



## Report to Policy Committee

**Author/Lead Officer of Report:** *Tony Middleton*  
*Service manager*

**Report of:** Strategic Director Adult Care and Wellbeing  
**Report to:** Adult Health and Social Care Policy Committee  
**Date of Decision:** 20<sup>th</sup> September 2023  
**Subject:** Transitions of Young People to Adult Services

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? 2167				
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“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”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:

The purpose of the report is to provide an update regards our progress in implementing a new transitions model in line with our ambitions to improve the lives and outcomes for young people in need of longer-term support from Adult Care.

**Recommendations:**

The Adult Health and Social Care Policy Committee is recommended to:

1. Note the improvements made in relation to supporting young people to transition to Adult Care.
2. Request that the Strategic Director Adult Care and Wellbeing provides an update to Committee every 6 months as to progress through our Strategy Delivery Updates to Committee.

Lead Officer to complete:-									
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: <i>Patrick Chisholm</i></td> </tr> <tr> <td></td> <td>Equalities &amp; Consultation: <i>Richard Bartlett</i></td> </tr> <tr> <td></td> <td>Climate: <i>N/A</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: Laura Foster		Legal: <i>Patrick Chisholm</i>		Equalities & Consultation: <i>Richard Bartlett</i>		Climate: <i>N/A</i>
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## 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 A key delivery action within the Strategy Delivery Plan and Council Delivery Plan was to improve our offer to young people in need of longer-term support from Adult Care services and with that our transitions process.
- 1.4 To that end, as an initial step in November 2021 Members approved investment to create a dedicated Adult Transitions Team to support young people to have an improved experience of the transition to Adult Services. The team came into place in June 2022 after a period of recruitment.
- 1.5 As part of our ongoing improvement programme and learning from young people with a disability and families, a review of interface between Children and Adults teams was undertaken to look at how further we can streamline systems and reduce any gaps so that young people can have the best start into Adulthood. The New Social Care Transitions Model for young people with a disability is set out in section 1.7.
- 1.6 In addition to this, a review of provision was also undertaken in relation to vulnerable young adults and young people experiencing mental ill health as well as our service provision.
- 1.7 **New Social Care Transitions Model for Young People With a Disability**
  - 1.7.1 As a context to the improvement programme, the Children's and Adult Social Care service operate within different legislative and statutory frameworks. The differences in eligibility and service provision available can be stark which can add extra pressures and uncertainty to young people and their families to an already potentially stressful time in people's lives, particularly if these differences aren't articulated in a timely manner.

- 1.7.2 Transitions have traditionally been the remit of the Preparation for Adulthood Team (PAT) which sat within the Children's portfolio. After formation of the Adults Transitions Team and reviewing learning from implementation, it was subsequently identified between Children's and Adult services that these benefits and outcomes for young people and families would increase if the two teams were combined into one and sat within the receiving portfolio.
- 1.7.3 It was identified that processes and systems would be streamlined, communications improved and a long-term benefit of establishing clear pathways with health services as part of our wider integrated working with health colleagues.
- 1.7.4 As a first but key stage of achieving streamlined ways of working and a joined-up offer for young people, a workforce change was completed, and this came into effect in August 2023.
- 1.7.5 As a result of the workforce change, the Transitions team now sits within Adult Social Care but reaches down into Children's services, making themselves known to people and their parent/carers from 14 and adopting a named worker approach throughout the transition period. This was identified as a model of good practice by the Department for Further Education when contributing to the SEND Accelerated Program Plan.
- 1.7.6 The Team aims to create a cohesive passage through information, assessment, and support to prepare young people and their parent/carers for the progression into adult social care.
- 1.7.7 The new service now supports young people aged 14 to 25 who are not already or previously known to adult social care and have or are likely to have eligible social care needs under the Care Act 2014 when they turn(ed) 18 due to a diagnosed disability (unless their primary or presenting need is related to their mental health); and remain within a period of 'transition' – e.g. current social care or educational support has ended or will end soon and alternative options need identifying to meet any eligible social care needs.
- 1.7.8 The team consists of 2 x Team Managers, 8 x Adult Experienced Social Worker and 7 x Adult Social Care Practitioners.
- 1.7.9 The service will deliver a program of enablement and independent living for each young person using strength-based approaches. The enablement team will be a discrete but integral part of the Transitions offer. Young people's abilities and needs will be assessed by Occupational Therapists (OT's) and Prevention Workers and the subsequent enablement plans developed with the individuals will be delivered by a team of Provider Service Workers.

- 1.7.10 Enablement support will consist of both practical support and the use of any assistive technology that may benefit the young person. The aim of adopting an enablement and strength-based approach is to promote and enable young people to live independent lives and the life they want to live.
- 1.7.11 In the new model, Adult and Children Social Care will continue to work closely and, if between 14-17 – there are concerns about a child / young person’s welfare or any statutory activity required in relation to children’s social care then this will be progressed within children’s social care services, to ensure coherence with existing procedures.
- 1.7.12 It’s aimed that the new model will provide greater opportunities for collaboration between health, housing, and care services particularly in relation to further developing operational pathways, supports and a housing offer for young people as it becomes embedded throughout 2023 to 2025. In addition its also aimed that this model will support and enhance our approach to transitional safeguarding.
- 1.7.13 The anticipated outcomes of this new model are: -
- Improved satisfaction by young people and carers of their experience of social services.
  - Young people feel that their outcomes have been met.
  - Increased proportion of adults with a learning disability who live in their own home or with their family.

