



Report to Policy Committee

Author/Lead Officer of Report:

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Contact:

Report of: Director of Adult Health & Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 21st September 2022

Subject: Approval to Mental Health Market Position Statement, Recommission of Services (Commitment 2 ASC Strategy) and Mental Health Social Care Delivery Plan

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? 1257				
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
<p>Appendix 3 is not for publication because they contain exempt information under Paragraphs 3 (Financial & Business Affairs) of Schedule 12A of the Local Government Act 1972 (as amended).</p>				
<p>Purpose of Report</p> <p>This paper sets out a proposed Market Position Statement to set out our commissioning intentions regarding support to people experiencing mental ill health in the city, proposals regarding recommissioning of prevention contracts, and a Mental Health Social Care Delivery Plan to ensure that we have robust response towards supporting people experiencing mental ill health in the City with partners.</p> <p>The Committee are asked to comment upon and approve the Market Position Statement, Prevention Commissioning Plan, and overall Delivery Plan, and agree a schedule that they are updated upon progress against it.</p>				

Recommendations

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

- Approves the Adult Health & Social Care Mental Health Delivery Plan detailed at Appendix 1.
- Approves the Mental Health Market Position Statement detailed at Appendix 2.
- Approves recommissioning of Mental Health Prevention Commissioning Plan detailed at Appendix 3.
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.

Background Papers:

Appendix 1 - Mental Health Market Position Statement

Appendix 2 - Mental Health Prevention Commissioning Plan

Appendix 3 - Mental Health Delivery Plan

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: Ann Hardy
	Legal: Patrick Chisholm
	Equalities & Consultation: Ed Sexton
	Climate: Jess Rick
	<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	SLB member who approved submission: Alexis Chappell
3	Committee Chair consulted: <i>Councillor George Lindars-Hammond and 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.

Lead Officer Name: Louisa King	Job Title: Strategic Commissioning Manager Mental Health
Date: 7 September 2022	

1 PROPOSAL

- 1.1 This paper sets out a proposed Market Position Statement to set out our commissioning intentions regarding support to people experiencing mental ill health in the city, proposals regarding recommissioning of prevention contracts, and a Mental Health Social Care Delivery Plan to ensure that we have robust response towards supporting people experiencing mental ill health in the City with partners.
- 1.2 The Committee are asked to comment upon and approve the Market Position Statement, Prevention Commissioning Plan, and overall Delivery Plan, and agree a schedule that they are updated upon progress against it.

2 BACKGROUND

- 2.1 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.”*
- 2.2 The [vision and strategy](#)¹ for adult health and social care sets out the approach to make sure that everyone can live and age well in Sheffield. The strategy makes six commitments as the guiding principles we will follow to deliver this Strategy. The related outcomes highlight what we want to achieve or better. By working in this way, we want to bring about fundamental changes to the experience of and quality of social care in the city.
- 2.3 A priority is that Adult Health and Social Care demonstrates a shift towards greater choice and control and early intervention so that people experiencing mental ill health and their families can access early help and support to achieve their recovery and wellbeing.
- 2.4 A Mental Health and Emotional Wellbeing Strategy for the City is being developed with individuals experiencing mental ill health, carers and partners and is scheduled to come to Committee in February 2023 for approval. This demonstrates a significant shift forward in gaining a greater strategic and partnership focus and ownership locally on improving the outcomes and experiences of people experiencing mental ill health.
- 2.5 It has also been important to establish key enablers which will support successful implementation of the strategy and establish the foundations for improving lives and outcomes of people experiencing mental ill health in the City. These are:
- Leadership - A new leadership model, which includes implementation of a dedicated Assistant Director and leadership team with a focus on improving mental health and wellbeing in the City. This was reported to Committee in June 2022² and will be fully implemented by November 2022.
 - Partnership – Strengthening of a range of partnership arrangements through a Health and Care Mental Health Strategic Partnership Board and organisational relationships to enable and support collective local leadership across partners in the City and across South Yorkshire.

¹

² [Adult Health and Social Care Overview Presentation](#)

- Quality and Outcomes – Development of a health and care mental health outcomes framework and benchmarking to provide a way of demonstrating impact and performance and an evidence base for continuous improvement and learning. It is aimed to report on the outcomes framework to Committee in December.
- Governance and Delivery – A focus on delivery through development of a market position statement and a delivery plan noted below. As part of this co-production and citizen involvement are core principles in which we will embed to enable and work to a common understanding of what good looks in Sheffield.

2.6 As part of our approach towards improving outcomes and experiences of people experiencing mental ill health and their families, the Cooperative Executive on 16th March 2022 made the decision to bring back line management of mental health social workers back to Adult Health and Social Care.

2.7 A Mental Health Transitions Project was subsequently implemented to oversee and enable the transfer of staff and development of a new operating model for mental health social care services in the City which supports a shift towards prevention and recovery. Briefings and engagement with staff, unions, stakeholders, and members have taken place through implementation of the transitions project so that all views and considerations inform the process and any final decision.

2.8 The aim of the Project is to deliver improved outcomes for individuals and families, ensure delivery on our performance and legal requirements and further strengthen our partnership working with colleagues across health, housing, communities, and voluntary sector.

2.9 The transitions project is on track at this stage and key activities in relation to transfer and practice development of social care staff, ICT arrangements, transfer of data, and future modelling are being worked through in relation to the staff.

2.10 Benchmarking and collaboration across local, regional, and national partners is important, enabling Adult Health and Social Care to work to a common understanding of what good looks like and contributing to the development of shared quality standards.

2.11 It is aimed through this collaboration that Adult Health and Social Care embed a culture of learning and continuous improvement and a culture based on partnership and collaboration for the benefit of people. To that end, ongoing benchmarking and collaboration will continue to inform the delivery plan and our approach.

2.12 To enable a clear focus on improving outcomes for people experiencing mental ill health and their families, a delivery plan across the service and with partners has been developed. The Delivery Plan is being presented to this Committee for approval and is included at Appendix 1.

2.13 To ensure effective oversight and accountability of the *Delivery Plan* and our performance in relation to mental health, its proposed to provide an update to the Committee and Sheffield Mental Health Partnership Board every 6 months on progress made and any updates in relation to the Delivery Plan.

3 KEY MESSAGES FOR THE MARKET: THE MENTAL HEALTH SOCIAL MARKET POSITION STATEMENT

3.1 In establishing a greater focus on mental health across social care, a key enabler was development of a Mental Health Market Position Statement, which was reviewed and consulted with over the Summer.

3.2 There are ten key messages for the mental health provider market, which are set out in **Appendix 2**: the Mental Health Social Care Market Position Statement 2022. Committee members are asked to approve and endorse this document.

3.3 A Market Position Statement is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. The ten key messages about mental health social care for providers from the document are abridged as follows:

- **Partnership and Co-Production:** We work with partners across the city and region on several programmes to improve mental health services and support in Sheffield.
- **Quality of Care and Support:** Our priority is that individuals receive excellent quality support based on "what matters to you".
- **Promoting Independence and Recovery:** We have a key priority to support the growth of independence and autonomy for people and to work in strengths-based ways with people so that individuals can recover and live the life they want to live.
- **Care and Support with Accommodation - Independence and Support Framework:** A new framework will replace the current Recovery Framework and we aim for this to, over time, replace inappropriate direct payments and direct awards.
- **Different kinds of accommodation are needed:** There are known gaps in the market which must be addressed in the coming years.
- **Enabling Prevention:** Our aim is to recommission over the coming months and years to align with our strategy and wider focus on prevention and early intervention across Sheffield.
- **Supporting Carers:** We want all Carers to continue to care for as long as they wish to and are able.
- **Fee Rates Will Be Reviewed:** Over the coming years, we intend to address some of the discrepancies in current fee arrangement and we will be undertaking a 'cost of care exercise' to support this. There are new

processes for receiving a fee uplift: In 22/23 mental health providers received an automatic fee uplift in line with other non-standard provision.

- **Assessment and Care Management:** All assessment and care management will in the future be managed by Adult Health and Social Care.

- 3.4 The Mental Health Market Position supports and contributes towards delivery upon the Adult Health and Social Care Market Position Statement, which is proposed for approval at Committee on 21st September 2022. The Adult Health and Social Care Market Position Statement provides providers with our intentions and standards and supports the implementation of the recommissioning of supports across Adult Health and Social Care.
- 3.5 Through implementation of our Adult Health and Social Care Strategy, a new Target Operating Model is being developed which will enable practical realisation of the strategy. It's intended that providers are enabled to co-design the mental health social care part of the model along with Adults, Families and wider partners so that our model reflects and deliver improved outcomes for people of Sheffield.
- 3.6 Progress with implementation of the recommissioning exercise will be reported to Committee by way of the DASS report and through the Adult Social Care Change Board, to ensure effective oversight and governance in relation to the recommissioning exercise.

4 PREVENTION COMMISSIONING PLAN

- 4.1 As indicated in the Market Position Statement, a key priority is a shift towards prevention. In line with this, Adult Health and Social Care is developing a new commissioning plan for preventing episodes of mental ill health across the Sheffield population.
- 4.2 This is an opportunity to learn from our local and national evidence base³ about what works and how we can support people towards wellbeing, independence, and recovery. We are developing a plan, guided by the Adult Health and Social Care Strategy, that will seek to unlock new ways of working in partnership with Adults and the voluntary sector across Communities of Sheffield.
- 4.3 There is currently around £240,000 per year of public health grant spent on various community contracts which support people with their mental health and with preventing mental ill health. Some of these contracts are coming to an end, and a proposal for their recommissioning is included in the **confidential Appendix 3**. The appendix is confidential as it contains commercially sensitive information about providers in the City.
- 4.4 The Sheffield Mental Health Guide is jointly funded with the South Yorkshire Integrated Care Board with an all-age focus and is currently out to tender for a new provider. This is a further arm of our mental health prevention plan and will be considered further as part of our improved information and advice offer to residents of the City.

³ See [CentreforMH A vision for prevention.pdf \(centreformentalhealth.org.uk\)](#) and [Making-Prevention-Happen-Our-Strategy-2020-2025.pdf \(mentalhealth.org.uk\)](#) for just two examples.

4.5 It is proposed to ask voluntary sector providers to work with us to design innovative approaches which prevent distress and mental ill health that target specific sections of the population or areas of focus where we know people will be more likely to experience mental ill health. The VCSE sector has been asking us to take a more collaborative approach to commissioning, and this is one way we can begin to do it.

4.6 The commissioning approach will be an outcomes-based commissioning approach and intend to bring all the services into the same arrangement with a shared focus on individuals' outcomes, quality of service and experiences.

4.7 In addition, the proposed commissioning approach will also seek to value our social care workforce by building in same supports to our workforce as was agreed on 15th June 2022 in relation to the Care and Wellbeing Service. As with the Care and Wellbeing Service Recommissioning, we will seek to involve Adults experiencing mental ill health, Carers, and partners in the recommissioning of the services, so that the services commissioned are considered beneficial by all stakeholders.

5 HOW DOES THIS DECISION CONTRIBUTE?

5.1 The various proposals and pieces of work outlined in the Delivery Plan aim to both support the delivery of the new Adult Health and Social Strategy and to assist the Council to meet its statutory duties under the Care Act 2014. The proposals made will lead to improved services and outcomes for some of the most vulnerable people in Sheffield – adults with mental health conditions.

5.2 The proposals also support the following elements of the Council's One-Year Plan:

- **Communities and Neighbourhoods:** supporting Sheffield people to live in their communities in independence and safety.
- **Education, Health and Care:** helping every person in Sheffield to be able to achieve their full potential, supporting people to stay as healthy as possible – and recover health where possible.
- **Climate Change, Economy and Development:** exploring ways to deliver savings and ensure sustainability of the adult social care budget.

5.3 Comparisons have been made with what other local authorities provide for individuals experiencing mental ill health and carers both locally and nationally. Through the discussions had it became apparent that the service offered in Sheffield was of a high quality, meeting all legal requirements as part of the Care Act.

5.4 Sheffield services have a community focus allowing individuals to remain in their own homes and neighbourhoods. In other areas mental health support was delivered through either a short-term enablement or residential care and supported living. There did not seem to be a community focus. This proposal will build on the high-quality offer that is already available to Sheffield people.

5.5 Our commissioning plan aims to encourage new and smaller provider services to bid for services, which will have a positive impact on local communities.

5.6 In addition, all areas of wellbeing for referred and eligible individuals are set out in their Support Plan and will be reinforced by the required use of an contractual outcome measure to ensure quality standards.

6 HAS THERE BEEN ANY CONSULTATION?

- 6.1 A crucial element in the successful delivery of the adult health and social care 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.
- 6.2 To enable this, the governance structures will 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 (e.g., a Citizens Board) so that people with lived experience are equal partners in the delivery of our strategic plan.
- 6.3 An overall approach to coproduction and involvement is also a key element of the overall adult social care delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real. A dedicated item on this is proposed as part of the Committee's forward plan
- 6.4 The proposals outlined in this report have been subject to specific consultation:
- Over summer 2022 providers and individuals (via Rethink) were given the opportunity to comment on the Market Position Statement.
 - There will be further engagement on the prevention commissioning plan on in the weeks to come, so that the plan and communications are supported by individuals and families.

7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality Implications

- 7.1.1 The strategy was supported by a comprehensive equality impact assessment.
- 7.1.2 All commissioning plans will have their own Equalities Impact Assessments carried out; one will be completed for the prevention commissioning plan.
- 7.1.3 Much of the work we seek to do has a positive impact on adults with disabilities, leading to the adults in this cohort having greater independence and an improved quality of life.
- 7.1.4 Our work is an active example of the Council's obligations under the Public Sector Equality Duty to have due regard to the need to reduce inequality between people

sharing a protected characteristic (in this instance, mental ill health as a category of disability) and those who do not, namely to:-

- Eliminate discrimination, harassment and victimisation.
 - Advance equality of opportunity, and,
- 7.1.5
- Foster good relations.

Moreover, there are further inequalities and intersectionalities within the broad remit of mental health itself that the framework will need to consider. For example, as cited in the [Commission for Equality in Mental Health report](#):

- People within black and African-Caribbean communities may be more likely to experience post-traumatic stress disorder, schizophrenia and suicide risk, and to be sectioned under the Mental Health Act.
- Women are significantly more likely to experience physical or sexual abuse and associated mental health problems.
- LGBTQ+ people are more likely to face mental ill health but have lower IAPT recovery rates.
- People with autism and deaf people are much more likely to experience poor mental health.
- There are strong associations between mental ill health and children and adults living in higher deprivation areas (and similar lower IAPT recovery rates).
- People over the age of 65 may be less likely to be recognized as needing therapy support.

7.2 Financial and Commercial Implications

- 7.2.1 The strategy was supported by a financial strategy, which can be found on the [Council website](#) and is closely aligned with the budget strategy.
- 7.2.2 The prevention commissioning plan, included in Appendix 3, includes more details about the current contracts.
- 7.2.3 The available budget for this recommission of activity is £427k Cash Limit and £243k Public Health. The recommission of contracts needs to remain within this budget envelope.

7.3 Legal Implications

- 7.3.1 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.
- 7.3.2 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.”

