



Report to Policy Committee

Author/Lead Officer of Report: Catherine Bunten/Joanne Knight

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Report of: Director of Adult Health and Social Care
Report to: Adult Health and Social Care Policy Committee
Date of Decision: 8th February 2023
Subject: Transforming Care Homes for Citizens of Sheffield

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?	1401			
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"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

This report provides an update on the proposals to develop/transform the care home market in Sheffield.

It includes a commissioning plan setting the strategic direction and an associated four stage delivery plan. The plan includes a re-procurement exercise and a market sustainability exercise.

Recommendations:

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

1. Approve the care homes commissioning plan which sets out the strategic direction for the development of care homes in Sheffield (in line with the Care Act 2014)
2. Approves the associated high-level delivery plan for the next 2 years (22-24) including the intention to re-procure, support, and sustain the market.
3. Agrees that an update on progress is provided to the Adult Health and Social Care Policy Committee on a six-monthly basis.

Background Papers:

Appendix 1 - Commissioning Plan Care Homes

Appendix 2 – High Level Delivery Plan

Appendix 3 - Equalities Impact Assessment

Lead Officer to complete:-						
1	<table border="1"> <tr> <td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td> <td>Finance: <i>Ann Hardy</i></td> </tr> <tr> <td>Legal: <i>Patrick Chisolm</i></td> </tr> <tr> <td>Equalities & Consultation: <i>Ed Sexton</i></td> </tr> <tr> <td>Climate: <i>Jessica Rick</i></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: <i>Ann Hardy</i>	Legal: <i>Patrick Chisolm</i>	Equalities & Consultation: <i>Ed Sexton</i>	Climate: <i>Jessica Rick</i>
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	Climate: <i>Jessica Rick</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	<table border="1"> <tr> <td>SLB member who approved submission:</td> <td><i>Alexis Chappell</i></td> </tr> </table>	SLB member who approved submission:	<i>Alexis Chappell</i>			
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3	<table border="1"> <tr> <td>Committee Chair consulted:</td> <td><i>Cllrs Argenzio and Lindars-Hammond</i></td> </tr> </table>	Committee Chair consulted:	<i>Cllrs Argenzio and Lindars-Hammond</i>			
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4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.					

Lead Officer Name: <i>Catherin Bunten/Joanne Knight</i>	Job Title: <i>Assistant Director Commissioning and Partnerships/Strategic Commissioning Manager</i>
Date: 16 th January 2023	

1. PROPOSAL

1.1 This report describes the activities which will be undertaken over the next 2 years which work towards transforming the care home market in Sheffield and contribute towards delivery upon our Care Act duties. The report sets out:

- The strategic direction proposed to develop the care home market in Sheffield (the Care Homes Commissioning Plan)
- A high-level delivery plan for the next 2 years demonstrating the activities and support that will be undertaken to achieve this.
- An intention in the delivery plan to procure and move to more robust qualitative contracting arrangements with all care home providers

The Background - The Rationale for Change

1.2

1.2.1 The [Adult Health and Social Care Strategy](#) and accompanying [Delivery Plan](#) set out our vision for 2022 to 2030. Called 'Living the life you want to live', it's about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives.

1.2.2 To enable operational implementation of the Strategy a [Market Position Statement](#) was approved at Committee on 21st September 2022, a [Future Design Of Adult Social Care](#) and [Technology Enabled Care Market Position Statement](#) on 16th November 2022. These set our ambitions to establish community connected care homes which deliver excellent quality care to citizens of Sheffield and in do so enable us to deliver upon Commitments 2 and 3 of the Strategy.

1.2.3 Over the past two years there has been a range of engagement and analysis to understand our current position, future demand and crucially the views of individuals, families, providers, and stakeholders about what good care home provision looks like in Sheffield.

1.2.4 There has also been review of learning from the recent cost of care exercise reported to Committee in September and December, the strategic market analysis completed by Cordis Bright in 2020, the [Healthwatch report on experience of care homes](#) published in November 2022, Social Care Institute of Excellence (SCIE) and NICE guidelines as well as benchmarking and consideration of digital and technological solutions.

1.2.5 We also know from discussions with the public, that all too often care homes are perceived as places of illness not wellness where privacy and independence are not possible due to communal living and where people lose identity and control.

1.2.6 However, despite the difficulties that communal living can present care homes are there to recognise and support individuality, culture, and difference, to allow people choice and control over their life, support people to have a purpose and be able to contribute and support the person to continue with their network of contacts and embrace their position as part of a local geographical or community of interest.