**1.8 Support to young people whose primary or presenting need is Mental Health or are Vulnerable**

- 1.8.1 In reviewing our approach to supporting young people, our support to young people whose primary or presenting need is mental health and young people who are vulnerable and at risk was also considered.
- 1.8.2 The transfer of social workers back to Sheffield City Council and the development of the Adult MASH in April 2023 have provided the foundations to further develop our approaches as planned activity during 2023 to 2025, recognising different partnership and pathways arrangements are required to support an effective transition for young people.
- 1.8.3 As a next step, the pathways and support arrangements for young people experiencing mental ill health and those who are vulnerable and at risk of harm will be prioritised and consolidated. A further update will be provided in the November 2023 Committee update on Mental Health.

## 1.9 Service Provision

- 1.9.1 As part of the development of our new model and approach to supporting young people to have the best start in life, there has also been the further development of new commissioning models, which will support the work of the team.
- 1.9.2 In August 2023, a new respite facility has been developed which will provide dedicated support to young people with a greater complexity of needs requiring specialist support. The facility is a partnership with Mencap and the care will be delivered through our Sheffield City Council provider teams.
- 1.9.3 The **Adults Future Options Framework** was launched in May 2023 and offers **supported living, activities outside the home and overnight short breaks**. The Framework is for people who are 16 plus with a range of disabilities and health conditions. The list of providers is here [Successful Framework Providers.docx](#).
- 1.9.4 This is complemented by the **Enhanced Supported Living Framework** that was launched in January 2023. We now have a list of contracted providers who work with people with a greater complexity of needs requiring specialist support. The list of providers is here [Successful Enhanced Supported Living providers- 11-01-23.docx](#). It is also completed by our Adult Care Strategy and Market Position Statement here: [Market Shaping Statement](#).
- 1.9.5 It's aimed that this activity will reduce over next two years the number of young people needing out of area placements and further enable a joined-up offer between our new transition's teams, in house provider services and externally commissioned support.

## 2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 This model contributes to the Adult Strategy and Strategic outcomes in the following ways:
- **Safe and Well** – Early involvement with people as they move from Children's to Adult's services ensures that adult services are aware of ongoing safeguarding concerns that could impact on their adult life. A full picture is gathered so that appropriate support is planned and sourced in a timely manner, vastly reducing the risk of unsuitable placements.
  - **Active and Independent** – The enablement approach will ensure that people will not only continue their levels of activity and independence, but that full potential will be realised and opportunities may increase. Early assessment will provide preparation time and planned transfers.

- **Connected and Engaged** – Early involvement will enable transitions workers to develop relationships with the young person’s wider circle and support with retaining and developing connections as well as exploring social engagement.
- **Aspire and Achieve** – the strength based, enablement approach will support the young person with identifying and achieving aspirations and desired outcomes.
- **Efficient and Effective** – The reduction in hand-offs this model brings about makes the transition much more efficient and effective in delivering outcomes for young people and their parent/carers and the named worker approach reduces much of the stress and uncertainty previously associated with transitions.

2.2 This model of transitions meets the CQC compliance requirement around the transitions element of Safe Systems, Pathways and Transitions.

2.3 This model of social care transitions also supports children’s services in meeting their OFSTED requirements around transitions as recently evidence in the service contributions to the SEND accelerator plan completion.

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

3.1 This model has evolved in large part as part of the work with SEND Accelerator Plan.

3.2 The SEND Accelerator Plan involved consultation with the Parent Carer Forum, Education, and Children’s services around effective transitions and this feedback was used to shape this model.

3.3 Ongoing development and improvement of support to young people will be undertaken through ongoing consultation and engagement with young people and their families.

### **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.

4.4.2 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.

4.4.3 The EIA covering this report is attached at Appendix 1 and identified that this change will impact on all staff and users of the service equally. There are no planned or expected reductions in team members or service provision, nor any recruitment other than normal turnover of staff.

4.4.4 Taking, learning from the Race Equality Commission we will take the opportunity to review the makeup of the team and encourage recruitment from any under-represented communities.

## 4.2 Financial and Commercial Implications

4.2.1 The transfer of staff to the Adults Transitions Team is fully funded.

4.2.2 Any future projects arising from the model will be assessed for their affordability and viability, and financial and commercial implications will be 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.

In the context of this report it is relevant to note that the general duty to promote wellbeing applies to all individuals not just adults.

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 In addition, there are specific responsibilities with regard to children. Section 17 of the Children Act 1989 places a general duty on all local authorities to 'safeguard and promote the welfare of children within their area who are in need.

4.3.5 Section 25 of the Children and Families Act 2014 places a duty on local authorities to ensure integration between educational and training provision, health, and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people.

#### 4.4 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report.

4.4.2 We are committed to working as one council aligned with Sheffield Council Net Zero 2030 ambition. 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.

#### 4.5 Other Implications

There are no other implications

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

5.1 Option 1: Do nothing and retain the Children's and Adult services as separate teams. This was considered as not being a viable option as the issues and gaps were apparent to all stakeholders. Though the individual teams were doing good work the benefits of creating one team situated in Adult Social Care, i.e., the receiving service, were clear.

5.2 Option 2: Merge the Teams. One team placed in adult services enabled workers to work with individuals through their entire transition journey, which could be up to aged 25.

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

6.1 Option 2 gives a consistency of service and enables the young person and their parent/carers to develop a working relationship with the transition's worker. This creates greater confidence for the people being supported and enables trust to be built between the parties. Reduced

hand-offs increase efficiency and means that people aren't constantly going through their history with new workers. There is also a greater capacity for the worker to develop a true understanding of needs and aspirations.

6.2 Having the one team also provides for a greater integrity of data and financial planning.

6.3 This model also provides the transition service that young people and parent carers were asking for. Information given by Adult Care workers in the early stages of transition is accurate and the space for misunderstandings developing is greatly reduced.