7.3.3 The Local Authority also has a wide range of duties relating to assessing and meeting the care and support needs of adults and their carers, following implementation of the Care Act 2014. Under sections 2(1)(a) and (b) of the Act the authority must provide or arrange for the provision of services, facilities, or resources, or take other steps which it considers will contribute towards preventing or delaying the development of adults in its area. The proposed plans outlined in this report are therefore in line with the Council’s legal obligations.

7.3.4 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 as a whole. The statutory guidance to the Act suggests that a local authority can best commence its market shaping duties under Sections 5 and of the Care Act by developing published Market Position Statements with providers and stakeholders. The proposal for the mental health market position statement is therefore in line with the Council’s legal obligations.

7.4 Climate Implications

7.4.1 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.

7.4.2 It is planned within the forward plan of the Committee to bring a specific Climate Action Plan in February 2023.

8 ALTERNATIVE OPTIONS CONSIDERED

8.1 The following alternative options were considered:

- Do nothing – leave current contracts to expire. This was not adopted because it does not enable us to meet our legal duties under the Care Act.
- Keep existing services. This was not chosen because it did not build on the current evidence base for the best way to begin to prevent mental ill health.

9 REASONS FOR RECOMMENDATIONS

9.1 The documents included in this report all seek to set out in greater detail how mental health social care will be commissioned in the future. The documents are strategic and will have a positive impact on the city and those who need support.

Adult Health and Social Care

Mental Health Commissioning
Delivery Plan 2022-23

Adult Health and Social Care: Mental Health Commissioning Delivery Plan 2022-23

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'll achieve our outcomes and highlight what we want to do better. These commitments are:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis
3. Provide care and support with accommodation where this is needed in

a safe and supportive environment that can be called home.

4. Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

Our Vision for mental health in Sheffield, shared with partners

1. Mental and emotional health and wellbeing are at the heart of all we do as a city

2. Mental and emotional health and wellbeing is valued the same as physical health

3. Mental wellness, resilience and the prevention of illness are promoted at the earliest opportunity – especially following on from the pandemic

4. Discrimination and inequalities that lead to poor health and mortality are being tackled

5. Children and young people's emotional health and wellbeing is a top priority

6. The right care and support is provided at the right time and as close to home as possible

7. People are recovering from mental illness and are able to live healthy and fulfilled lives

Mental Health Commissioning Delivery Plan

1. Commissioning and Strategic Activity

Ambition: To have a programme of commissioning activity which is deliverable, strategic and in line with our Market Position Statement

Context: Our Market Position Statement, which is due to be approved by Committee in September 2022, sets out several priorities for mental health social care commissioning over the coming years. These are set out in the milestone

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: Adult Health and Social Care Policy Committee

Milestone/action	By when	Lead	RAG
Establish new Independence and Support Framework which promotes independence, recovery and support for people in their own homes	November 2022	AD Commissioning	Amber
Establish new, expanded Mental Health Guide	April 2023	AD Commissioning	Amber
Review supported living offer for people heading towards greater independence	December 2022	AD Commissioning	Green
Work with partners to achieve the sign-off of the city-wide Mental Health and Emotional Wellbeing Strategy	February 2023	Director of Adult Health and Social Care	Green
Commission new Mental Health Prevention Innovation Fund	March 2023 March 2024	AD Commissioning	Green
Finalise agreement to transfer social workers from SHSC back to Council management	March 2023	Head of Service, Vulnerable Adults AD Mental Health, Safeguarding, First Contact	Amber
Review supported living offer for people with complex needs, some housed in exempt accommodation around the city	March 2023	AD Commissioning	Green
Review offer for young people with emotionally unstable personality disorder, some of whom are currently supported out of city	September 2023	AD Commissioning	Green

Review offer for young people transitioning to adulthood with a SEND plan or existing mental health diagnosis	September 2023	AD Commissioning AD Mental Health, Safeguarding, First Contact Director of Integrated Commissioning (CYP) Director of Children and Families	Green
Review offer for people with a dual diagnosis, e.g. learning disability/autism/mental health or drug/alcohol abuse/mental health	March 2024	AD Commissioning	Green

2. Finance and Performance

Ambition: All are contracts are high performing and operate within budget

Context: We rely on our providers to deliver the best care to the vulnerable people we seek to serve. We need our contracts to demonstrate good or excellent performance: this is our ambition. Although we have always monitored the performance of our contracts, we do not have performance figures to share in this delivery plan because most of our contracts are out to tender or in the middle of a procurement process. We will review this in the next iteration of the delivery plan.

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: Adult Health and Social Care Policy Committee

Milestone/action	By when	Lead	RAG
Fully embed new Need and Risk Forum to have oversight over high-cost packages	December 2022	AD Mental Health, First Contact, Safeguarding	Green
Work with social work colleagues on package reviews, including those with inauthentic Direct Payments and Direct Awards	December 2023	AD Mental Health, First Contact, Safeguarding	Amber
Support reviews of those with No Recourse to Public Funds, including signposting to existing contract	March 2023	AD Mental Health, First Contact, Safeguarding	Green
Review performance of Carers' Assessments contract following transfer of responsibilities for mental health in June 2022	June 2023	AD Commissioning	Green

Establish clear performance figures and a performance dashboard for new contracts. This will need to be clearly aligned with any dashboards produced for social work teams to ensure an integrated approach	June 2023	AD Commissioning	Green
Carry out Fair Cost of Care and benchmarking exercise into all residential care homes; consider new contract	September 2023	AD Commissioning	Green
Support an improvement in referrals and activity into the Promoting Independence Project	September 2023	AD Commissioning AD Mental Health, First Contact, Safeguarding Partners	Amber

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Adult Social Care Mental Health Market Position Statement

Final Version

September 2022

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1. Introduction to the Market Position Statement

1.1 Our Vision

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

1.2 Adult Social Care Long Term Strategy

The Strategy was approved at Sheffield City Council Co-Operative Executive on 16th March 2022 and covers the period of 2022 to 2030. A Delivery Plan was subsequently agreed on 15th June 2022. The document, and background information, can be found on the [Council website](#).¹

The vision and strategy set out the approach to make sure that everyone can live and age well in Sheffield. It was developed through significant co-production and formal consultation over an 18-month period. This involved people receiving services, carers, providers, partners, and workforce across the sector. The strategy makes 6 commitments as the guiding principles we will follow and how we deliver this strategy. They show how we will achieve our outcomes and highlight what we want to do better. By working in this way, we want to achieve fundamental changes to the experience of and quality of social care in the city. These commitments are:

- 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.

1.3 The purpose and scope of this Market Position Statement

In Sheffield we follow a commissioning cycle consisting of:

- **Analyse:** activity and resource assessment.
- **Plan:** gap analysis, commissioning strategies and service design.
- **Do:** service delivery and provider working.
- **Review:** outcome and performance analysis.

The **Market Position Statement** (MPS) is a key element of the analyse and plan stages of the commissioning cycle as it will inform the subsequent planning and delivery of services for

¹ A Mental Health and Emotional Wellbeing Strategy for the city is due to be agreed with partners and signed off in early 2023.

the next few years. It will be updated as required and will underpin more detailed commissioning plans.

A MPS is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. In line with commitments set out in the Adult Social Care Strategy and the accompanying Delivery Plan, in this MPS we are setting out our intentions for the way **adult mental health social care services for adults aged 18-64**² are delivered and the support that needs to be commissioned. In doing so, we aim to effectively contribute to the wider partnership in place in Sheffield to improve the lives and outcomes of individuals and Carers affected by mental ill health.

The target audience for this document is broad. Its audience is of course providers of mental health services who are currently, or who wish to be, delivering mental health provisions in Sheffield. By 'providers' we mean private sector, community, voluntary and faith sectors, statutory bodies and our own 'in-house' providers.

But our commitment to involvement and co-design with individuals, Experts by Experience, and their families and carers, means that the audience also includes people who use services and their carers, advocacy organisations, health and social care professionals, and of course, our partners internally to the council and within the health sector. It is important that what we commission reflects individuals' views and wishes and the outcomes and intentions set out in our Adult Social Care Strategy.

We acknowledge that the Council has a perspective on 'the market'; however, we appreciate that it is both experienced and understood from different perspectives, and by groups and individuals with different priorities. Over the summer of 2022 we invited comments from people and groups on this document and have taken those comments into account for this final version. We will also include people and partners every time we commission a new service.

This document concerns itself solely with provision of mental health social care support as a practical step in ensuring people of Sheffield experiencing mental ill health have the right social care support at the right time. Other areas of adult social care commissioning will, over time, be producing their own specific market position statements, and an overarching statement on the adult social care market will also be produced. This will have a more general perspective around subjects like the adult social care workforce and training opportunities for providers, which are not addressed specifically in this document.³

² Market Position Statements for adults aged over 65, or adults aged 18-64 who need different kinds of support (i.e. not mental health) are also being produced by Sheffield City Council.

³ Insert hyperlink when this is available.

2. Ten headline messages

There are **ten key messages** that this document aims to get across to its readers:

1. Partnership and Co-Production

We work with partners across the city and region on several programmes to improve mental health services and support in Sheffield. Our intention is that this continues and enhanced through embedding co-design and co-production, using Think Local Act Personal (TLAP) as a key approach and foundations to our activities.

We are looking for providers who will work in partnership and in a collaborative way with individuals, carers, our social work teams and partners to establish an integrated approach to work with people who experience mental ill health.

2. Quality of Care and Support

Our priority is that individuals receive excellent quality support based on “what matters to you”. Quality services keep the individual’s aim for independence central to its delivery and ensure that individuals and their families members views are central to design and ongoing improvement. Providers must evidence that they are independence, recovery and outcome focused, through their approach and business model. We are also looking for Providers who can evidence how they will value their workforce to support consistency and continuity of support to individuals and develop a workforce which reflects the diversity of our communities across Sheffield.

3. Promoting Independence and Recovery

People often need more intense care and support on some occasions; however, may not need/require this intensive support for a long-time. We have a key priority to support the growth of independence and autonomy for people and to work in strengths-based ways with people so that individuals can recover and live the life they want to live.

4. Care and Support with Accommodation - Independence and Support Framework

A new Mental Health Independence and Support Framework, which is the key mechanism used to find support for people in their own tenancies and / or accommodation is being recommissioned in summer 2022 and will replace the current Recovery Framework. We aim for this to, over time, replace direct payments and direct awards where this is appropriate.

5. Different kinds of accommodation are needed

There are known gaps in the market which must be addressed in the coming years. Key priorities include:

- Services for young people with personality disorder, many of whom are currently supported out of city.
- Services for people with complex needs who need considerable hours of support/oversight per day, sometimes also with physical health needs.
- Services for people with a dual diagnosis, e.g. learning disability/autism/mental health or drug and alcohol abuse/mental health.

6. We are going to review our approach to prevention

We commission a small number of services in the local community that have preventative benefit. Our aim is to recommission over the coming months and years to align with our strategy and wider focus on prevention and early intervention across Sheffield. We will be looking for providers who will support development of informal networks and peer support that promotes and enables individuals to be connected to their communities.

7. Supporting Carers

We want all Carers to continue to care for as long as they wish to and are able. Therefore, it is key for services to build the resilience of carers and prevent breakdown.

8. Fee rates will be reviewed

Over the coming years, we intend to address some of the discrepancies inherent in current fee arrangement to achieve transparency in costs and provision wherever possible, to generate best value for the Council and the best service possible for people who use services. We will be undertaking a 'cost of care exercise' to support this.

9. There are new processes for receiving a fee uplift

In 22/23 mental health providers received an automatic fee uplift in line with other non-standard provision. Commissioners are committed to working with providers on the implications of this change.

10. Assessment and Care Management

Over 2022/23, social work staff who are seconded to Sheffield Health and Social Care Trust (SHSC) will return to the direct management of Sheffield City Council Adult Health and Social Care. All assessment and care management will in the future be managed by Adult Health and Social Care. We are looking for providers who will work with our individuals, carers and our social work teams to develop innovative ways of promoting independence and recovery.

3. Our vision for mental health social care

1 in 4 people will experience a mental health problem of some kind each year in England, and 1 in 6 people report experiencing a common mental health problem (like anxiety and depression) in any given week in England. Approximately 1 in 8 adults with a mental health problem are receiving some kind of treatment.⁴

Mental health problems are common and can have a significant impact on a person's ability to identify and take up opportunities such as employment; to safeguard or care for themselves and others; and on their physical health and wellbeing. The Covid-19 pandemic had a significant impact on people's wellbeing and mental health in Sheffield (see the [State of Sheffield 2020 report](#) and a [Health and Wellbeing Board report](#) for more⁵) – and the full extent of this is still emerging. NHS England anticipates an increase in emotional and mental health problems associated with Covid-19 of up to 40%.

The city's vision for health and care in Sheffield is a vision that has been agreed with a range of partners across the city, primarily through the city's [Health and Wellbeing Board](#), a strategic forum and partnership of GPs, councillors, executives and a representative of Sheffield people. The Health and Wellbeing Board's [Joint Health and Wellbeing Strategy](#) sets the tone for our for mental health in Sheffield, and a more specific Mental Health Strategy for the city is currently being agreed across partners.

Another key strategy for mental health in Sheffield is the [Adult Social Care Strategy: Living the life you want to live](#). This strategy will underpin all decisions made by mental health adult social care in the coming years and was explored in the introduction to this MPS.

⁴ Mind website: www.Mind.org.uk accessed 17.33 2-8-22.

⁵ A website that may be helpful for providers to gain more insights into the Sheffield population is: [Local Insight \(communityinsight.org\)](http://LocalInsight.communityinsight.org).

4. Levels of demand

Over 2021/22 commissioners saw relatively limited growth in demand in terms of numbers of people requiring adult social care mental health. However, in the same period costs increased significantly, in the most part due to increased provider fees and costs, though some of the increased costs were due to the complexity of packages. The Council therefore saw a significant overspend in its mental health budgets.

For 2023/24 we are forecasting the costs of an increase in demand at around £700k. Mental ill health represents up to 23% of the total burden of ill health that the NHS deals with and is the largest single cause of disability. However, only 13% of England's health budget is spent on mental health, and the financial picture for social care and local authorities nationwide is even worse.

The [PANSI website](#) provides a helpful set of figures that can help us consider future demand for services:⁶

Mental health - all people, 18-64 - 2020	2025	2030	2035	2040
Sheffield				
<input type="button" value="Show by gender"/>				
People aged 18-64 predicted to have a common mental disorder	70,816	72,146	73,601	74,317
People aged 18-64 predicted to have a borderline personality disorder	8,994	9,163	9,348	9,439
People aged 18-64 predicted to have an antisocial personality disorder	12,626	12,868	13,147	13,285
People aged 18-64 predicted to have psychotic disorder	2,628	2,678	2,733	2,760
People aged 18-64 predicted to have two or more psychiatric disorders	27,019	27,530	28,096	28,375
Figures may not sum due to rounding				

Crown copyright 2020

While these figures do not specify the impact on adult social care services, they can help us and providers to plan future service needs.

