## Agenda Item 11



## **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: Director of Adult Health and Social Care

Report to: Adult Health and Social Care Policy Committee

**Date of Decision:** 19<sup>th</sup> December 2022

Subject: Personalisation and Direct Payments Strategy

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	Χ	No	
If YES, what EIA reference number has it been given? 1130				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	Χ	No	
Does the report contain confidential or exempt information?	Yes		No	Х

## **Purpose of Report:**

The purpose of this report is to seek approval from Committee for Sheffield's Personalisation and Direct Payment Strategy and Delivery Plan and to provide and update on progress made to date to improve the Direct Payments offer in Sheffield.

#### Recommendations:

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

- 1. Approve Sheffield's Personalisation and Direct Payments Strategy and associated Delivery Plan.
- 2. Note the progress made to date to improve the Direct Payments offer in Sheffield.
- 3. Requests the Director of Adult Health and Social Care to bring back an update in relation to progress in delivering the strategy within six months.

## **Background Papers:**

None

## Appendices:

# Appendix 1 - Personalisation and Direct Payments Strategy, including appendices contained within:

Appendix A1 - Personalisation and Direct Payments Delivery Plan

Appendix A2 - Our journey so far

Appendix A3 - What people have told us is important to them

Appendix A4 - Financial Statement

Appendix A5 - How the Personalisation and Direct Payment Strategy will deliver on the ASC Strategy Commitments

Appendix A6 - Context for the Strategy

Appendix A7 - Market Shaping Statement

## Appendix 2 – EIA 1130 – Personalisation & Direct Payments Strategy

Lea	Lead Officer to complete:-			
1	I have consulted the relevant departments in respect of any relevant implications	Finance: Liz Gough		
	indicated on the Statutory and Council Policy Checklist, and comments have been	Legal: Patrick Chisholm		
	incorporated / additional forms completed / EIA completed, where required.	Equalities & Consultation: Ed Sexton		
		Climate: Jessica Rick		
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.			
2	SLB member who approved submission:	Alexis Chappell		
3	Committee Chair consulted:	Cllrs Angela Argenzio and George Lindars- Hammond		
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.			
	Lead Officer Name: Mary Gardner	Job Title: Strategic Commissioning Manager		
	Date: 21 November 2022			

#### 1. PROPOSAL

- 1.1 The purpose of this report is to seek approval from the Adult Health and Social Care Policy Committee for the Personalisation and Direct Payments Strategy, attached at *Appendix 1*.
- 1.2 The report updates Committee on progress made to date to improve the Direct Payments offer in Sheffield and describes where there are further opportunities and the need to develop new personalised approaches which will offer greater choice and control for local people with social care needs.
- 1.3 The report also seeks approval of the delivery plan in *Appendix 2*, noting the proposed programme of work to develop and improve personalised approaches in Sheffield
- 1.4 The Personalisation and Direct Payments Strategy and Delivery Plan summarises the responsibilities of the Council as set out in the Care Act (2014) and the activities the Council plans to carry out to ensure these responsibilities are met.

#### 2. BACKGROUND

- 2.1 The Social Care Institute for Excellence (SCIE) describes personalisation as, "recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support." This definition was adapted by people with lived experience in Sheffield.
- 2.2 ADASS advises that effective approaches for personalisation involve finding out what is important to people with social care needs (involving their families and friends) and helping them to plan how to use the available money in the best way(s) to achieve these aims. There should be a focus on agreeing and working towards outcomes and ensuring that people have choice and control over their support arrangements.
- 2.3 This guidance reflects the requirements set out in the Care Act (2014) legislation and statutory guidance. The Care Act (2014) aims to improve the outcomes and experience of care and secure a more effective use of public and community resources by improving the personalisation of services and giving people more choice and control over how their desired outcomes are achieved.
- 2.4 The accompanying Statutory Guidance advises that, "Local authorities should facilitate the personalisation of care and support services, encouraging services (including small, local, specialised and personal assistant services that are highly tailored), to enable people to make meaningful choices and to take control of their support arrangements, regardless of service setting or how their personal budget is managed." (4.46)

- 2.5 The Adult Social Care Strategy (2021-2030), 'Living the life you want to live', aims to embed personalisation by making a commitment towards increasing the choice and control that people have about the support they receive and focussing on delivering more personalised care and support which builds on capacity in the community.
- 2.6 The Sheffield Personalisation and Direct Payment Strategy was developed to provide a foundation for establishing personalisation as an enabler for ensuring that we put people first, so that citizens are empowered to self-direct their care and support; as a result, citizens will achieve the outcomes that they want and live the life they want to live.
- 2.7 This Strategy guides, co-ordinates and aligns the development and growth of personalised approaches for people who use social care in moving forward, which includes our direct payments offer. It aims to establish best practice and a focus on ensuring people are supported in the best way and reach their health and wellness potential.

