

Adult Health and Social Care Policy Committee

Meeting held 14 June 2023

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

1. APOLOGIES FOR ABSENCE

1.1 Councillor Abtislam Mohammed sent her apologies.

2. EXCLUSION OF PRESS AND PUBLIC

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest made.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meetings of the Committee held on the 16th March 2023 and the 17th May 2023 were approved as correct records.

5. APPOINTMENT TO URGENCY SUB-COMMITTEES

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

(a) agrees to appoint Members to serve on the Adult Health and Social Care Urgency Sub-Committee as follows:

Cllr Ruth Milsom to replace Councillor Laura Moynahan
Cllr Mick Rooney to fill a vacancy.

(b) approves the following changes to the membership of the Health Scrutiny Sub-Committee:

Cllr Mick Rooney to fill a vacancy
Cllr Talib Hussain to replace Cllr Mike Drabble
Cllrs Nighat Basharat, Dawn Dale and Jayne Dunn to fill vacancies as substitute members of the Sub-Committee

(c) appoints to the position of Deputy Chair of the Health Scrutiny Sub-Committee

(c) as respects the appointment of Members to serve on the Urgency Sub-Committee or other Sub-Committees of the Adult Health and Social Care Policy Committee, where vacancies exist or in cases of urgency to ensure quoracy or representation, the Monitoring Officer, in consultation with the relevant political group whip, be authorised to appoint Members to serve on such Sub-Committees, as necessary, on the understanding that details of such appointments will be reported to the next or subsequent meetings of the Policy Committee.

6. PUBLIC QUESTIONS AND PETITIONS

6.1 No petitions or questions from members of the public had been received; however, Councillor Argenzio stated that a letter had been received from Jacob Lewis and informed attendees that a response to said letter would be published.

7. WORK PROGRAMME

7.1 The Committee received a report containing the Committee's Work Programme for consideration and discussion. 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. RECOMMISSIONING OF COMMUNITY BASED ABUSE SUPPORT CONTRACT

8.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing and the Head of Commissioning – Vulnerable People.

The report aimed to seek agreement to recommission the Domestic Abuse Community Based Support Contract.

Using data from the Crime Survey of England and Wales it is likely that around 23,860 adult victims in Sheffield have experienced Domestic Abuse in the last year. It is widely recognised that Domestic Abuse has long term harmful impacts.

The Domestic Abuse Community Based Support Contract offering one to one, helpline and group support is currently delivered by IDAS. The contract started in April 2019 and is due to end in March 2024. Due to this, recommissioning therefore needs to start in 2023 to enable a service to continue to be delivered.

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

1. Approves the recommissioning, via a contract with an external provider, of domestic abuse community-based support as outlined in this report.
2. Requests that a report on outcomes and impact of the recommissioning exercise is brought to Committee.

8.3 Reasons for Decision

8.3.1 Domestic Abuse affects thousands of people in Sheffield each year. It is a cause of physical and emotional harm, and trauma that is long lasting both to adults and their children. It is also a huge cost to services in the city. Providing support at an early stage will contribute to the overall goal of prevention of harm and promotion of wellbeing in the city.

8.3.2 Sheffield's response to domestic abuse has been recognised as something to be proud of. Recommissioning the community-based support contract, through a process of co-production will enable the offer to improve and ensure tailored support for victims / survivors and their families that enable them to be safer, recover and move on with their lives and contribute fully to their communities and the city.

8.3.3 It is intended that the outcomes will be:

- Easily accessible support that enables engagement at an earlier stage for victims/survivors
- Online resources for those that can access them promoting guided self-help.
- Tailored support that reduces risk and increases the safety of victims and their children.
- Support for victims to stay safe in their homes and prevent them from moving due to the abuse or becoming homeless.
- Effective support groups that enable recovery from the impact of domestic abuse
- A wider workforce that are trained to enable them to respond to disclosures of domestic abuse in a safe and trauma informed way.
- Higher levels of awareness, and empathy for victims / survivors, and lack of tolerance for abusive behaviour supported by community champions e.g., in services that go into people's homes

8.4 Alternatives Considered and Rejected

8.4.1 The Council could decide to not recommission the service however this would mean that support available for those affected by domestic abuse would be very limited and may not meet the standard required by the Domestic Abuse Act 2021. There is also a statutory duty on the Safer Sheffield Partnership to conduct Domestic Homicide Reviews and report these to the Home Office. If there were no commissioned community-based services, the number of domestic homicides would be likely to rise over time.

- 8.4.2 Reducing the funds available for recommissioning would also be inadvisable as demand exceeds the needs in the city already. The capacity of the existing service has also reduced due to cost-of-living issues affecting all employers.
- 8.4.3 The current contract is working well: promoting safety, addressing trauma and enabling recovery. Partners value the service and feedback is generally good.

9. HOSPITAL DISCHARGE MODEL AND IMPROVEMENT PLAN

- 9.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing.

This report articulated 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.

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

- Approves the Sheffield Place Hospital Discharge Model and Delivery Plan described at Appendix 1.
- Notes current performance in relation to discharge and progress in delivery Making Discharge Personal at Appendix 2.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with update on progress against the Delivery Plan in March 2024 and to review outcome of learning from phase 1 of implementation on future homecare provision needed to sustain the new model.