5. Overview of the adult social care mental health market and messages for providers

There are 5,191 people in Sheffield currently recorded by their GP as living with a severe mental illness (SMI) (excluding those in remission). (NHS England defines 'severe mental illness' (SMI) as anyone diagnosed with schizophrenia, bipolar disorder or other psychosis or is having lithium therapy.) We also have approximately 90,000 people living with depression or anxiety conditions, yet three quarters of these receive no treatment.

⁶ These figures can also be provided with a male/female split.

Many of these people will need some adult social care support. Mental health providers for adults aged 18-64 can be broadly split into two categories:

- Those who provide **support in the community**, helping to prevent mental health problems escalating and helping those with them to maintain their day to day lives and, sometimes, move towards independence and recovery.
- Those who provide **residential/nursing care** – this can include psychological input and/or support in growing towards independence and recovery.

5.1 Support in the community

5.1.1 Overview

We invest a relatively small amount of money in preventing people experiencing mental ill health, and/or providing low-level, informal support for people in their community. We also commission the Sheffield Mental Health Guide, which is also currently being recommissioned, and – along with other adult social care services – support services for carers. But we need to look at this in more depth: our financial resources are only likely to dwindle, and yet we know that the need is very great. We are looking for providers to be innovative and work with us to prevent people developing severe mental illness.

Since 1 July 2022, carers of adults experiencing mental health problems have been able to access a carers' assessment from the Carers' Centre (instead of the Sheffield Health and Social Care Trust), and providers can support carers with their caring responsibilities as part of their day-to-day business. This is a new change, and we want to hear back if this is working for people. We also know that 15,000 Sheffield children and young people live with a parent who lives with a mental health disorder. Many will be young carers, so we want to work with our partners to continue support in this area.

For some, the low-level, informal support is insufficient for their needs, and following a Care Act assessment they may be supported in the community, either living in their own homes or with their own tenancies, with additional support alongside accommodation offered. Support is provided either via a framework or by Direct Payment. This kind of support is often referred to as 'home support' – but it is very different from the kind of support received by the old and/or frail in their homes. Rather, the daytime support offered to people experiencing serious mental illness is focussed on living day-to-day life and growing in confidence and independence. Workers therefore require a different skill set and must manage a more complex set of risks – particularly during a pandemic. The Council spent almost £5.7m in 21/22 on this type of provision (the South Yorkshire Integrated Care Board also invests in this area on top of the £5.7m). The Council is currently recommissioning the 'home support' provision (which was called the 'Recovery Framework') with a focus on the achievement of outcomes alongside delivering value for money, alongside recognising that a 'one size fits all' recovery approach is not always the most appropriate model for all service users.

5.1.2 Messages for the market

There are two main challenges which we want to address with the market:

a) Preventing people needing adult social care support

We want to develop our needs assessment and understanding of the mental health and wellbeing needs of specific sectors of our population, including young people, people from an ethnic minority background, those who are homeless or suffer from drug abuse, and those who experience early onset dementia or serious mental illness in old age. For example:

- In England in 2017/18, rates of detention under the Mental Health Act were over four times higher for Black/Black British ethnicity than White British ethnicity.
- People in lower income households are more likely to have unmet mental health treatment requests compared with high income households.
- We know that in Sheffield too many people have poor mental wellbeing, with one in ten people reporting low levels of happiness and nearly a quarter reporting high levels of anxiety.
- Good wellbeing is associated with a 19% reduction in mortality, and it can add 4-10 years to life. Wellbeing is also associated with wider social outcomes including employment, education, stable family relationships and reduced crime.

The voluntary, community, faith and social enterprise sector has a huge wealth of expertise, knowledge and value for the city, and does a huge amount of support for people every day, behind the scenes. We know this is an area where we need to work closely in partnership with people and organisations across the city.⁷ As one consultation response noted: [it needs to be a] *“shared endeavour, recognising that one organisation can't fix the challenges we face in mental health care.”* The Mental Health Partnership Network (MHPN) and the Sheffield Rethink VCSE Alliance are just two opportunities for us to better align our work with the sector going forward. We know we need to consider how we can offer longer-term funding for projects and to build on our coproduction approaches so that preventative services are enabled to be successful and embedded in local communities.

b) Encouraging more providers into this market

The ‘home support’ part of the sector has struggled over the past year, with demand for support exceeding the provision available. Two providers have exited the market in recent years – and yet the hourly rate for mental health support is greater than the hourly support rate for older people and other working age adults. In autumn 2022 we are due to launch our new Independence and Support Framework which was an opportunity for providers across the city to bid to provide services. Once it is launched, we will regularly review how it is working and what we might need to change to ensure those who need support are getting the best service possible.

We also have several providers who offer support via direct payment, and often this works well for service users.⁸ However, where the service user is unable to be responsible for managing their direct payment, these direct payments cannot continue in the long-term, so we need providers to enter our frameworks if they want to continue providing support to this group of people.

⁷ See [section 6](#) of this document for a range of areas where partnership is perhaps particularly important.

⁸ A new [Direct Payment Support Service](#) has been launched to help service users manage their Direct Payments.

Consultation feedback has indicated that some providers would benefit from being communicated with and made aware of potential commissioning opportunities. For the Independence and Support Framework commissioning, we held several online events which we invited over a hundred different organisations to. The different VCSE organisational networks [listed above](#) are one way for providers to be aware of upcoming opportunities; as is the online [procurement tendering portal](#).

5.2 Residential care and supported living

5.2.1 Overview

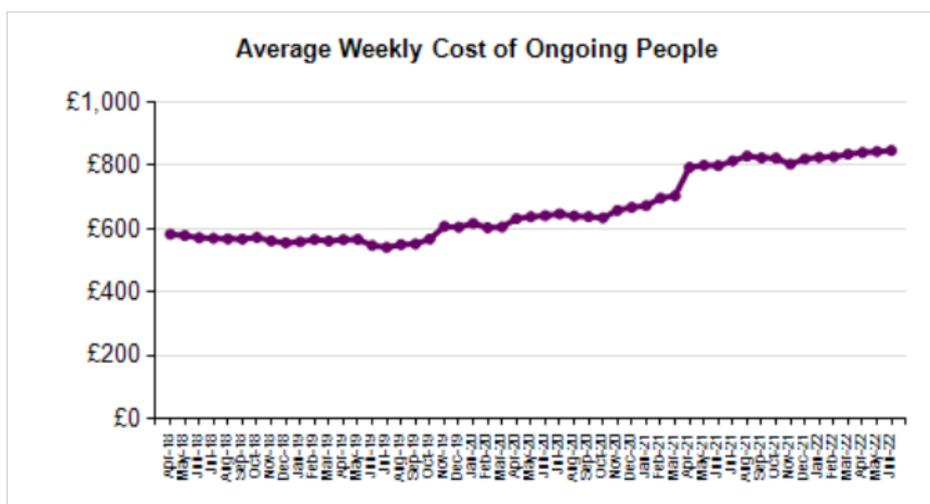
Sheffield has several residential and nursing care homes that have a focus on mental health for adults aged 18-64 specifically or have mental health as an area of specialism alongside other specialists. Most of these are locally based organisations (some with multiple homes), but some are owned by national organisations. The Council also directly commissions on a block contract three accommodation options that are often the next step for service users after living in a care home. In addition, some supported living is available but is not directly commissioned. Sometimes service users' needs are so significant and/or specific that they need to be placed out of city.

As of July 2022, all mental health care homes were rated 'Green' by the Council's quality and performance team, although they continue to receive monitoring and support as part of the Council's offer for all homes.

5.2.2 Expenditure

The Council spent at least £8m in 21/22 on residential mental health social care support (the South Yorkshire Integrated Care Board also invests in this area on top of the £8m as part of an arrangement if the person is eligible for Section 117 aftercare). There are relatively few fully private self-funders in the mental health residential and nursing market.

The Council's average weekly cost per person in care homes has been steadily increasing for some time now, as the table below demonstrates:



5.2.3 Comparisons with other areas

The table below sets out the numbers of people receiving long-term mental health support in 20/21 per 100,000 in the 18-64 population, and compares these figures with various ‘groups’ of local authorities that we use to understand whether we are spending and performing as well as we could compared to other areas:⁹

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	7	10	9	5	4
Residential Care	33	25	21	25	20

This suggests that Sheffield is supporting a higher number of people in residential and nursing care than a range of statistical equivalents.¹⁰

The table below sets out the expenditure by Sheffield on the £000s in 20/21 on that same population:

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£312	£491	£390	£250	£210
Residential Care	£1,398	£1,053	£918	£1,027	£857
Supported Accommodation	£1	£445	£368	£22	£229

This suggests that Sheffield has a disproportionately high number of people in residential care and could look to develop the number of people it supports in a supported accommodation setting.

5.2.4 Messages for the market

These figures above raise three key questions for commissioners:

a) Promoting independence and recovery

The [Adult Social Care Outcomes Framework \(ASCOF\)](#) prioritises people with mental health conditions moving towards independence and recovery, and it demonstrates that Sheffield needs to progress further in this area, as the table below demonstrates.¹¹

ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF) RESULTS 2021/22 - with 20/21 benchmarking									
Measure	18/19 Score	19/20 Score	20/21 Score	21/22 Score	Target	Trend V Prev Yr	National Score	Regional Score	
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	58	54	42	tbc	None set	Worse	58	65	

⁹ This data is updated annually, usually in the autumn. For further information, see: [corecities.com](https://www.corecities.com/) |; [Nearest Neighbour Model \(cipfa.org\)](#); [Yorkshire and Humber | ADCS](#).

¹⁰ The numbers would probably be even higher if the number of service users accommodated via a direct payment or our supported accommodation block contracts were included, which they currently are not. Changing the way our data is recorded is part of our improvement intentions.

¹¹ There are a number of other measures included in the ASCOF framework, but only a few are mental health-specific.

One of the ways we are working with partners to promote independence is the [Promoting Independence Project](#). This seeks to support service users who are currently in a mental health care home towards independent living. The project has worked with a not insignificant number of people who are all at varying stages of the process towards independent living.

We know we need to keep working with partners to ensure the links between residential, supported living and floating support options are as helpful as possible for all in supporting individuals towards independence and recovery.

b) Opportunities to develop new supported accommodation schemes

We know that there are gaps in the market which we will explore in the coming years, and which would help service users towards greater independence. Some of the areas we are exploring include:

- **Support for young people with a personality disorder.** As of July 2022, there are 6 young people aged between 18 and 25 placed out of city, primarily in West Yorkshire. 5 are jointly funded, with a further young person 100% Continuing Healthcare funded. Funding these five young people costs the Council alone over £10,000 a week. We want to explore whether there is a different way these services could be provided (such as reduced cost, increased quality, or closer to home), or if there is a provider who would want to explore opening up a similar service in South Yorkshire.
- **Support for those with complex needs who need 12-24 hours of support/oversight per day,** sometimes also with physical health needs, who are offered supported in exempt accommodation. There are regularly people waiting for discharge from hospital with this level of need; often they have risky histories and there can be difficult to house. The Council pays both for the care package (the cost of which can vary hugely from the £hundreds to the £thousands per week), as well as the accommodation. We want to explore whether we could set up a supported living framework or unit that is able to cope with potentially risky behaviours but is also able to support people in line with their Care Act assessment.
- **Support for those with a dual diagnosis, such as drug and alcohol abuse/mental health.** The data that we have shows that 31% of those with a mental health treatment need in substance misuse services are not accessing mental health support.¹² Most recent data also shows that around 7% still have a housing need when they end their treatment. We also know that the proportion of homeless people in Sheffield with a diagnosed mental health condition (63%) is over double that of the general population (around 25%). We know we need to work together across many different organisations and teams to improve outcomes and accommodation options for these service users before, during and after treatment. The Changing Futures project and the recently awarded OHID grant will support with this. We want to explore whether there would be

¹² Unfortunately, there is a large discrepancy between the proportion with a mental health need reported for Sheffield in comparison to the national proportion. This could mean that the service in Sheffield is not accurately capturing this number.

scope for increasing the amount of safe accommodation available for people with a dual diagnosis.

We will also continue to support existing supported accommodation schemes that we already have.

c) Supporting care homes to be sustainable for the long term

As of January 2022, mental health care homes (which are specifically but not entirely supporting those aged 18-64) had an occupancy rate of 92%. Bed vacancies can cause financial difficulties for homes. In other cases, homes are experiencing financial difficulties due to the age, layout, and condition of the buildings they operate in, which causes both a cost pressure to deliver improvements, and may also make the home a less attractive environment for service users. This changing environment for Sheffield's homes is a key thing for homes to be aware of in the coming years; some adaptation to the market will probably be required. There does not appear to be much interest from providers in opening new care homes – and this would not be something commissioners would encourage.

One of the things we have changed recently is a more robust and fair approach to fee uplifts. In 22/23 the approach to fee uplifts for providers changed to an annual uplift rather than responding to ad hoc requests for an increase in fee rates. This change in approach was because commissioners recognise the unique challenges of the current time and want to ensure that mental health is treated on a par with other levels of need across the city. This does mean that there will be less scope for negotiation between commissioners and providers over fee rates and uplifts.

Fee rates for residential/nursing homes vary depending on the type and complexity of support required by the service user and the level of support towards recovery that the home offers. Unsurprisingly, this variety in provision does mean providers have different business models and cost structures. However, over the coming years we want to become much clearer about what we are paying for. Some providers have begun to report that they are unable to support people fully with their base rate and have asked for additional 1-1 hours for specific service users. We want to have a clear contract and a clear set of expectations of care homes that is in line with a Care Act assessment. We are also looking into carrying out a fair cost of care exercise or similar, so we can be sure we are paying – and providers are receiving – a fair cost for the care they provide.

5.3 Social work provision

All providers have significant interfaces into mental health social work teams. And here, a very significant change is underway. Following an internal review, a decision was made that the Council in 2022-23 would take on direct management control of social care assessment and care management functions for people of working age with mental health difficulties. These functions have for over 15 years been managed by Sheffield Health and Social Care NHS Foundation Trust (SHSCT) as an integrated mental health service alongside clinical staff.

Adult social care is committed to a collaborative delivery model continuing in future, where social care teams continue to work closely alongside clinical teams to integrate the care and support services that people need. We believe this change will ultimately be better for the people of Sheffield who we serve¹³ and better for the Health and Social Care System, as partners will have a clearer understanding of their role within the system and be able to collaborate more effectively as a result. At this point our key principles are to minimise any disruption to the services received by Sheffield people, and to make as smooth a transition as possible for staff and managers who will be affected by the process. Once the transition is complete, we know we will have work to do to ensure continued alignment with different teams across a range of organisations, and to communicate the changes and ways of working to everyone.

The department therefore wants to work closely with providers over the coming months to better understand the implications, work through any challenges, and safely and securely implement the change. Our provider forums will provide an opportunity for this. Providers should attend one of our regular provider forums to be kept up to date with the changes.

¹³ We know, for example, that long waiting times for mental health support are raised regularly with Healthwatch Sheffield – see [News and reports | Healthwatch Sheffield](#). Social care is only a part of this, but we believe this change will help ensure more people access the services they need.