## Overview of the Strategy

- 2.8 The Personalisation and Direct Payment Strategy describes how we will 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.
- 2.9 It outlines Sheffield's commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028) in partnership with individuals, our workforce, our communities, and our partners. Its our ambition that in doing so we see an increase in use of Direct Payments and see personalisation across all aspects of Adult Social Care.
- 2.10 We believe that by fostering innovation, creativity, and strength-based approaches we will deliver improved outcomes for individuals, establish better experiences of care, and achieve better value for public monies.

## Improvement Activity

- 2.11 During the pandemic the average costs of Direct Payments increased. This can be particularly attributed to the impact of covid in having to provide additional funding to ensure people could meet their needs.
- 2.12 In addition, reviews are highlighting that people now accessing social care have more complex needs or multiple areas of need, for example often people's mental health has deteriorated, or carer, and family relationships have broken down in addition to primary needs.
- 2.13 Focussed review work is now underway to look at alternative more flexible and creative solutions towards supporting individuals in receipt of direct payments to live independent lives. The outcomes and subsequent actions

arising will be added to the service practice development plan, noted in the DASS report today.

#### 3. HOW DOES THIS DECISION CONTRIBUTE?

- 3.1 The Personalisation & Direct Payments Strategy will ensure people are able to direct their own support, which is led by what is important and matters to them. People will play an active role in designing support and services and will have the right information available to them at the right time.
- 3.2 The Strategy will also ensure that a diverse, creative and responsive marketplace is shaped and developed to offer real choice and control for people. Personalised approaches offering more creative and innovative solutions and options will enable people to meet their needs and achieve their outcomes more effectively.
- 3.3 The proposed strategy and delivery plan will directly impact and contribute 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.
- The Personalisation and Direct Payments Strategy also supports a broad range of strategic objectives for the Council and city and is aligned with "Our Sheffield: One Year Plan" under the priority for Education Health and Care; Enabling adults to live the life that they want to live.
- 3.5 The strategy also aligns with the Council's Delivery Plan approved at Strategy and Resources Committee on 30th August 2022 in relation to Key Milestone 8 under Goal 4 of the Delivery Plan is, 'Deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan setting out how we will improve choice and control for people with a disability across Sheffield.'
- In October 2021, SACHMA with grant funding from Healthwatch Sheffield 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 in the report and participant suggestions of what good care looks like.
- 3.7 Recommendation 14 in the report is specifically about the development of Individual Service Funds (ISFs):
  - 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.
- 3.8 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 following the recent appointment of a new Commissioning Officer for Direct Payments.
- 3.9 The Personalisation and Direct Payments Strategy makes the commitment to develop Individual Service Funds in Sheffield as a personalised offer for people who want flexible support without taking on the responsibilities that come with managing a direct payment.

#### 4. HAS THERE BEEN ANY CONSULTATION?

- 4.1 The development of 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.
- 4.2 People who use Direct Payments and their families have been actively involved in all aspects of design and decision-making including representation on the Direct Payments Steering group and project groups.
- 4.3 In August 2021, Sheffield's Direct Payments Vision was co-produced between people who access Direct Payments, staff and partners. The Vision describes the values in which we shall work together and sets out the expectations of both people who have Direct Payments and the Council.
- 4.4 Also in 2021, the Council engaged with a range of people to identify the key issues and concerns they had around Direct Payments and what changes they would like to see made in the future. A survey was also carried out with Social Care staff to gather feedback about their experience of Direct Payments and ideas for change.
- 4.5 The key issues and ideas for change discussed and jointly agreed during this engagement directly informed the aim, objectives and workstreams of the Direct Payment Improvement Programme.
- 4.6 Further engagement with Direct Payment recipients, families, carers and staff took place in July 2022, where it was agreed that the key issues and ideas for change were much wider than just Direct Payments and apply to how people currently experience and feel about personalisation in Sheffield.
- 4.7 The Council has considered this feedback and has worked with people to agree the 5 priorities outlined in the Strategy which will address the key issues, respond to the ideas for change and enable the growth and development of approaches and practices around personalisation.
- 4.8 People with lived experience of Direct Payments and the workforce have contributed 'Postcards from the Future' in which they imagine what things will be like in the future (after the strategy has been delivered). These insights

