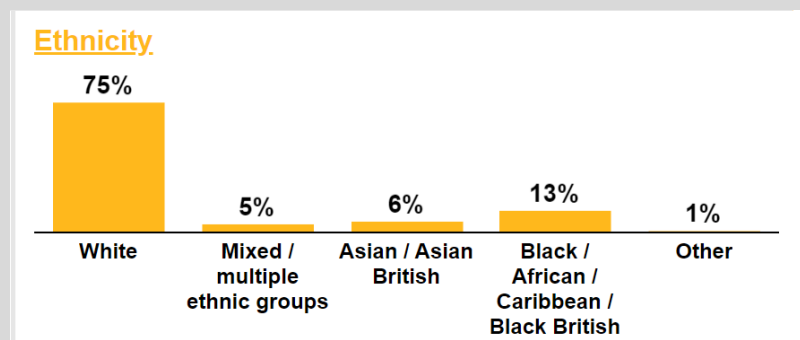
### Details of impact

The breakdown of ethnicity data in Sheffield is given below:

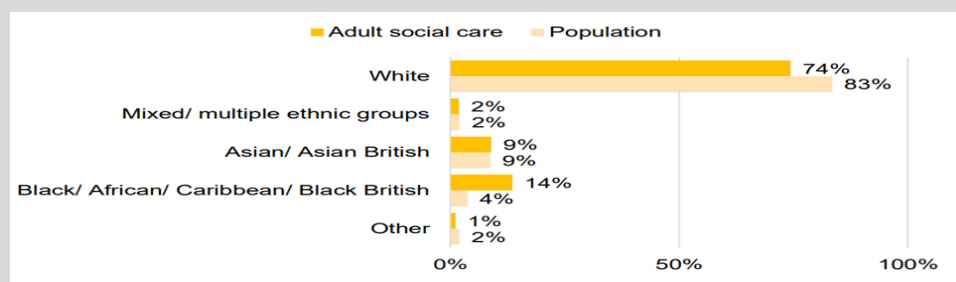


From the data there is a slight under-representation in Asian/Asian British data for Sheffield (6% of the workforce is Asian/Asian British vs 9.6% of the population).

The below gives a breakdown of ethnicity in the ASC workforce in Sheffield.



The following shows national data for ethnicity data across ASC:



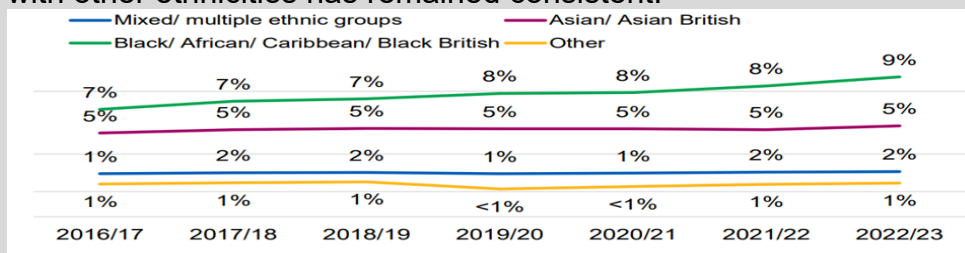
In Sheffield there is a notably higher proportion of people with a Black/ African/ Caribbean/ Black British ethnicity within adult social care (13% of the total workforce) compared to the population (only 4% of the population).

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'



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.



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 level.

SCC Grade	% of Workforce
1 – 5	18
6 – 9	16.1
10 – 11	14.5
Chief Officer Grades	10.5

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

There are specific interventions contained within this proposal which will aim to support equality, diversity and inclusion throughout the ASC workforce. This includes the development of our Equality, Diversity, Inclusion and Social Justice Delivery Plan at Health and Social Care Policy Committee on 14<sup>th</sup> December. This addresses some of the issues raised as part of the race equality commission & SACHMA reports.

## Religion/Belief

### Impact on Staff

Yes  No

### Impact on Customers

Yes  No

### Details of impact

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

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

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

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

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

## Sex

### Impact on Staff

Yes  No

### Impact on Customers

Yes  No

### Details of impact

In Sheffield the ASC workforce is predominantly female (**83%**).

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.

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

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

## Sexual Orientation

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

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

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

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

## Gender Reassignment (Transgender)

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

In Sheffield 0.81% of people responded that they had a gender which was different to their birth. Data gathered from Skills for Care suggest that only 0.02% of the care sector workforce 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.

At Sheffield Council data on gender reassignment of the ASC workforce is limited, and due to such small numbers cannot be analysed without risking identifying individuals. SCC has policy and guidance in place to support trans people in workplace and to enable their managers and colleagues to support them. SCC currently has dignity and respect policies in place for the wider workforce and is a proud Stonewall employer.

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

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

## Carers

### Impact on Staff

Yes     No

### Impact on Customers

Yes     No

### Details of impact

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

In 2021 in the SCC ASC workforce 15.9% of staff identified as being an unpaid carer. As SCC has a high numbers of carers within its workforce and the age and sex profile (high numbers of females, median age 49) in comparison to the local community and the nature of the roles within ASC means that there is likelihood of having a high number of carers in this sector.

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

In Sheffield there are over 10,400 unpaid carers, there is limited data on the number of unpaid carers across the wider ASC workforce in Sheffield.

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

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

## Voluntary, Community & Faith sectors

### Impact on Staff

Yes     No

### Impact on Customers

Yes     No

### Details of impact

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

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

## Partners

### Impact on Staff

### Impact on Customers

Yes     No     Yes     No

**Details of impact**

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

**Cohesion**

**Staff**

Yes     No

**Customers**

Yes     No

**Details of impact**

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

**Poverty & Financial Inclusion**

**Impact on Staff**

Yes     No

**Impact on Customers**

Yes     No

**Please explain the impact**

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

**Armed Forces**

**Impact on Staff**

Yes     No

**Impact on Customers**

Yes     No

### Details of impact

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

### Other

*Please specify*

#### Impact on Staff

Yes  No

#### Impact on Customers

Yes  No

### Details of impact

## Action Plan and Supporting Evidence

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

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

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

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

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

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

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

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

## Sign Off

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

Yes  No

Date agreed

Name of EIA lead officer

**Review Date**

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