6. Working with partners

We work with partners across the city and region on several programmes to improve mental health services and support in Sheffield, including:

- **Children and young people** – half of all mental health problems are established by the age of 14, rising to 75% by age 20, and adult social care services have significant interfaces with children and young people’s services, supporting young people into adulthood.
- **NHS-led mental health provision** – as outlined in the [section above](#), we know we need to work in an integrated way with NHS services, both acute and in the community.
- **Hospital discharges** – we have a growing plan to work together with others to ensure discharges out of mental health wards are well planned and effective.
- **Support for people with mental health conditions into employment** – every year there are 300,000 people who lose their jobs due to a long-term mental health condition. Supporting people into employment is a key objective of adult social care and is included on the [Adult Social Care Outcomes Framework](#).
- **Physical health checks** – the average life expectancy for someone with a long-term mental health illness is at least 15-20 years shorter than for someone without. However, only about 40% of people on Sheffield serious mental illness (SMI) registers have received their SMI annual physical health check in the last 12 months, so we need to work with our partners to continue trying to address this.
- **Specialist accommodation and complex needs support** – our regional partners are currently working on a specific Market Position Statement for those with a learning disability, and there may be much to learn from this work.
- **Support for those with dementia aged under 65** – although dementia is often classed as a mental health condition, in adult social care terms those with dementia are, in Sheffield, usually linked with services for older people, not working age adults. However, we recognise that we need to work with partners to develop our offer for those aged under 65 who experience dementia.
- **Support for asylum seekers** – we know that there is a growing body of evidence about the [mental health needs of asylum seekers](#). While we have one contract that provides supported accommodation for those with No Recourse to Public Funds (NRPF), we know we need to work with others to continue to support those in need.
- **Crisis care** – building on work our partners are doing in Sheffield.
- **Primary care and community mental health transformation** – building on work our partners are doing in Sheffield.
- **Eating disorders** – an estimated 1.25 million people have an eating disorder in the UK, and they can be complex and life-threatening mental illnesses.
- **Suicide and bereavement support and self-harm awareness** – South Yorkshire and Bassetlaw also has a higher suicide rate than the England average. Self-harm is more common in ex-service personnel, young people, women, LGBT+ community, prisoners, asylum seekers, and children who have experienced abuse.
- **Perinatal mental health** – it is estimated that up to 20% of women will experience mental health problems during the perinatal period.
- **Mapping of services available** – we know that one difficulty for service users, carers, and providers can be to know what services are available. Most recently the Changing

Futures project recently produced a map that explores the vast range and network of services available. We need to build on this, with partners, so people are aware what is out there.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Equality Impact Assessment

Introductory Information

Budget/Project name

Mental Health Market Position Statement,
Prevention Commissioning and Delivery
Plan

Proposal type

- Budget
- Project

Reference number

1257

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 Cabinet Member

Cllr George Lindars-Hammond
Councillor Angela Argenzio

Entered on Q Tier

- Yes
- No

Year of proposal(s)

- | | | | | |
|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 21/22 | <input checked="" type="radio"/> 22/23 | <input type="radio"/> 23/24 | <input type="radio"/> 24/25 | <input type="radio"/> other |
|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|

EIA date

12/9/22

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Michael Bowles |
| <input type="radio"/> Beth Storm | <input type="radio"/> Michelle Hawley |
| <input type="radio"/> Diane Owens | <input type="radio"/> Rosie May |

Person filling in this EIA form

Louisa King

Lead officer

Tim Gollins / Catherine Bunten

Lead Corporate Plan priority

- | | | | | |
|--|--------------------------------------|---|---|---|
| <input type="radio"/> An In-Touch Organisation | <input type="radio"/> Strong Economy | <input type="radio"/> Thriving Neighbourhoods and Communities | <input type="radio"/> Better Health and Wellbeing | <input type="radio"/> 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

This paper sets out a proposed Market Position Statement to set out our commissioning intentions regarding support to people experiencing mental ill health in the city, proposals regarding recommissioning of prevention contracts, and a Mental Health Social Care Delivery Plan to ensure that we have robust response towards supporting people experiencing mental ill health in the City with partners.

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 proposal is an active example of the Council's obligations under the Public Sector Equality Duty to have due regard to the need to reduce inequality between people sharing a protected characteristic (in this instance, mental ill health as a category of disability) and those who do not, namely to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity, and
- foster good relations.

Moreover, there are further inequalities and intersectionalities within the broad remit of mental health itself that the Framework will need to consider. For example, as cited in the Commission for Equality in Mental Health report, 2020:

- People within black and African-Caribbean communities may be more likely to experience post-traumatic stress disorder, schizophrenia and suicide risk, and to be sectioned under the Mental Health Act;
- Women are significantly more likely to experience physical or sexual abuse and associated mental health problems;
- LGBTQ+ people are more likely to face mental ill health but have lower IAPT recovery rates;
- People with autism and deaf people are much more likely to experience poor mental health;

- There are strong associations between mental ill health and children and adults living in higher deprivation areas (and similar lower IAPT recovery rates);
- People over the age of 65 may less likely to be recognized as needing therapy support.

Impacts

Proposal has an impact on

<input type="radio"/> Health	<input type="radio"/> Transgender
<input type="radio"/> Age	<input type="radio"/> Carers
<input type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> 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**

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium **High**

Details of impact

This is a Market Position Statement for the whole of Sheffield adult social care mental health, a delivery plan for the areas of work needed, and a commissioning plan for preventing episodes of mental ill health across the Sheffield population. It is a real and exciting opportunity to begin to set out what work is needed from a commissioning perspective and to learn from our local and national evidence base about what works and how we can support people towards wellbeing, independence, and recovery. This will all have a positive impact on people's health and wellbeing as it will ensure they get the care and support they need as detailed in their Care Act assessment and/or support in the prevention of mental ill health.

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

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Focus is on adults of working age (18-64).

Disability

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

This will have a positive impact on people's health and wellbeing (mental health is often described as a disability) as it will ensure they get the care and support they need as detailed in their Care Act assessment and/or support in the prevention of mental ill health.

Pregnancy/Maternity**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Services are available to those who fall into this category.

Race**Staff**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact**Customers**

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

It is possible that supporting black and minority ethnic communities with their mental health will be part of the proposed prevention commissioning. Priorities will be determined with VCSE organisations.

Religion/Belief

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Sex

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

It is possible that supporting women with their mental health will be part of the proposed prevention commissioning. Priorities will be determined with VCSE organisations.

Sexual Orientation

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

It is possible that supporting LBGTQI groups with their mental health will be part of the proposed prevention commissioning. Priorities will be determined with VCSE organisations.

Transgender

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

As above

Carers

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Details of impact

It is possible that supporting carers with their mental health will be part of the proposed prevention commissioning and/or that all of the activities outlined will support carers better by virtue of providing service users with a better support offer.

Voluntary/Community & Faith Sectors

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The aim of this proposed procurement is that new and smaller provider services will be encouraged to engage with the contract and we will work closely with VCSE organisations to determine our commissioning priorities.

Cohesion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Supporting people towards independence helps communities.

Partners

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Some staff employed by organisations that are being decommissioned will be affected. Impact assessments will be carried out.

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The aim of this proposed procurement is that new and smaller provider services will be encouraged to engage with the contract and we will work closely with VCSE organisations and partnerships to determine our commissioning priorities.

Poverty & Financial Inclusion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Armed Forces

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Other

Staff

Yes No

Please specify

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Customers

Yes No

Please specify

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

Yes No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

Proposal has geographical impact across Sheffield

Yes No

If Yes, details of geographical impact across Sheffield

Local Partnership Area(s) impacted

All Specific

If Specific, name of Local Partnership Area(s) impacted

Action Plan and Supporting Evidence

Action Plan

This work should have a positive impact across all protected groups and particularly on disabled people with mental health problems. We will work with partners to make sure we are supporting people appropriately and monitoring the EIA.

Supporting Evidence (Please detail all your evidence used to support the EIA)

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

Impact assessments will be carried out.

Summary of overall impact

Summary of overall impact

Positive

Summary of evidence

Changes made as a result of the EIA

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

DD/MM/YYYY

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Report to Policy Committee

Author/Lead Officer of Report: Tony Ellingham

Tel: 0114 2052770

Report of: *Director Adult Health and Social Care*

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

Date of Decision: *21st September 2022*

Subject: Older Persons Prevention Service

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/> Y	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? Number 1210				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/> Y	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> N
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> N

Purpose of Report:

Approval is sought to approve the commission of an extension to the existing arrangements for up to 12 months to allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise.

Recommendations:

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

- Approves the commission of an extension to the existing arrangements for prevention services for people who are aged 55 plus by 12 months, in line with this report whilst a review of early intervention and the operating model is taking place.

Background Papers:

Appendix 1 – 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: Anna Beeby
		Legal: Henry Watmough Cownie and Sarah Bennett
		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	SLB member who approved submission:	Alexis Chappell
3	Relevant Policy Committee	Adult Health and Social Care
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 Decision Maker 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: Joe Horobin	Job Title: Director Integrated Commissioning
	Date: 09/09/22	

1. PROPOSAL

- 1.1 The current arrangements for prevention services for people who are aged 55 plus have been in place since 18 September 2017.
- 1.2 The service operates city wide. It provides short term support of six to nine months to people who are aged 55 plus and have recently experienced a deterioration in their health condition.
- 1.3 Typically, support is just under 3 hours per week, but there is the flexibility to adjust the hours of support according to needs. The purpose of the support is to help people to continue to live independently, maintain a safe home environment and prevent the need for formal support.
- 1.4 The service helps people by:
 - Facilitating safe and timely discharge from hospital
 - Building confidence and resilience
 - Maximising income by accessing benefits
 - Making the home environment safe and supporting people to get advice about aids, adaptations, or rehousing
 - Helping people to participate and take part in community activities
 - Helping people to get the most from their involvement with local health, housing, and other services.
- 1.5 The service does not provide personal care, but where people are in receipt of support, the service seeks to work in ways that limit the need these services.
- 1.6 A review of the service has been undertaken and this demonstrates the service is consistently full and achieving good outcomes. The service has strong links with other services and has worked particularly closely with the Health and Housing Team and the Home First Prevention Service. However, other new services are being developed around early help and ageing well portfolio and it's anticipated that further connections can be made. In addition, two wider strategic reviews are looking at housing related support and the early help offer that may influence how we see this service going forward. The early help review will look preventing deteriorating health and supporting people to live independently for longer.
- 1.7 Given that the wider reviews are taking place and that a new target operating model for Adult Health and Social Care is in development and this service will need to work alongside and support the development of the Living and Ageing Well Service and the Care and Wellbeing Service, approved at Committee on 15th June 2022¹, it is felt that we will need to review our commissioning strategy for this service as well.

¹ [\(Public Pack\)Item 9 - Recommissioning Homecare Services Agenda Supplement for Adult Health and Social Care Policy Committee, 15/06/2022 10:00 \(sheffield.gov.uk\)](#)

- 1.8 To facilitate that review it is proposed that we continue to commission the current service for a period of time. However, the current provision is made via a contract and so a further period of contract would be required to do this – we would not recommend other options such as moving to in-house provision. It is proposed that a period of contract of no more than 12 months would be sufficient. Considering the short period of contract, if the Committee approves this commissioning strategy, an extension to the current contract is the most likely way of implementing the decision.
- 1.9 The Adult Social Care Vision for Sheffield 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. This proposal is in alignment with this vision.
- 1.10 The Adult Health and Social Care Strategy 2022 to 2030 is called 'Living the life you want to live' and it sets out this vision. It has six commitments and this report links primarily to commitment 2:

Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.

- 1.11 The proposal will help the Council meet a duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals.

1.2 Market Position and Adult Health and Social Care Target Operating Model

- 1.2.1 An Adult Health and Social Care Market Position Statement is proposed for approval at Committee on 21st September 2022. This provides providers with our intentions and standards and supports the implementation of the recommissioning of supports for adults across the City.
- 1.2.2 It is intended that further partnership and engagement activity is undertaken with Older Adults, providers, and partners to enable a further dedicated Living and Ageing Well Strategic Outcome Delivery Plan and Market Shaping Statement to be co-produced and considered for approval at Committee by February 2023.
- 1.2.3 Through implementation of our Adult Health and Social Care Strategy, a new target operating model is being developed which will enable practical realisation of the strategy. It is intended that through the development, our focus is on co-design of the Living and Ageing Well part of the model along with Adults, Families, and wider partners so that our model reflects and deliver improved outcomes for people of Sheffield.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 The service provides people who have an age-related health condition with information, advice, and support so they can continue to live independently. It has a strong focus on people leaving hospital whose health needs have deteriorated and who need additional support so they can maintain independence.
- 2.2 The proposal contributes to enabling people to live independently for longer, maximising income and reducing inequalities in the city. These are key objectives in the Our Sheffield, Delivery Plan.
- 2.3 An evaluation of the current service was completed in May 2022. At this point 2572 people had used the service and their average age was 74 years old. The number of people worked with each year has varied over the life of the contract. In the first year of the contract 794 people were supported, in the last full year the number was 372. The reason for this is that needs have increased, and many people worked with have required more staff time.
- 2.4 Just under half the referral (47%) have been from health or social care and just over a fifth have been self-referrals (22%).
- 2.5 People using the service had a variety of needs variety of needs and these include:
- 31% with a mental health need
 - 41% with a mobility need
 - 29% with a physical/sensory disability
- 2.6 A needs measurement tool is used by the service that counts the number of needs against a designated list and this and this shows an increase in needs from an average of 9.9 needs per person in the first year of the service to 14.4 needs per person now.
- 2.7 Although needs have gone up the service has proved effective at helping many people meet most of these needs:
- 90% met one or more economic wellbeing goals
 - 90% said their health had improved
 - 90% said they felt safer
 - 89% said they were enjoying life more
 - 92% said they were contributing to their community more
 - 87% said they were more secure in their accommodation
- 2.8 Service demand is high and exceeds availability of provision, the service currently receives 25 referrals a week.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 It is proposed to extend the existing contract for up to 12 months to allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise.
- 3.2 An online customer satisfaction survey was developed, and people were encouraged to complete the survey by staff. Focus groups were also arranged. A total of 42 people contributed. The survey feedback demonstrated that people value the service and like the way the service is delivered.
- 3.3 A questionnaire was sent to referral organisation and ten people responded. All respondents rated the service as good or very good. Separate feedback was sought from the Health and Housing Team and Home First Prevention Team. Feedback from these teams was also broadly positive.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 An Equality Impact Assessment has been undertaken and the proposal has a positive impact particularly in relation to age, health, disability, carers, and financial inclusion. *Appendix 1*

4.2 Financial and Commercial Implications

- 4.2.1 When the service began in September 2017 the contract value was £1,099,601, following budget revisions in subsequent years the annual contract value has been adjusted to £746,601 on 1 April 2020.
- 4.2.2 The maximum cost of the extension is £746,601.
- 4.2.3 The recommendation is to extend the contract for a duration of no more than 12 months whilst a review of options is being carried out.

4.3 Legal Implications

- 4.3.1 The service that it is proposed will be provided under this contract help to meet the Council's duty under Part 1 of the Care Act 2014 to provide or arrange for the provision of services, facilities or resources which contribute towards the prevention or delay of needs for care and support, and meet the general duty in carrying out functions under this Part of the Act to promote the well-being of individuals. They may also contribute to meeting the Council's accommodation duties under the homelessness provisions in Part 7 of the Housing Act 1996.