- help bring the strategy to life and describe how things will be better because of the strategy.
- 4.9 During the development of the Personalisation and Direct Payments Strategy, 861 people with lived experience and 91 staff have had the opportunity to shape its content and to comment on its development. People have been able to contribute through face-to-face workshops, email, telephone call and one-to-one sessions.
- 4.10 Following the approval of the strategy, the Council will continue to work collaboratively with people with lived experience, their families and carers, partners and stakeholders to deliver the strategy.
- 4.11 Further information around how we have involved people can be found in the strategy.

#### 5. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

## 5.1 Equality Implications

- 5.1.1 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.
- 5.1.2 In Equality Act terms, the proposal will have a significant direct, positive impact for people with the protected characteristic of disability i.e. most beneficiaries. 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).
- 5.1.3 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.

## **5.2** Financial and Commercial Implications

- 5.2.1 The current available budget in 2023/24 for Direct Payments is c.£50m, with the service expecting to deliver within budget. This is based on 2,016 individuals receiving a Direct Payment, with an average weekly cost per client of £472.
- 5.2.2 The Personalisation and Direct Payments Strategy aims to deliver support options that meets individuals' needs by improving efficiency, joint working arrangements, and creative thinking. Work is underway to look at how this might be achieved, and to develop proposals that are in line with the wider Adult Social Care Strategy.

5.2.3 Given the current financial challenges that the Council faces, a standstill budget approach has been adopted, with each committee being asked to work within their budget envelope. As such, any additional costs of Direct Payments associated with growth in numbers of people choosing Direct Payments or in their personal budgets will need to be mitigated by savings within Social Care.

## 5.3 <u>Legal Implications</u>

- 5.3.1 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.
- 5.3.2 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. The Strategy is in line with that Guidance.

## 5.4 Climate Implications

- 5.4.1 The Personalisation and Direct Payments Strategy contributes towards the Adult Social Care Strategy and Delivery Plan which makes specific reference to ensuring a focus on Climate Change both in terms of an ambition to contribute to net zero as well as adapt to climate change.
- 5.4.2 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.
- 5.4.3 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.
- 5.4.4 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.
- 5.4.5 *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.
- 5.4.6 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.
- 5.4.7 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.
- 5.4.8 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.
- 5.4.9 Influence there is opportunity when developing the information, advice and guidance offer to people using Direct Payments and other personalised approached 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.
- 5.4.10 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.

## 5.5 Other Implications

5.5.1 There are no other implications.

#### 6. ALTERNATIVE OPTIONS CONSIDERED

## 6.1 <u>Do nothing</u>

- 6.1.1 If the Council leaves Direct Payments and personalised approaches as they are this would result in the Council not being fully compliant with duties and responsibilities outlined in the Care Act (2014).
- 6.1.2 This option would mean the Council is unable to achieve the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.

- 6.2 <u>Proceed with Direct Payment Improvement Programme only</u>
- 6.2.1 This option would result in a programme of improvement focussing on improving Direct Payments operating in isolation and without a clear strategy to co-ordinate and connect to other and alternative opportunities to improve personalisation in Sheffield.
- 6.2.2 Although this option would ensure the Council is compliant with some aspects of the Care Act (2014) around Direct Payments, there would still need to be further commitments made to be fully compliant with responsibilities around personalisation of care and support services.
- 6.2.3 This option would mean the Council is unable to achieve the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.

## 7. REASONS FOR RECOMMENDATIONS

- 7.1 To ensure the Council is fully compliant in its duties and responsibilities around Direct Payments and personalisation.
- 7.2 To ensure the achievement of the outcome in the Council's delivery plan to deliver a Direct Payments and Personalisation Strategy and Strategic Delivery Plan.
- 7.3 To make a commitment to the fulfil the priorities co-produced with local people to develop, improve, and grow personalised approaches in Sheffield for people who use social care.