1.2.7 The care homes quality and commissioning plan is about making this a reality and about our care homes in the city being a good place to live, thrive and work.

1.3 The Quality and Commissioning Plan

1.3.1 The quality and commissioning plan for care homes is the start of a journey of transformation, it sets out the strategic direction that adult social care wishes to take in developing the care home offer for citizens of Sheffield and the activities we intend to undertake over the next 2 years to 2024. The full commissioning plan can be seen as Appendix 1 but this report highlights some of the main points

1.3.2 The 4-stage, 2-year delivery plan (See Appendix 2) aims to: -

- Set out our strategic direction and commissioning intentions for care homes
- Support the market, specify our plans, and develop our relationship with providers (through financial and non-financial activities)
- Strengthen our contracts, integrate more with partners, and support differing needs aligned to our recent developments regards homecare and day activities
- Build and develop the care homes model and begin to transform

1.3.3 As part of the development of the 2-year plan, a review will also be undertaken to consider additional opportunities such as direct provision by the Council and innovative new models of delivery. We want to encourage new ways of working and partnerships which support and enable excellent quality provision across the City through our new approach.

1.4 *Phase 1 – Set out the strategic direction and commissioning intentions – June 22 – Feb 23*

1.4.1 The commissioning plan suggests the vision for care homes should be aligned with the Sheffield Adult Social Care Vision as this was co-created with local people and is an adaptation of the Social Care Futures¹ vision which has been widely accepted nationally as a good vision for adult social care to aspire and achieve.

¹ <https://socialcarefuture.org.uk>

1.4.2 *'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.'*

1.4.3 There is an opportunity to create a new vision exclusively for the care home sector, however evidence from the Social Care Institute for Excellence (SCIE) suggests this isn't necessary and a growing body of evidence indicates the vision above should be the guiding 'north star' as we consider where we want to be in the future.

1.4.4 There is evidence to suggest, however, that a good care home should have a set of core principles which are of the heart of what is provided.

1.4.5 Consolidating the evidence base and feedback we can identify a set of 8 overarching/ guiding principles that suggest what elements/activities constitute a good care home.

- *Information sharing*
- *Community connectedness and meaningful relationships*
- *Choice and control and shared decision making*
- *Promoting independence and maintaining identity*
- *Person centred and outcome focused*
- *Strong leadership culture and workforce*
- *Promoting Equality and inclusiveness*
- *Adopting Innovation*

1.4.6 These will be used to both specify our requirements of providers through any formal contracting agreements and used to develop our monitoring and quality toolkit

1.4.7 Care homes will be expected to demonstrate and evidence that they can meet these core principles through our commissioning and funding arrangements.

1.5 Phase 2 - Support to the Market/ Specifying our plans and relationship building – March 23 – Aug 23

1.5.1 To deliver excellent quality care homes which are experienced positively by individuals, families, and our workforce, it is important to build the foundations which mean individuals, families, care home providers, partner agencies, commissioners and social work teams are working towards the same aim and understand each other's drivers for change.

1.5.2 To do this we aim to develop a partnership working group who will explore support options to both sustain the market and build the relationships.

- 1.5.3 These will be non-financial support options which could include supporting providers to understand tenders and how they work, using Business and Opportunity Sheffield and their expertise in business development and funding opportunities, exploring the potential for using our purchasing power to lower purchasing costs for providers and developing a quality framework together.
- 1.5.4 During this phase we will also develop more understanding about the views, experiences and needs of people who currently live in care homes and who may live in care homes in the future and what the likely demand will be. This will help ensure the care home market is able to deliver upon what good looks like from perspective of individuals and families as well as respond to the needs identified and is right sized for the future.
- 1.5.5 At the same period, we will also introduce the following as part of our implementation of the future design of social care to support collaborative working set out in the plan.
- Dedicated care home social work teams led by the Assistant Director Living and Ageing Well North who will lead the assessment, safeguarding and care management function and support quality assurance.
 - Dedicated leadership roles in commissioning service focused on supporting quality of care, business development of care providers.
 - Citizen's involvement and coproduction in line with the approval provided at Committee on 16th December 2022.
 - Health and Care Quality Board as a way of having collective oversight and governance of quality of care across the city.