4.4 Climate Implications

- 4.4.1 The proposal does not have adverse environmental implications.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **End the service** –This would have an adverse impact on older people with health conditions. It would weaken the council’s ability to fulfil statutory wellbeing and prevention duties under the Care Act 2014. It would result in immediate savings, but could increase costs elsewhere in the council budget, by making it more likely for more people to need more expensive services.
- 5.2 **Reduce the service** – Reducing the service would have less of an adverse impact on people than ending it, but it would still leave future beneficiaries without a service, and this would have a harmful impact. The high demand for the service raises the question whether it should be expanded.
- 5.3 Decisions about pursuing either of these options are best made once the strategic reviews are complete. This will enable any new investment to be part of system wide improvements and for mitigations to be put in place to deal with decisions to stop or reduce any areas of provision.
- 5.4 **Provide the service in house** – This would bring TUPE implications for staff transferring to the Council. The current provider brings links with a range of partnerships that have charitable benefits, such as delivery of meals on Christmas day to people who are isolated. They also have expertise in working with experts by experience and co-production that adds value and expertise to the way we work in Sheffield.

6. REASONS FOR RECOMMENDATIONS

- 6.1 Extending the existing contract for up to 12 months will allow for a review of early intervention and our model of operating to take place. This will then inform a recommissioning exercise in line with strategic priorities.

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Report to Policy Committee

Author/Lead Officer of Report:

Dr Tim Gollins, Assistant Director Safeguarding and Mental Health

Contact:

Report of: Director of Adult Health & Social Care

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 21st September 2022

Subject: Safeguarding Adults Update and Delivery Plan

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?				
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 (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:

Safeguarding Adults is everyone's responsibility.

The Adult Health and Social Care Strategy Living the Life You Want to Live and subsequent Delivery Plan agreed at Committee on 15th June 2022, made a commitment towards improving outcomes for Adults from abuse and neglect and enabling a shift towards prevention of harm. This paper sets out a Delivery Plan and key milestones to deliver upon that Commitment.

The report explains how new ways of working, specifically Making Safeguarding Personal (MSP) and Strengths-based approaches to social care, are impacting positively to change practices, referral rates and numbers of safeguarding referral and notes new models under development.

The Committee are asked to comment upon and approve the Adult Safeguarding Delivery Plan and agree a schedule that they are updated upon progress against it.

Recommendations

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

- Approves the Adult Health & Social Care Safeguarding Delivery Plan.
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.
- Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a biannual basis for subsequent consideration by the Committee.
- Endorses the Safeguarding Adults Strategic Partnership Board Annual Report for 2021/ 2022.

Background Papers:

- Appendix 1 – Adults Health and Social Care Safeguarding Adults Delivery Plan
- Appendix 2 – Safeguarding Adults Strategic Partnership Annual Report
- Appendix 3 – Equalities Impact Assessment
- Appendix 4 – 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, where required.	Finance: Ann Hardy Legal: Patrick Chisholm Equalities & Consultation: Ed Sexton Climate: Jessica Rick
	<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	SLB member who approved submission:	<i>Alexis Chappell, Director Adult Health and Social Care</i>

3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond and 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.	
Lead Officer Name: Dr Tim Gollins		Job Title: Assistant Director Access, Mental Health and Wellbeing
Date: 12/09/22		

1 PROPOSAL

- 1.1 Safeguarding Adults is everyone's responsibility. The Adult Health and Social Care Strategy Living the Life You Want to Live and subsequent Delivery Plan agreed at Committee on 15th June 2022, made a commitment towards improving outcomes for Adults from abuse and neglect and enabling a shift towards prevention of harm. This paper sets out a Delivery Plan and key milestones to deliver upon that Commitment.
- 1.2 The report explains how new ways of working, specifically Making Safeguarding Personal (MSP) and Strengths-based approaches to social care, are impacting positively to change practices, referral rates and numbers of safeguarding referral and notes new models under development.
- 1.3 The Committee are asked to comment upon and approve the Adult Health and Social Care Safeguarding Adults Delivery Plan and agree a schedule that they are updated upon progress against it.
- 1.4 The Committee are also asked to endorse the Safeguarding Adults Strategic Partnership Annual Report attached at *Appendix 2* by the Independent Scrutineer which was noted at the Safeguarding Adults Strategic Partnership Board on 9th September 2022.

2.0 BACKGROUND

- 2.1 Safeguarding Adults is everyone's responsibility.
- 2.2 Safeguarding means protecting people's right to live in safety, free from abuse and neglect. Statutory safeguarding applies to adults with care and support needs who may not be able to protect themselves. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.
- 2.3 Protecting vulnerable people's rights and supporting their safety encompasses working closely with our partners, such as when doctors are considering compulsory treatment or admission to psychiatric hospital. It also means working with people who may lack capacity to decide on what care and support needs they have and making sure that when care and support arrangements are put in place, they are the least restrictive arrangements possible.
- 2.4 It also means having effective systems of working which enable safe, person led continuity of care at key transition points in vulnerable peoples' lives including when people return home from hospital, live in another authority or need ongoing support as a young person becomes a young adult. Overall, it means protecting vulnerable people's human rights to liberty, privacy, and family life.
- 2.5 Making Safeguarding Personal (MSP)¹ involves respecting the views of vulnerable people. It means that when practitioners are working with a person where safeguarding processes are necessary, that we take the time to listen and understand and support their wishes and desired outcomes.

¹ [Making Safeguarding Personal | Local Government Association](#)

2.6 This entails working alongside vulnerable people in safeguarding situations in the least restrictive way possible, so that the approaches we take improve their wellbeing, provide opportunities for independence, and help people realise their views, wishes and outcomes.

2.7 Encompassing safeguarding is our wider vision and commitments for adult health and social care described in our strategy, Living the Life You Want to Live:

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’.

2.8 In line with the vision and our commitments made and our statutory duties, a self-assessment was undertaken in 2021 using *ADASS Towards Excellence in Social Care*, an Internal Audit of Safeguarding, review of our performance, review of safeguarding referral and ways of working, to identify our current position, areas of strength, development, and opportunities to improve the lives and outcomes of people of Sheffield by safeguarding people from harm.

2.9 Following on from this an *Adult Safeguarding Delivery Plan* has been developed to coordinate our activities as a Council to ensure safety and preventing harm of people in need of care and support across Sheffield. It’s been developed in partnership with colleagues and partners to support a partnership approach to implementation. The Safeguarding Delivery Plan can be found at *Appendix 1*.

2.10 Key enablers have been introduced to assure delivery of the plan and performance outcomes, which include:

- Leadership - A new leadership model, which includes a specific focus on operational leadership of safeguarding, strategic leadership in relation to the safeguarding board and the effective governance of safeguarding across Adult Health and Social Care. This was reported to Committee in June 2022².
- Prioritisation – Safeguarding Adults is an area for further development as part of the Councils Delivery Plan, which was approved at Strategy and Resources Committee on 30th August 2022³. This supports endorsement and awareness of the importance of Safeguarding Adults across the Council.
- Care Governance - Implementation of a Care Governance Strategy⁴ and service wide quality and performance clinics following approval of the Strategy at Committee in June 2022 which ensures routine and structured approach towards governance, assurance, and performance across Adult Health and Social Care. As part of this, an outcomes and performance clinic has been introduced to embed a focus on continuous improvement throughout Adult Health and Social Care.

² [Adult Health and Social Care Overview Presentation](#)

³ Councils Delivery Plan - Draft Protocol for Cabinet Reports ([sheffield.gov.uk](#))

⁴ [Adult Health and Social Care Governance Strategy](#) and [Performance Management Framework](#)

- Quality and Outcomes – Implementation of a safeguarding coordinating group has been developed to coordinate performance, delivery of the Safeguarding Adults Delivery Plan, safeguarding continuous improvement and ensure a joined-up approach across the Council and with partners. It will be co-chaired by the Assistant Director Access, Mental Health and Wellbeing and Chief Social Work Officer and report into the Performance Clinics, Safeguarding Executive Partnership Board, Councils Performance and Delivery Board and Joint Health and Care Quality Board.
- Capacity - Dedicated officer capacity to support coordination and implementation of the safeguarding delivery plan and the liberty protection safeguards delivery planning. It is planned that this capacity will be fully implemented by February 2023 as part of a wider organisational change process.
- Citizen Involvement - A dedicated citizen involvement post and development package to ensure we deliver upon our commitment towards meaningful co-production and a focus on delivery of improved wellbeing outcomes. It's planned that this will be fully implemented by February 2023.

2.11 Alongside the enablers for change, our priority is towards development of new models and ways of working with individuals, carers and partners and the Sheffield Safeguarding Board which can deliver improved people outcomes and enables a greater shift towards prevention of abuse and neglect. Examples include:

- A multi-agency screening hub as a way of improving individuals experience of safeguarding, reducing duplication and a multi-agency shift towards earlier intervention and prevention of abuse.
- A review of our practice guidance, operations and pathways to ensure a shared approach clarity of our arrangements, a partnership focus and how well they are connected across the Council and with partners working towards the prevention of abuse and neglect.
- Development of a shared statement relating to Conversion Therapy. A policy is planned to be brought to the Safeguarding Board and Committee in December 2022.
- A review of our approach to transitions of young people to adult services – an update was provided at Strategy & Resources Committee on 30th August 2022 regards our progress⁵.
- The Changing Futures Programme which aims to embed a learning and system changes towards supporting people experiencing multiple disadvantages. A report is planned for Adult Health and Social Care Policy Committee on 22nd November 2022 outlining learning and progress made, particularly in relation to the prevention of abuse.

⁵ [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/cabinet-reports)

- Preparations for the introduction of Liberty Protection Safeguards (LPS) and reductions in the backlog of Deprivation of Liberty (DOLs) Authorisations. A report is planned for February 2023 Adult Health and Social Care Policy Committee setting out our progress and plans for embedding LPS.
- Improved governance and oversight of business continuity and resilience, health and safety, market resilience and contract management. Reports are planned to Adult Health and Social Care Policy Committee on our progress throughout the year.

2.12 Benchmarking and collaboration across local, regional, and national partners is important, enabling our teams to work to a common understanding of what good looks like and contributing to the development of shared quality standards. It means that we are embedding a culture of learning and continuous improvement across social care and a culture based on partnership and collaboration.

2.13 To that end, Sheffield is involved in and leading development of regional benchmarking, which includes development of quality standards and a 'what good Safeguarding looks like' toolkit. This activity is expected to be completed by October and will inform further updates and development of the Delivery Plan and our models and ways of working within Sheffield.

2.14 To ensure effective oversight and accountability of the *Delivery Plan* and our performance in relation to safeguarding, its proposed to provide an update to the Committee, Sheffield Adult Safeguarding Strategic Partnership Board and Sheffield Council Performance Delivery Board every 6 months.

3.0 SAFEGUARDING PERFORMANCE AND QUALITY ASSURANCE

3.1 Safeguarding Partnership Annual Report

3.1.1 A report is published annually on the Sheffield Adult Safeguarding Strategic Partnership Board performance and an annual account of progress against the Partnerships strategic priorities.

3.1.2 The report covers the period from April 2021 through to March 2022, a period that continued to present unprecedented challenges for partners as the global pandemic COVID-19 continued to impact.

3.1.3 The annual report demonstrates that partners have faced significant challenges during the year. However, there has also been significant innovation, and safeguarding has been maintained as a priority with a range of examples of positive developments.

3.1.4 The Independent Chair has noted that since her arrival, she has seen a real commitment to working together, and the willingness to address the need for

change. She has seen great examples of innovation, with Sheffield at the leading edge locally and contributing nationally to emerging policy on interventions that support adults and their families and prevent escalation of need.

The Committee is asked to endorse the Annual Report 2021 – 2022.

3.1.5

3.2 Safeguarding Adults Performance

3.2.1 The Adult Safeguarding Partnership Board reviews performance on a regular basis, which includes a focus on how the partnership is embedding Making Safeguarding Personal through reviewing individual outcomes achieved.

3.2.2 An overview of the Partnership Board performance for Quarter 1 2022/2023 tells us that:

- The number of adults who were asked about their desired outcomes was 80.4% and was an increase by 8% from last quarter and a 20% increase from last year at same time. With that 64.58% adults said that their outcomes had been met and in 77.8% the risk was removed or reduced, which is an increase from previous quarters and from last year at the same time. These are trajectories we want to build on.
- The number of people satisfied with how the safeguarding episode was 76.7% and a slight increase from previous quarter. Again, this a trajectory we want to build upon and see a continued increase.
- 1382 contacts were received between April and June 2022, compared with 2208 in the same period last year.
- From March 2020 – March 2022 the source with the highest number of contacts has consistently been the Police however this quarter Care Providers had the highest number of contacts (Care Providers 424 vs Police 265). This is due to a change in how Police contacts are being managed and recorded in recognition that not all contacts were safeguarding enquiries. This is a trajectory we also want to build upon as it means that we are evidencing proportionality in our response.
- 21% (303 contacts) of the contacts proceeded to a formal Section 42 safeguarding enquiry.
- There has been a slight downward trend in the number of working days from contact to determining the statutory criteria. The average number of working days it took to establish if a person met the criteria for an enquiry was; April (27), May (26), June (33) making June the highest average number of working days from contact to determining statutory criteria since December 2021. This is an area we want to improve upon over the next 12 months.

3.2.3

It is aimed that by addressing our waiting lists as part of our service improvement activity, managing contacts differently and introducing a MASH and Early Help Service as part of our strategic developments this will establish new ways of working which build capacity and sustainability to be responsive and assess within timescale as well as increase satisfaction with the process and outcomes of individuals.

3.2.4

For the Delivery Plan, benchmarking has been provided against Yorkshire and Humber authorities but our ambition is to benchmark with Core Cities and CIPFA benchmarking groups also to provide a clearer comparison with comparator authorities as we go forward. From the benchmarking with Yorkshire and Humber authorities we know that we benchmark well in terms of outcomes being met but need to develop our approach to removing or reducing risk.

3.2.5

To support ongoing learning and development, its intended to use the Local Government Association Safeguarding Community of Practice as a way of comparing and learning from other authorities so that we can embed best practice across the service. The Safeguarding and DoLS Coordinators will coordinate and proactively embed learning from benchmarking to support continuous improvement and its planned to incorporate benchmarking within statistical returns.

3.3 Service Improvements – Safeguarding Waiting Lists

3.3.1 During 2021, the First Contact teams were under significant pressure resulting from several key drivers:

- An increase in referrals for services because of pent up demand created during the time when Covid restrictions were in place.
- A consequent increase in acuity since multiple issues compounded over the Covid period and subsequently emerged simultaneous, creating additional complexity and the need for multi-agency solutions
- The transfer of a significant number of Safeguarding contacts from Sheffield Health and Social Care Trust (SHSC) in December 2021 due to improvements in Sheffield City Council conformity with legislation.
- General increases in demand due to longer-term demographic trends and technological developments that support people live more independent and autonomous lives in the community with significant disabilities.