9.3 Reasons for Decision

- 9.3.1 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.

- 9.3.2 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.

9.5 Alternatives Considered and Rejected

- 9.5.1 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.

10. ADULT CARE AND WELLBEING GOVERNANCE, ASSURANCE AND PERFORMANCE FRAMEWORK

- 10.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided an updated Care Governance Strategy, Performance Management Framework and Cycle of Assurance to Committee for approval.

The report also provided an update on the regulation of Local Authorities and Integrated Care Systems by the Care Quality Commission (CQC) and on the Council's preparations for this.

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

1. Approve the updated Care Governance Strategy 2023 - 2025
2. Approve the updated Performance Management Framework
3. Approve the updated Cycle of Assurance
4. Note the Council's preparations for CQC regulation and key risks.

10.3 Reasons for Decision

- 10.3.1 The updated Care Governance Strategy, Performance Management Framework and Cycle of Assurance, will ensure significant further improvements are made in the following areas:

- People who use our services and family members and carers have a voice, are central to the planning and development of adult social care services.
- Improving wellbeing and population outcomes, quality of life and experiences for individuals, their carers, and families remains central to our priorities and focus.
- Our supports and services are high performing, compliant with legislation, of excellent quality and are positively received by individuals and families.
- Our workforce is valued, engaged, and feels empowered to continuously develop practice and delivery of social care services.
- Our resources are used effectively and efficiently across Adult Social Care.
- We are prepared for pending CQC assessment which is being introduced in 2023

10.4 Alternatives Considered and Rejected

- 10.4.1 Alternative options have been considered and the options are:

- 10.4.2 Option 1 - Option 'to do nothing' and not update the care governance or performance management framework. However, this would mean that the frameworks do not evolve to meet the changing needs of the service or the people who use it.

- 10.4.3 Option 2 – Delay approval to enable further learning, benchmarking, and

engagement. Benchmarking, learning, engagement, and review will take place on an ongoing basis to ensure it delivers what matters to people of Sheffield and is responsive to changing circumstances. Further changes will be captured in the next iteration of these frameworks.

11. ADULT CARE PROVIDING SUPPORT AND MARKET SUSTAINABILITY COMMISSIONING PLAN 2023-2025

- 11.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which sought approval from Committee for the Adult Commissioning Plan 2023 – 2025.

Specifically, this plan intends to ensure we meet our market sufficiency responsibilities as set out in the Care Act 2014 and provide assurance against the CQC Single Assessment Framework for local authorities and integrated care systems.

Approval for the Care Fees consultation process is also sought in line with agreement made at Committee in March 2023 to bring the consultation and planning for Care Fees in line with Adult Care business planning timescales. The report also provides an update in relation to Adult Commissioning which includes noting an extension to care at night contract to enable an options appraisal to be completed.

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

1. Notes progress made in relation to providing support in the City and delivering a stable care market.
2. Approves Adult Commissioning Plan for 2023 – 2025 attached at Appendix 1.
3. Approves process for Care Fees business planning and process for consultation on care fees for residential services for financial year 2024/ 2025.
4. Notes the extension of current care at night service until March 2024.

11.3 Reasons for Decision

- 11.3.1 The recommendation to approve the Market Oversight and Sustainability Update Plan arise from the Council's market shaping responsibilities and from the need to fulfil the conditions for receiving the DHSC's Market Sustainability Improvement Fund (2023-24).

- 11.3.2 The recommendation to approve the Care Fees setting process arise from the move towards aligning Care Fees setting with business planning timescales and delivery of a balanced budget for 2024/ 2025.

11.4 Alternatives Considered and Rejected

- 11.4.1 Option 1 - Option 'to do nothing' and not update the Market Oversight and Commissioning Plan and to not set out the process for Care Fees in 24/25. However, this would mean that commissioning does not evolve to meet the changing needs of the service or the people who use it and is out with business planning timescales for budget setting.

12. ADULT CARE AND WELLBEING DIRECTORATE PLAN

- 12.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which outlined the Adult Care and Wellbeing Directorate Plan. It set out the progress in delivering upon the directorate priorities for 2022 – 2023 and Adult Care Strategy and proposes an approach for developing an updated Adult Care Strategy Delivery Plan and accompanying Directorate priorities for 2023 to 2025. It also proposed that the refreshed plans were informed by a review of Equalities data, Joint Strategic Needs Assessment, Workforce Planning, Equalities Impact Assessment and Climate Impact Assessment.
- 12.2 The report was noted by the Adult Health and Social Care Committee.

13. ADULT HEALTH AND SOCIAL CARE: FINANCIAL UPDATE AND PROGRESS WITH FINANCIAL RECOVERY PLAN

- 13.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided an update on the Adult Social Care financial position, an overview of the budget and aimed to seek endorsement for recovery plans.
- 13.2 The report was noted by the Adult Health and Social Care Committee.

14. 2022/23 FINAL OUTTURN

- 14.1 The Committee considered a report of the Interim Director of Finance and Commercial Services which brought the Committee up to date with the Council's final revenue outturn position for 2022/23.
- 14.2 The report was noted by the Adult Health and Social Care Committee.

15. DASS HIGHLIGHT REPORT

- 15.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided the Committee with an update regarding the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and

delivering on the area's statutory requirements.

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