1.6 Phase 3 - Strengthen Our Contracts, Integrate More with Partners, and Support Differing Needs – Sept 23- March 24

- 1.6.1 An important part of this phase is to respecify what our expectations are for the provision of care in a residential and nursing home.
- 1.6.2 Using the feedback sourced from individuals, carers and family members, stakeholders, and the evidence about the 8 core principles of a good care home, we will develop an outcome-based specification and contract monitoring arrangements to replace the current placement agreement and monitoring arrangements we currently use.
- 1.6.3 We will also take this opportunity to introduce and embed our Adult Health and Social Care Digital Strategy (presented at the Adult Health and Social Care Policy Committee 8th February 2023) within the specification so care homes have the opportunity to develop the latest approaches for improving quality, effectiveness and efficiency through technology.

- 1.6.4 Our expectations are that new specifications will be in place in late 2023/early 2024 and that all providers will sign up to deliver this for the next 5 years if they wish to continue taking referrals from the council.
- 1.6.5 Once our contracting mechanisms are more robust, and the newly designed specification is in place, the development of our monitoring and quality assurance systems will give absolute assurance that peoples voices are being heard and quality is being maintained and improved.
- 1.6.6 This phase will be undertaken in partnership with individuals, families and colleagues across health, housing, communities, economic development, voluntary sector, social care providers and academia so that our approach are integrated and co-ordinated.
- 1.6.7 In addition, to enable our care homes to be connected to communities this phase will also focus on working with local area committees and local areas so that our care homes are and feel very much part of their communities.

1.7 Phase 4 – Build the Care Homes Model and Transform - March 24 and beyond

- 1.7.1 The final phase of the 2-year plan is to begin to transform and innovate for the future. This really means exploring very different ways of working and options for providing care in accommodation.
- 1.7.2 By this time the foundations for a stable and well supported market will already be established, the expectations about what good looks like will be in place and the contracting and quality assurance framework will be working to drive up quality.
- 1.7.3 Therefore, this is the time to innovate and develop care in accommodation for the future looking at other models of delivery used both nationally and internationally and ensuring there is more specialised support for people with more enhanced needs

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The development of the care homes commissioning and delivery plan assists in meeting our duties under the following: -
- ***The Care Act 2014 Section 8(1)(2)(3)*** – Meeting Needs – which describes the need to provide accommodation with care in a care home or premise. It should provide this itself or arrange for another to do this
 - ***The Care Act 2014 (5)*** – Which describes the need to promote an effective, efficient, and sustainable market which meets needs and offers choice.

2.2 The **Adult Social Care Strategy, “Living the Life you Want to Live” 2021** in particular

- Commitment 2 - Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis by ensuring that when individuals are assessed they are given an opportunity to maximise their potential before doing so.
- Commitment 3 - Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home by offering a safe and enabling environment which supports their recovery.
- The ‘Efficient and effective’ outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.

2.3 This proposal has a strong link to the **Local Area Committees** and their **Empowering Communities** work. In particular:

- Empowering communities – building community-based resources
- Improving health and wellbeing – supporting the local population to recover and regain skills they may have lost through ill health or crisis and supporting carers to maintain their health and wellbeing

2.4 This proposal also supports and contributes to: -

- [Our Sheffield Council Delivery Plan](#) - Healthy lives and wellbeing for all: Sheffielders all have the opportunity to lead long, healthy, active and happy lives and can connect to the right health and wellbeing support at the right time
- [People at the Heart of Care 2021](#) – The Government white paper which suggests several reforms including a cap on personal care costs, support towards care costs, a fair cost of care for providers and changes to arranging care for self-funders. We know that these changes have been delayed but the fair cost of care has not.
- [Adult Social Care The Future Design](#) – This describes an operating model for adult social care and in particular the development of community connected care homes across Sheffield.
- **The Sheffield Dementia Strategy 2018 - 2024** – A multi-agency strategy aimed to help people live well, stay well, and die well. Given that a significant proportion of people living with dementia reside in care homes then the 13 commitments described in the report are of particular importance
- [The Sheffield Carers Delivery Plan 2022-2025](#) – Supporting

carers and family members is an integral part of a care homes remit, as family members and carers remain an integral part of the person's life. The 6 principles of the carers' strategy are important and the need for good information and advice about Care Homes and what they provide and that carers needs wants and opinions are considered as part of any support package that the cared for person receives.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 Discussion has taken place with several individuals living in care homes both on a planned and routine basis (as part of the quality monitoring process). This has assisted in understanding what people feel about care homes and what aspirations they have for the future. See Appendix 1 for full report. The most recent feedback has been: -