3.3.2 These challenges have been addressed by First Contact teams in several ways:

- Agency staff have been used to build capacity to reduce the length of time people have been waiting for further assessment.
- To establish long term sustainability, the First Contact Service looked into solutions and from that changed the service into a First Response

Service and a Short-Term Assessment Service focused around strengths based conversations.

- The First Response service aims to resolve contacts within 2 working weeks. The Short-Term Assessment Teams will support the person for up to 80 days, albeit that this general time scale has some flexibility so that the staff can respond to individual needs. The 80-day timescale is achieved 85% of the time.

3.3.3 The Strength based conversations are a key aspect of our change as they promote a person's independence and autonomy, contribution of family and friends to solve issues and how voluntary, community and faith sectors might help resolve challenges.

3.3.4 The conversation also 'signposts' people wherever possible to information and advice that will assist them to help themselves or gain appropriate support independently. A specific project is underway to develop our web-based information, advice and guidance offer to citizens that will complement this work.

3.4 Service Improvements - Deprivation of Liberty (DOL)

3.4.1 A deprivation of someone's liberty occurs when:

- The person lacks capacity to consent to the restrictions imposed
- The person is under 'continuous supervision and control'
- The person is 'not free to leave'.

3.4.2 Each deprivation of liberty must be authorised by the local authority.

3.4.3 There is a waiting list for reviews of Deprivations of Liberty (DOLs) that have been made in the past and which subsequently need renewing. This number is currently (Sept 22) 763. There are also 501 new DOLs referrals waiting for authorisation for the first time. This waiting list has arose for similar key drivers as that of the First Contact Team has experienced alongside drivers relating to leadership focus and service capacity to respond to DOLS within the service.

3.4.4 The waiting list is being addressed by:

- Recruitment of additional independent Best Interest assessors. Hampered by Tax changes that mean the role has now become far less financially attractive for current social workers seeking extra money.
- Recruitment of agency staff to build capacity to increase the number of authorisations being made.

- The use of business support staff to triage the backlog and check to see if there are changes in circumstances that mean authorisations are not needed.
- To establish long term sustainability, a DoLS Coordinator has been established and recruited to provide dedicated operational leadership and to build in ways of working which maintain an effective response.

3.4.5

In undertaking the improvement activity, the waiting list has reduced by 88 over 3 weeks. Its planned, as reported to Committee on 15th June that the waiting list will be cleared by 31st March 2023 and this will enable the service to build long term sustainability in relation to implementation of Liberty Protection Safeguards. The Director of Adult Health and Social Care Report to each Committee will demonstrate trajectory towards reducing this waiting list.

3.4.6

The DOL's systems and processes will change substantially with the introduction of the new Government scheme called Liberty Protection Safeguards (LPS). LPS will replace the Deprivation of Liberty Safeguards (DOLS). This was announced in a Mental Capacity (Amendment) Bill which passed into law in May 2019.

3.4.7

The drafted LPS code of practice proposes some key changes to how deprivations of liberty must be managed. These are:

- LPS will apply to people in care homes, hospitals, supported accommodation, Shared Lives accommodation and, importantly, people in their own homes.
- LPS will apply to everyone from the age of 16 years.
- LPS will need to be authorised in advance where possible by what will be termed 'the Responsible Body', which will be any statutory body, not just the local authority
- Where a person is deprived of their liberty before an authorisation has been given, the Mental Capacity Assessment (MCA) must be amended to provide the authority to continue to care for the person.

3.4.8

The implications are significant because it will mean additional responsibilities for social care, as social workers will have to confidently operate the Mental Capacity Act legislation as deprivations of liberty where they occur in people's own homes will need authorisation. This will result in a significant increase in the volume of work for adult health and social care as well as other statutory bodies who will be required to provide authorisations in institutions.

3.4.9

The legislation is not expected to come into force until late 2023-4, but work is underway to develop, through a broad training programme, the workforce's understanding of the mental capacity legislation, what constitutes a deprivation of liberty and how to safeguard the person who lacks capacity to consent (to restrictions) in least restrictive ways available. A report on our preparations is planned for February 2023 Committee.

4 HOW DOES THIS DECISION CONTRIBUTE

4.1 Organisational Strategy

- 4.1.1 This proposal meets the Safe and Well and Effective and efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy in several ways.
- 4.1.2 This proposal also supports a broad range of strategic objectives for the Council and city, and is aligned with existing policies and commitments, including: -
- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live and the Councils new delivery plan.
 - SCIE [Making Safeguarding Personal \(MSP\)](#) using Strengths-based approaches to social care
 - Safeguarding means protecting people’s right to live in safety, free from abuse and neglect. This is everyone’s responsibility.
 - *Conversations Count*¹⁰: our approach to adult social care, which focuses on listening to people, their strengths, and independence.
 - *Our new ASC Operating Model* - this aligns to that new arrangement by ensuring a dedicated focus on safeguarding adults
 - *Unison Ethical Care Charter*¹³: signed up to by SCC in 2017¹⁴, the Charter ‘establishes a minimum baseline for the safety, quality and dignity of care’.

5 HAS THERE BEEN ANY CONSULTATION?

- 5.1 A crucial element in the successful prevention of abuse is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.
- 5.2 To enable this, the governance structures will 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 (e.g., Citizens Board) so that people with lived experience are equal partners.
- 5.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real. A dedicated item on this is proposed as part of the Committee’s forward plan
- 5.4 The design and build of the multi-agency safeguarding hub is being led by a multi-agency group who will be part of the hub delivery going forward. Our review of governance, contracts and safeguarding pathways is based upon feedback from practitioners who deliver these services. The proposals will

mean that people who are at risk will receive a quicker response which will not only improve safety but will reduce the need for repeat chaser calls

5.5

Changing futures is recruiting people with lived experience of multiple disadvantage and is working with them to co-produce pathways to improve outcomes. This best practice is and will continue to inform and deliver the best possible services to meet outcomes.

6 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality Implications

6.1.1 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.

6.1.2 The proposal 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.

6.1.3 The nature and purpose of Adult Health & Social 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.

6.2 Financial and Commercial Implications

6.2.1 The saving of £200,000 was taken from the 2022/23 budget and to be achieved in full requires the Committee to bring the overspend back into line.

6.2.2

The changes proposed are expected to improved customer outcomes and reduce budget pressures of £200,000 in the area of safeguarding and protecting people This is to be achieved by:

Increased efficiency due to: -

- The introduction of a multi-agency safeguarding hub, reducing time spent on inappropriate safeguarding referrals and reducing duplication of activity.
- Providing clarity about pathways for inappropriate safeguarding referrals to reduce the incidence of repeat callers.
- Improving shared practice guidance and pathways to bring clarity of roles and improved multi-disciplinary working to reduce duplication
- Efficiencies in safeguarding processes as a result of mental health social work function returning to the Council
- Reviewing existing governance arrangements, contracts and support services in relation to safeguarding and protecting people to reduce duplication and improve value for money

6.2.3

Over the longer term, we will look to embed learning and whole system changes in relation to working with people experiencing multiple disadvantage to improve outcomes and reduce costs in ways of working.

6.3 Legal Implications

6.3.1 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.

6.3.2 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.

6.3.3 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 This report therefore sets out how the Authority will meet its statutory obligations and it is itself a requirement of the wider Care Act framework.

4.3.5 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 builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

4.4 **Climate Implications**

4.4.1 Discussions have taken place with appropriate colleagues regarding Climate Implications, and it has been agreed that there is nothing relevant in this respect.

4.4.2 It is planned within the forward plan of the Committee to bring a specific Climate Action Plan in February 2023.

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.

7 ALTERNATIVE OPTIONS CONSIDERED

5.1 The alternative options considered were:

Do not complete a Delivery Plan for Safeguarding Adults. This would not provide the assurances required to the Committee, Safeguarding Partnership Board and Council ensure that our safeguarding duties are met.

8 REASONS FOR RECOMMENDATIONS

6.1 Recommendations

It is recommended that Adult Health and Social Care Committee:

1. Approves the Adult Health & Social Care Safeguarding Delivery Plan.
2. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.

3. Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a bi-annual basis for subsequent consideration by the Committee.
4. Endorses the Safeguarding Adults Strategic Partnership Board Annual Report.

6.2 Reasons for Recommendations

- 6.2.1 An approved delivery plan for the strategy gives a structured approach to delivery of the prevention of abuse and neglect and the protection of people's rights. It will also provide greater accountability and transparency of how will do this.
- 6.2.2 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 provide an additional mechanism to input to future development.

Adult Health and Social Care

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Safeguarding Adults Delivery Plan 2022 to 2024

Adult Health and Social Care: Adult Safeguarding Delivery Plan 2022 - 2024

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'll achieve our outcomes and highlight what we want to do better. These commitments are:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis
3. Provide care and support with accommodation where this is needed in

a safe and supportive environment that can be called home.

4. Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

Our Commitment to Safeguarding

Safeguarding Adults is everybody responsibility. It's our collective responsibility to prevent abuse and neglect and improve outcomes of Adults and Carers across Sheffield.

To that end it's our ambition that Adults in need of Care and Support can live safely and well, free from abuse and neglect.

The Sheffield Adult Safeguarding Board leads the partnership planning and

oversight of Safeguarding across Sheffield. It aims to ensure that Adults in need of care and support are safe and well.

The Adult Social Care Policy Committee also has a strategic and scrutiny role regards the delivery of Adult Health and Social Care Services across Sheffield.

The strategic vision and principles form a platform on which to build a comprehensive self-assessment.

A self-assessment considers adult social care from different perspectives:

- adult social care statutory duties
- an analysis using the 'Towards Excellence' toolkit from the Association of Directors of Adult Social Care (ADASS)
- an Internal Audit of Safeguarding, and
- in-service practice-based learning.

These different perspectives enable conclusions to be drawn in relation to improvement themes for the Delivery Plan.

The Delivery Plan is structured on these themes, with associated development areas, and opportunities for improvement aligned to them.

This Delivery Plan aims to support the ambitions and governance roles of the Board and Committee by setting out clear: -

- ✓ Performance and governance milestones so that Adults and Carers experience timely and effective support which achieves their outcomes.
- ✓ Involvement milestones so that Adults and Carers feel involved in planning and development of

- services aimed to prevent abuse and harm
- ✓ Delivery milestones which promote multi-agency approaches towards prevention of abuse and achievement of personalised outcomes.

What is Adult Safeguarding?

The Care Act statutory guidance defines adult safeguarding as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

Within this broad understanding of safeguarding, the adult social care duty is to act when it has 'reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.' (Care Act 2014, section 42)

Therefore, safeguarding in the context of adult social care is for people who, because of issues such as frailty in older age, dementia, learning disability, mental ill-health, or substance misuse, have care and support needs that may make them more vulnerable to abuse or neglect.

Whilst the social care safeguarding duty on local authorities is defined in the Care Act 2014 and its guidance documents, there is a wide range of legislation that is relevant to safeguarding: the Mental Health Act 1983, Mental Capacity Act 2005, The Crime and Victims Act 2004 and subsequent legislation relating to Domestic Violence, Protection Notices and Orders, also relevant is legislation on the criminal offence of Coercive and Controlling Behaviour, and Modern Slavery and Forced Marriages. Safeguarding is also relevant when:

- Doctors are considering compulsory treatment or admission to psychiatric hospital
- When people lack capacity to decide and may be restricted of their liberty
- Delivering timely access to assessment and support and ensuring effective arrangements are in place where there are any moves.
- Ensuring the quality, safety and experience of support provided, which includes making sure effective business continuity and health & safety arrangements are in place.

This delivery plan takes into consideration all of the above, but it has a primary focus on the prevention of abuse and neglect of vulnerable people, and a second emphasis on making safeguarding personal for the vulnerable adults across Sheffield. More information can be found at the Sheffield Adult Safeguarding Board Partnership Website and SCIE: - [The Care Act: Safeguarding adults \(scie.org.uk\)](https://www.scie.org.uk).

What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks to prevent abuse and neglect and improve individuals and carers outcomes and experiences. The plan is to continue to develop these indicators in partnership with the people we support, carers and partners as we learn and embed our approach to safeguarding in the City.

Leadership & Governance

- ✓ Strategic leaders work together, and evidence joined up visible and effective leadership around a shared vision and plan
- ✓ Staff, Adults, Carer and Partners are and feel confident about the support, leadership and plans in place.
- ✓ Continuous improvement, quality assurance, policies and audit processes and delivery on improvements identified are embedded and evidenced throughout all levels of the service and publicly available.
- ✓ There are periodical self-evaluations of safeguarding, effective multi-agency audits and thematic reviews to determine areas for improvement and then delivery of the improvements identified.

Confident Practice

- ✓ All staff are appropriately trained and supported in safeguarding and making safeguarding personal. They know what to do if they suspect an adult is at risk of harm and are focused on prevention of abuse and neglect.
- ✓ Our approach to the management of risk is commensurate with the principle of risk empowerment and a personalised safeguarding approach, whereby practitioners successfully balance supporting individuals to take appropriate risks, with their professional duty of care to keep people safe.
- ✓ Our response to safeguarding is clearly evidenced and recorded; we prepare detailed risk assessments and risk management plans - including chronologies – where required.

Quality & Outcomes

- ✓ Adults are supported and encouraged to make their own decisions and use informed consent
- ✓ Adults and their unpaid carers are integral to safeguarding formulation and planning and their views inform continued improvements.
- ✓ Independent advocacy is offered to adults at risk of harm and is available if they want it. Staff are fully aware of the role of independent advocacy.
- ✓ Making Safeguarding Personal is embedded across services

Providing Support

- ✓ We have a valid system for prompt, accurate screening of all safeguarding concerns. The three-point test is correctly and consistently applied.
- ✓ We have robust, competent, effective, and integrated safeguarding and practices, pathways, and models of working in place.
- ✓ We share information (electronic and non-electronic) about adults effectively and timeously. Robust protocols are in place.
- ✓ Regulated Care services have clear arrangements which ensure effective prevention and response to safeguarding, continuity of provision and monitoring of wellbeing outcomes achieved.

What are the Key Principles and Outcomes of Safeguarding Adults?

First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

1. Empowerment

People being supported and encouraged to make their own decisions and informed consent

2. Prevention

It is better to take action before harm occurs.

3. Proportionality

The least intrusive response appropriate to the risk presented.

4. Protection

Support and representation for those in greatest need.

5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. Accountability

Accountability and transparency in safeguarding practice.

Safeguarding Adults Delivery Plan

Safeguarding Adults from Abuse and Neglect

Ambition: Adults in Need of Care and Support live safely and well free from abuse and neglect

Context: Effective safeguarding is a critical part of delivering excellent social care services. It is our collective responsibility to prevent abuse and neglect and improve outcomes for Adults and Carers across Sheffield, and it is our ambition that Adults in need of Care and Support can live safely and well, free from abuse and neglect. The Sheffield Adult Safeguarding Board leads the partnership planning and oversight of Safeguarding across Sheffield, aiming to ensure that Adults in need of care and support are safe and well, while the Adult Social Care Policy Committee also has a strategic and scrutiny role.

Accountable Officer: Director Adult Health and Social Care

Accountable Committee/ Board: Safeguarding Adults Partnership Board and Adult Health and Social Care Policy Committee

Performance picture	Baseline	Current	Target	Direction of travel	RAG
Percentage of contacts statutory criteria determined within 3 Working Days	19% (Q1 22/23)	As baseline	75%		
Satisfaction with Safeguarding Process (Excluding not known)	97% (Q1 22/23)	As baseline	95%		
% Safeguarding Adults Outcomes Met: % expressed outcomes fully met (S42 enquiries)	64% - (Y&H Q1 22/23 average)	64.6% (Q1 22/23)	80%		
Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	93% (Y&H Q1 22/23 average)	77.8% (Q1 22/23) (13.5% unknown)	95%		
Accessibility of Services: DoLs waiting lists	529 new 855 renewals (July 22)	As baseline	0 new 334 renewals (June 23)		
Accessibility of Services: Safeguarding waiting lists	453 (July 22)	As baseline	75 (June 23)		

Theme	Milestone/action	By when	Lead	RAG
Page 86 Leadership and Governance	Establish routine performance and risk reporting to Policy Committee, Safeguarding Board, Council Performance & Delivery Board, Adult Health and Social Care Performance Clinics including Benchmarking with other authorities and improvement activities and recommendations in response to learning.	November 2022	AD Access, Mental Health, and Wellbeing	
	Commission a thematic and benchmarking review of Safeguarding Adult Referrals, Domestic Homicide Reviews, Deprivation of Liberty, to establish areas for learning and improvement.	January 2023	Chief Social Work Officer	
	Commission a thematic and benchmarking review of current Safeguarding Adults Referral, Inquiry and Investigation processes and practice standards to ensure in line with best practice and take learning and recommendations to the Safeguarding Board.	January 2023	AD Access, Mental Health, and Wellbeing Designate Professional NHS SY ICB Sheffield	
	Recruit to a Safeguarding Coordinator to build dedicated capacity to coordinate delivery on the Adult Health and Social Care Safeguarding Delivery Plan, benchmarking with other authorities and coordination of operational safeguarding performance and improvement activity across the service.	March 2023	AD Access, Mental Health, and Wellbeing	
	Recruit to a DoLs Coordinator to build capacity to coordinate delivery on the Liberty Protection Safeguards, benchmark with other authorities and coordination of DoLs/ LPS performance and improvement activity across the service and with partners.	January 2023	AD Access, Mental Health, and Wellbeing	
	Establish a joint health and care enhanced assurance framework and infrastructure including a dedicated assurance post, with regular self-evaluation a core part of our safeguarding offer. <ul style="list-style-type: none"> • Implement independent annual Safeguarding, DoLs, Mental Health, Domestic Abuse, Modern Slavery policy and procedures compliance audit and review • Implement independent six-monthly cross service social care case file audits • Implement Independent six-monthly multi-agency case file audits • Implement a case file audit plan which reviews case file audits on a quarterly basis • RAG rated compliance and audit feedback and use learning to inform ongoing continuous improvement of practice 	June 2023	Chief Social Work Officer Designate Professional NHS SY ICB Sheffield	

	Implement regular communications and updates about the safeguarding board activities, protecting people network and practice updates.	December 2022	Chief Social Work Officer AD Access, Mental Health, and Wellbeing Business Change Lead	
	Implement learning and development for Strategic Leaders, Members and Senior Leaders to enable joined up and visible approaches to safeguarding adults across Sheffield.	June 2023	Chief Social Work Officer Designate Professional NHS SY ICB Sheffield	
	Support a review of the model of support to the Safeguarding Board to ensure appropriate and dedicated focus on Safeguarding Adults.	March 2023	Director of Adult and Health and Social Care Chief Nurse SY ICB	
	Support a review and refresh of the strategic safeguarding leadership priorities and workstreams set against learning from benchmarking, learning from reviews and performance and local assessment of need.	March 2023	Director of Adult and Health and Social Care Chief Nurse	
Page 87 Outcomes and Experiences	Further support Citizens Involvement to support and enable co-production and engagement with people who use our services and their families and carers.	March 2023	Chief Social Work Officer	
	Safeguarding Waiting list reduced to acceptable risk levels	June 2023	AD Access, Mental Health, and Wellbeing	
	Deprivation of Liberty Waiting Lists reduced to acceptable risk levels	June 2023	AD Access, Mental Health, and Wellbeing	
	Assessment and Review Waiting Lists reduced to acceptable risk levels	June 2023	AD's Ageing Well North and South and AD Adults with a Disability	
	Embed outcomes and strength-based practice and with that increase outcomes met and increase removal and reduction of risk to targets set.	October 2023	AD Access, Mental Health, and Wellbeing	
	Embed making safeguarding personal across adult health and social care.	October 2023	AD Access, Mental Health, and Wellbeing	
	Embed learning from thematic review of SAR, DHR, DoLS and Safeguarding Adults Referral, Inquiry and Investigation processes and practice standards into practice	October 2023	Chief Social Work Officer	
Providing	Implement effective multi agency arrangements in place to effectively screen and respond to Safeguarding via Hub:		Chief Social Work Officer	

Support	<ul style="list-style-type: none"> High level design approval Operational group established to oversee implementation Test of change begin Full implementation of Multi Agency Safeguarding Hub and safeguarding processes, including PiPoT (align with new Operating Model) 	<p>January 2023</p> <p>January 2023</p> <p>March 2023</p> <p>June 2023</p>	<p>Health Safeguarding SY</p> <p>ICB Sheffield Team</p> <p>Business Change Lead</p>	
	<p>Implement robust, competent, effective, and integrated safeguarding and ensuring safety practices, pathways, and models of working in place.</p> <ul style="list-style-type: none"> Map and benchmark current safeguarding processes, pathways, models of working, panels, contractual arrangements to confirm all safeguarding arrangements in place set against legal duties and safeguarding outcomes. High level design of adult safeguarding processes, pathways, practice, model of working aligned to ASC Target Operating Model approved. Operational group established to oversee implementation Full implementation of new design (align with Target Operating Model) 	<p>January 2023</p> <p>March 2023</p> <p>March 2023</p> <p>June 2023</p>	<p>AD Access, Mental Health, and Wellbeing</p> <p>Chief Social Work Officer</p> <p>Business Change Lead</p> <p>Health Safeguarding SY</p> <p>ICB Sheffield Team</p>	
	<p>Implement robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.</p> <ul style="list-style-type: none"> Market Oversight Statement Approved by Committee Market Sustainability Plan Approved by Committee Early Indicators of Concern and Safeguarding in Regulated Care Approved by Committee and Safeguarding Board 	<p>June 2023</p> <p>June 2023</p> <p>June 2023</p>	<p>AD Adult Commissioning and Partnerships</p> <p>AD's Ageing Well North and South</p> <p>AD Adults with a Disability</p> <p>Health Safeguarding SY</p> <p>ICB Sheffield Team</p>	
	<p>Deliver Statement and policy regarding Conversion Therapy</p>	<p>January 2023</p>	<p>Chief Social Work Officer</p> <p>Health Safeguarding SY</p> <p>ICB Sheffield Team</p>	Green
	<p>Gain cross-departmental and inter-agency agreement for introduction of Liberty Protection Safeguards</p> <ul style="list-style-type: none"> Liberty Protection Safeguards impact analysis Report to Committee on progress with preparations for Liberty Protection Safeguard Liberty Protection Safeguards design and build processes Liberty Protection Safeguards implement processes/training Implement Liberty Protection Safeguards 	<p>February 2023</p> <p>March 2023</p> <p>June 2023</p> <p>October 2023</p> <p>October 2023</p>	<p>AD Access, Mental Health, and Wellbeing</p> <p>Health Safeguarding SY</p> <p>ICB Sheffield Team</p>	
	<p>Complete transition of mental health staff back to management of Adult Health and Social Care following approval at Cooperative Executive on 16th March and begin systematic reporting to Committee on Mental Health and AHMP Performance thereafter.</p>	<p>May 2023</p>	<p>AD Access, Mental Health, and Wellbeing</p>	

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 89</p> <p>Confident Practice</p>	<p>Implement an Adult safeguarding and ensuring safety learning and development framework which sets out and assures how all Council staff have completed relevant standards of safeguarding learning and development.</p>	<p>February 2023</p>	<p>Chief Social Work Officer Business Change Lead</p>	
	<p>Implement a practice and assurance framework which sets out how all commissioned and non-commissioned providers in the City have complete relevant standards of safeguarding learning and development and have appropriate support and practice standards in place.</p>	<p>March 2023</p>	<p>AD Adult Commissioning Health Safeguarding SY ICB Sheffield Team</p>	
	<p>Establish a Liberty Protection Safeguards learning and development framework and implementation plan with partners to enable implementation</p>	<p>June 2023</p>	<p>AD Access, Mental Health, and Wellbeing Health Safeguarding SY ICB Sheffield Team</p>	
	<p>Establish positive risk management guidance, practice standards and a learning and development framework for embedding and ensuring the effective management of risk across council and commissioned provision.</p>	<p>June 2023</p>	<p>Chief Social Work Officer AD Adult Commissioning Business Change Lead Health Safeguarding SY ICB Sheffield Team</p>	
<p>Risks</p> <p><i>Lack of stakeholder and partner engagement prevents successful implementation of a multi-agency safeguarding hub</i></p> <ul style="list-style-type: none"> <i>An increase in demand prevents waiting list being reduced</i> <i>Ongoing response the pandemic and winter pressures reduces focus on safeguarding across social care.</i> 		<p>Other issues</p> <ul style="list-style-type: none"> <i>Ongoing challenge in recruiting to social workers reduces impact on addressing waiting lists.</i> 		

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Safe in Sheffield



**Annual Report
2021/2022**



**Sheffield
Adult
Safeguarding
Partnership**



Document Information

Sheffield Adult Safeguarding Partnership (SASP) Annual Report 21/22

Date of Publication: October 2022

Approval Process: SASP Executive Partnership Board September 2022

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How to Report a Safeguarding Concern

If you have any concerns that an adult is being abused or neglected, then you can share those concerns with the Local Authority. Your actions could save their lives and potentially the lives of others.

Concerns can be raised by contacting the First Contact Team on 01142734908.

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1. Message from the Independent Chair

Welcome to the annual report of the Sheffield Adult Safeguarding Partnership. I am pleased that you are taking the time to read this report, which outlines continuing progress in the multi-agency work to protect and safeguard adults at risk in Sheffield.

The report covers the period from April 2021 through to March 2022, a period that continued to present unprecedented challenges for partners as the global pandemic COVID-19 continued to impact.

I joined the partnership in April 2022 as Independent Chair and Scrutineer, a role intended to support partners by providing an independent perspective on their work to safeguard adults and to highlight challenges where appropriate. One of my duties is to be satisfied that the agencies who make up the safeguarding partnership are working effectively together to ensure that they are doing what they can to keep adults at risk in Sheffield safe, with the resources that they have available. **You will find my scrutineer's overview at the end of this report.**

I would offer my thanks to all members of the safeguarding teams for their work and persistence in sustaining effective safeguarding in Sheffield. There are many examples of practitioners going above and beyond expectations to protect some of our most vulnerable adults and families and to them I send my thanks.



A handwritten signature in black ink that reads "Lesley J Smith". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Lesley Smith

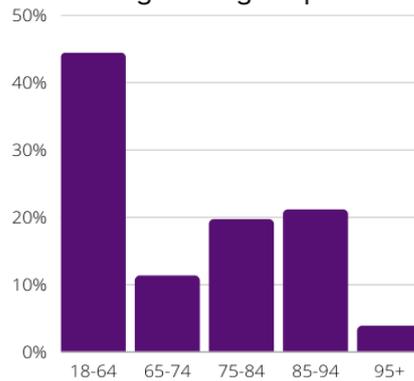
Independent Chair and Scrutineer

Sheffield Safeguarding Partnerships (Adults and Children)

2. Key Safeguarding Facts



Age of individuals involved in Safeguarding Enquiries

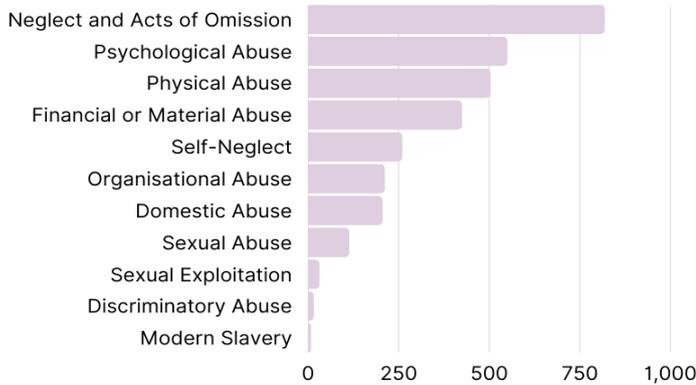


59.34% of those involved in Safeguarding Enquiries were women



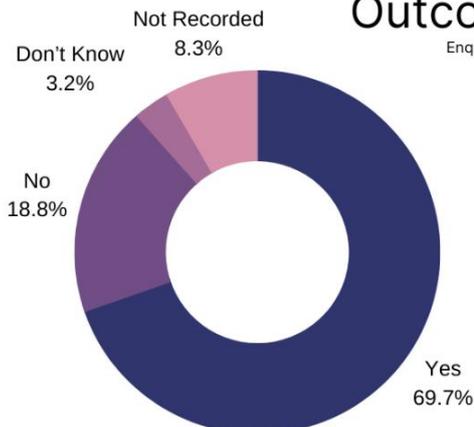
Types of Abuse

Enquiries Completed



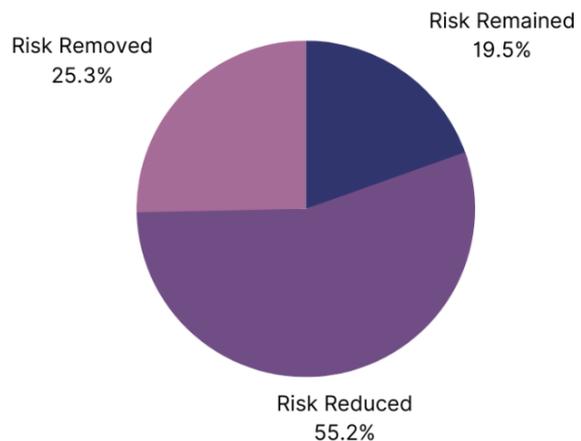
Asked About Outcomes?

Enquiries Completed



Outcome of Risk

Enquiries Completed



3. About SASP

Safeguarding aims to protect and prevent, the physical, emotional, sexual, psychological, and financial abuse of adults who have care and support needs and acts quickly when abuse is suspected. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.

The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. The Safeguarding Adults Executive leads and holds individual agencies to account, to ensure adults in Sheffield are supported and protected from abuse and neglect.

The SASP's overall purpose is to make sure that people in Sheffield, particularly those with care and support needs are protected from harm, abuse, and neglect. This is a challenging task, but we are clear that by working in partnership with the community, carers, and those who receive services, we can make a difference to the well-being and safety of people across Sheffield.