- During July and August 2022 Healthwatch Sheffield spoke to 5 relatives and 16 older people living in residential and nursing care homes in Sheffield, they wanted to understand about people's experiences, what works and what doesn't work, as well as what they would like to change or improve.
- In September and October 2022, care home providers were invited to engagement sessions focussing on what a new service specification for care homes might look like. Attendees were asked about new ideas in their practice and about what worked and what didn't.
- During May, July, August, and September 2022, 25 Adult care employees were asked for their views on what a care home specification might look like.
- During 2021, as part of the development of the Adult Care Strategy, discussion took place with individual employers, voluntary and community sector workers and managers, social workers, carers, and family members of people who receive services or who receive direct payments. This was to explore what social care and support for older people might look in the future.
- There have also been several discussions with health colleagues about their feedback on what a good care homes should look like.

3.2 The key messages from these consultations have helped to shape the 8 key principles of a good care home which are described in section 1.4.4

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 As a Public Authority, we have legal requirements under sections 149 and 158 of the Equality Act 2010. These are often 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:

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

4.1.2 An Equality Impact Assessment has been completed. There is expected to be an overall positive impact through strengthening market sustainability and developing the provider market to meet a wider range of needs.

4.1.3 It is also expected to impact positively as the requirement to recognise and respond to diversity is a key element of the care principles

4.1.4 The Equality Impact Assessment can be found at Appendix 3

4.2 Financial and Commercial Implications

4.2.1 The Council currently commissions in the region of 1,900 residential and nursing beds across the city, including short-term beds, at any one time, this includes all beds for older people and younger adults. The cost of this is circa £80m which does *not* include a price increase for 2023/24.

4.2.2 The 2023/24 budget will be £78.7m and includes pressures for the fee uplifts for 2023/24. As the costs at £80m do not include the cost of uplifts the efficiency required will be somewhat greater than the £1m these numbers suggest.

4.2.3 The commissioning plan does refer to a re-procurement of existing care homes for older people however this will be undertaken within the current financial envelope on a like for like financial basis and is not linked to any fee increases

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 out 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 Further, to shape how Local Authorities may meet these objectives, the Care Act 2014 also sets out the law around market development in adult social care. It enshrines in legislation duties and responsibilities for market related issues for various bodies, including local authorities. Section 5 of the Care Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market. The statutory guidance to the Act suggests that a local authority can best commence its market shaping duties under Section 5 of the Care Act by developing published Market Position Statements with providers and stakeholders. The proposals are therefore in line with the Council's legal obligations.

4.3.3 Legal Services will provide advice as required during the further implementation of the plans.

4.4 Climate Implications

4.4.1 We acknowledge that the provision of care in care homes has an impact and that there are things we can do to help providers mitigate these and support Sheffield's ambition to becoming a net zero city by 2030.

4.4.2 For any re-procurement opportunities we can test out the providers willingness and ability to support the Councils objectives to be net zero by 2030. This would include potentially including some requirements in the tender documentation to address impacts of care provision.

4.4.3 We can, as part of the support package to providers look at how support organisations can help care homes deal with fuel wastage and adapting to climate change in terms of how they operate and their policies. A webinar is planned for January 2023 to provide advice and information for care home providers on energy efficiency and any potential actions that could be taken to reduce energy costs. Specifically, relevant impacts would be building condition and operation, energy usage and efficiency, water use, food and drink provision, use of products and waste management.

4.4.4 There may also be the potential to access available external funding sources for sustainability improvements if there is the appetite for this from providers.

4.4.5 The development of the quality assurance system for care homes offers an opportunity to look at climate impacts and how these can be assessed when monitoring the performance of providers.

5. **ALTERNATIVE OPTIONS CONSIDERED**

5.1 In developing the commissioning plan another alternative was considered, this being: -

5.1.1 *Do nothing - Continue with the existing services as is*

This alternative was rejected because:

- It does not respond to feedback gathered
- It does not allow us to update the current service agreements
- It does not allow us to develop an improved relationship with providers
- It would not necessarily provide a well sustained market
- The provision would not be fit for the future

6. REASONS FOR RECOMMENDATIONS

6.1 This commissioning plan is recommended because it: -

- Starts a journey of transformation so care homes are a positive choice as a place to live and work
- Builds in time for there to be some stabilisation of the market and development of relationships and partnerships all of which should benefit the individuals living there
- Builds trust with partners and providers leading to better outcomes for people
- Delivers the outcomes that people said were most important to them and has quality assurance systems which test this
- Ensures care homes are part of a wider community and accepted as an invaluable resource in that community

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