SASP is required under the Care Act 2014 to produce a Safeguarding Adults Annual Report each year. The report should say what we have done during the last year to protect adults at risk of abuse and neglect in Sheffield and how the year's objectives have been achieved. The report includes an overview of the structure and membership of the partnership, data relating to safeguarding over the last financial year and examples of how partners have worked to achieve the partnerships 5 strategic priorities.

This annual report covers the 12 months from April 2021 to March 2022 and provides an update and information on significant activity and developments for Adult Safeguarding in Sheffield.

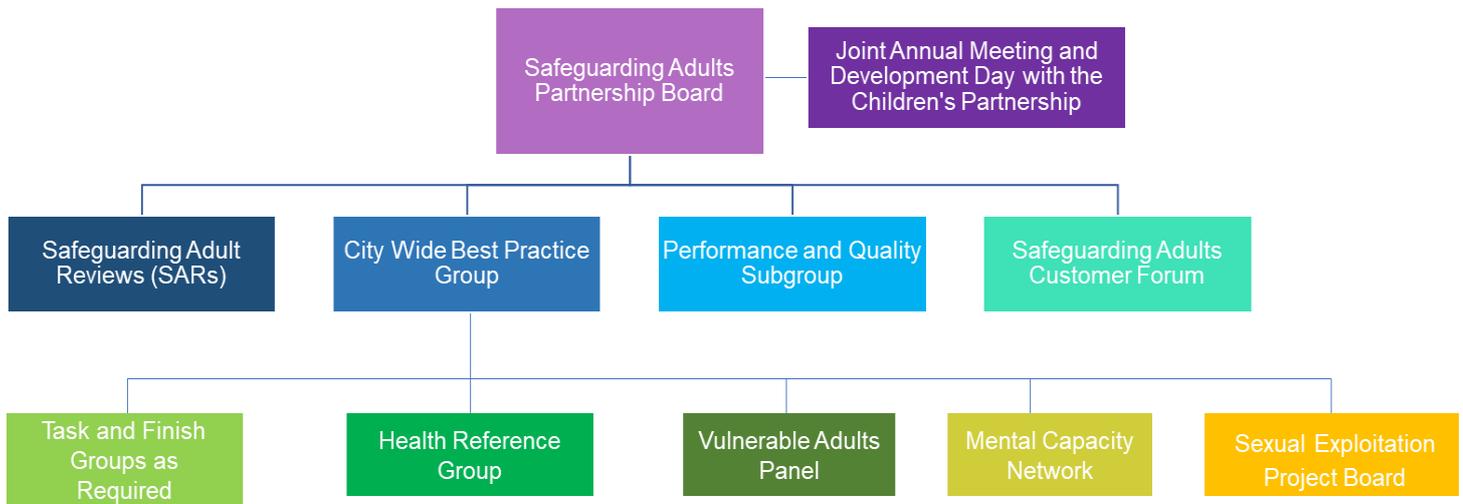
For more information about SASP please look at our [website](#), where you can find information for professionals including Learning Briefs from [Safeguarding Adult Reviews](#), [how to report a Safeguarding Concern](#), policies and procedures including the newly published [Multi Agency Self-Neglect Policy and Practice Guidance \(Including VARM and CCM\)](#) and how to book onto [multi-agency training and the courses available](#). The website also has information for the public, carers, and families including information on [types of abuse and an Easy Read](#) on "What is abuse and how do I tell someone?"

Throughout this report, the following acronyms may be used when referring to partners:

SYP	South Yorkshire Police
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SHSC	Sheffield Health and Social Care NHS Foundation Trust
SY ICB (Sheffield) Previously CCG	South Yorkshire Integrated Care Board (Previously Clinical Commissioning Group)
SYFR	South Yorkshire Fire and Rescue
AHSC	Adult Health and Social Care
SCC	Sheffield City Council

A wider glossary of acronyms can be found as an appendix at the end of this report.

3.1 SASP Structure



3.2 Executive Membership

Member	Agency
Independent Chair	SASP
Director of Adult Health & Social Care	Adult Health and Social Care Sheffield City Council
Chief Social Worker	Adult Health and Social Care Sheffield City Council
Councillor Lead	Adult Health and Social Care Sheffield City Council
Lead for Community Safety	Sheffield City Council
Detective Chief Inspector	South Yorkshire Police
Group Manager	South Yorkshire Fire and Rescue
Chief Nurse	Sheffield Teaching Hospitals NHS Foundation Trust
Executive Director of Nursing	Sheffield Health and Social Care NHS Foundation Trust
Chief Nurse	South Yorkshire Integrated Care Board - Sheffield
Head of Service	Probation Service
Head of Operations and Safeguarding Lead	Sheffield Carers Centre (Voluntary Services Representative)
Chair of Customer Forum	Sheffield Safeguarding Adults Customer Forum
Safeguarding Partnership Manager	SASP

3.3 Funding and Spend for 21/22

Balance (Underspend) from 20-21			155,596
Income	Budget	Outturn	
Sheffield City Council	(316,700)	(316,700)	
SY Police & Crime Commissioner	(12,000)	(16,863)	
NHS Sheffield CCG	(92,700)	(92,692)	
Expenditure			
Employers - Salaries	353,800	296,270	
Transport – Employees Expenses	1,300	266	
Supplies and Services	66,300	107,905	
Net In-Year Underspend			(21,814) *
Balance to be Carried Forward			(177,410) **

* Underspend partly due to staff vacancies

** Includes SY training fund and reserves held for Safeguarding Adult Reviews

4. Relevant Safeguarding Issues for Care Homes

[Nice Guidelines](#) include a requirement for Safeguarding Adults Boards to include information on issues relevant to safeguarding in care homes within their Annual Report. The following information provided by the Performance and Quality Team in SCC, summarises some of the relevant issues and how they are monitored.



Routine Monitoring

Through routine monitoring visits, the Quality and Performance Team (Sheffield City Council) check Care Homes are alerting the Local Authority where necessary with safeguarding concerns.

Care Homes have systems in place to record accidents and incidents appropriately, ensure an analysis of trends is done on a regular basis (usually and recommended monthly), and that follow up actions are recorded, implemented and checked.



Incidents of Falls

The Quality and Performance Team ensure Care Homes analyse falls to understand trends, implement actions and include relevant professionals to advise on preventative measures.



Resident on Resident Incidents

The Quality and Performance Team work with Care Homes to ensure residents are stimulated through a variety of activities, and that analysis of resident on resident incidents are undertaken and actions introduced to prevent any further occurrence, i.e. staff use distraction techniques and identify triggers to prevent any escalation.



Medication Errors

Care Homes advise of actions when identifying errors, including removing staff from duty, retraining, further shadow shift, observations, annual competency checks.

Where there has been a number of medication errors identified, the Quality and Performance Team refer the MOCH (Medicine Optimisation in Care Homes) Team to the Care Home to advise and support them with ideas, suggestions and advice to prevent reoccurrence.

5. Update on Strategic Priorities

The SASP three-year strategic plan 2020-2023 was developed in consultation with partners but more importantly with people directly at risk of harm. The plan is a map of what the Partnership will do to make changes happen and achieve the agreed objectives. The Executive Board is responsible for overseeing the achievements of the Strategic Plan. Setting the right priorities and being clear on what outcomes we want to achieve and have achieved is essential.



STRATEGIC PRIORITY 1
Making Safeguarding Personal
Embed and assess the effectiveness of Making Safeguarding Personal (MSP)



STRATEGIC PRIORITY 2
Working in Partnership
Ensure our structures work to enable effective collaboration and trust



STRATEGIC PRIORITY 3
Prevention and Early Intervention
Partners will work together to develop strategies, procedures and services



STRATEGIC PRIORITY 4
Engage and Empower
The views and experiences of those who use services, to inform how services are developed



STRATEGIC PRIORITY 5
Quality Assurance
Assure the quality and impact of safeguarding arrangements within Sheffield

Priority 1 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) is an approach to safeguarding that focuses on the desired outcomes of the person being safeguarded. It is person centred and ensures the adult's wishes and views are considered as far as is possible. MSP has continued to be embedded into safeguarding practice. The number of individuals who are being asked their desired outcomes in safeguarding enquiries has increased over the last three years. 2019/20, in 54.1% of enquiries completed in the year people were asked about their desired outcomes. In 2020/21 this figure was 61.2% and in 2021/22 this figure was 69.7%.

Examples from Agencies

Adult Health and Social Care	AHSC increased the resource of vocationally trained staff to support screening in the first 24 hours to ensure First Contact can be responsive and focus attention appropriately. As an example of MSP in practice, an individual disclosed to a friend she felt her husband was struggling to support her and the concern was reported as possible neglect. Case notes clearly stated sensitivity was needed to not risk breakdown of the relationship. The individual and her husband were contacted and offered support in a sensitive way whilst considering reports of dementia progressing to further enquiries, again with sensitivity to possible carers stress.
SY ICB (Sheffield) (Previously CGG)	<p>The six key principles of safeguarding adults at risk are included within the place based Safeguarding Policy and within safeguarding at risk training the organisation delivered. A recent 'Back to Basics' workshop covering level 3 safeguarding adults at risk training (as identified in the Roles and Competencies for Health Care Staff, 2019), emphasised how to establish with the adult what their views and wishes are and how this can be used to complete a safeguarding concern form to support better outcomes for the adult at risk.</p> <p>In recent recruitment processes examples of MSP in practice have been sought from interviewed candidates to ascertain that MSP is integral to safeguarding adults at risk work, and that the successful candidate would know how to apply this in practice.</p>
Probation	<p>The six principles of safeguarding adults at risk are part of the internal safeguarding training within the organisation.</p> <p>All adults subject to Probation Services have a comprehensive assessment at the start and throughout their time on Probation, part of this assessment provides the opportunity for the individual to contribute to service provision. Individual sentence plans are developed and implemented on a case-by-case basis and tailored to individual need.</p>
SHSC	<p>The Terms of Reference for S42 Enquiries and investigation template has standard fields to ensure service users are asked about their wishes and feelings and asked how they want to participate in the enquiry. Safeguarding Practitioners provide advice and support following review of all internal safeguarding concerns. If the wishes and feelings of the SU are not clear in the concern, they will ask staff to gather this information and their advice is person centred.</p> <p>All levels of training remind/introduce staff to the six principles of safeguarding and Level 3 training has specific group exercise on these principles. MSP is part of the annual audit plan, led by the Adult Safeguarding Advisor. SHSC are using the MSP toolkit to provide staff with tools and best practice guidance, with a small pilot planned to build and trial these tools.</p>
STHFT	Mandatory safeguarding training delivered by the Safeguarding Team is based on the six key principles and has been maintained at above the 90% Trust target throughout the pandemic.
SYP	SYP have continued to effectively embed training in relation to vulnerability identification e.g., Domestic Abuse Matters, Vulnerability Assessment Framework (VAF), Child Matters and Signs of Neglect (identifying support for parents/adults in need) and embed their response by various means, across a wide and diverse workforce, to ensure that outcomes have a personal focus and that the voice of the victim is heard.

Priority 2 – Working in Partnership

SASP Subgroups have continued to meet virtually and have been well attended by all partners and agencies. The quarterly SASP Executive Board meeting continued virtually. Topics for discussion at the Executive included updates on the progress of the proposed Multi-Agency Safeguarding Hub and updates on projects funded by SASP including 'Not Born Yesterday' a Trading Standards campaign protecting vulnerable people from scams and rogue traders. Additionally, there were two joint Adult and Children Executive Board Meetings which will continue to take place twice a year going forward.

Members of the SASP team also take part in networks nationally, regionally, and locally, to ensure we can share learning from and with other areas, as well as staying well informed of any national developments and guidance. For example, the National Safeguarding Board Managers Network.

Examples from Agencies

Adult Health and Social Care	Focus has been on looking at the feasibility of setting up an Adult's Multi-Agency Safeguarding Hub (MASH). All partners have fully engaged, and meetings have had a high level of engagement. Demand and current processes have been analysed to ensure that any future model is fit for purpose. Research has been undertaken to understand what is working in other local authorities. An option has been identified and the project will now be progressed.
Carers Centre	Sheffield Carers Centre was invited to join the Executive in September 2021 and a representative from the Centre joined the Executive in March. Partners considered how they could increase carer awareness, signposting and referrals within their organisations and agreed that it would be useful to monitor the rates of new carer registrations. The Carers Centre has since been providing data on new carer registrations from partner referrals for the SASP quarterly performance reports.
SY ICB (Sheffield) (Previously CGG)	SY ICB (Sheffield) recently supported the recruitment of the new Partnership Chair. The organisation is also represented at SASP sub-groups including chairing the SAR subgroup. Actions from those meetings have been supported, for example raising the profile of the Carers Centre in ebulletins to staff internally and Primary Care externally following on from several recommendations in Safeguarding Adult and Domestic Homicide Reviews where a lack of referrals for carers assessments had a detrimental impact.
SHSC	SHSC shares S42 enquiries related to care in the Trust with SY ICB (Sheffield) as part of the quality assurance mechanisms. In addition, SHSC has co-operated fully with the Local Authority and SY ICB (Sheffield) for a S42 enquiry and worked as part of a multi-agency review group and development board to consider the future of inpatient services for individuals with Learning Disability.
SYFR	SASP members continue to sign up to and make referrals to SYFR using the Safe & Well Referral Scheme. data on referrals from partners is included in the SASP quarterly performance report and between October 21 and March 22 the number of referrals saw an upward trend.
Probation	A complex change programme in the last 12 months meant the National Probation Service and the Community Rehabilitation Companies were reunified to become one organisation again. Despite expected early transitional issues, this is a positive move for the service and has brought together all aspects of the service under one organisation. This allows for partnership working to be more efficient due to the Probation Service now having one voice and being easier to recognise. The Sheffield Probation Delivery Unit has since moved practitioners to one site in the city centre and has realigned teams with attendance at multi agency meetings. Senior and middle managers are visible and engaging with local strategic meetings and are driving quality and performance internally, particularly with a commitment to safeguarding training and development.

Priority 3 – Prevention and Early Intervention

SASP support several prevention and early intervention initiatives that are described in Chapter 6, including the Not Born Yesterday Campaign, Safe Places and the Adult Exploitation Worker. SASP contributed to Safeguarding Awareness Week which included a stall in the city centre manned by different partners each day, providing information on safeguarding and relevant issues.

Examples from Agencies

City Futures and Operational Services (Previously Place)	<p>Housing & Neighbourhood Services are currently reviewing training pathways with the aim of ensuring safeguarding knowledge is up to date (including adding Trauma Informed Practice training as mandatory training).</p>
STHFT	<p>The Emergency Department established a ‘Safeguarding Saturday’ initiative to improve awareness and understanding of safeguarding via the dissemination to all staff of information, contact details and referral processes, relating to various topics and themes that may lead to the abuse or neglect of an adult at risk. Topics circulated included Adult Safeguarding and the Care Act Criteria for a S42 Enquiry (3 Point Test), Modern Slavery and Human Trafficking, Homeless Duty, Gun and Knife Crime and Professional Curiosity.</p> <p>The STHFT Safeguarding team works closely with Independent Domestic Abuse Services (IDAS) and the Drug and Alcohol/Domestic Abuse Coordination Team (DACT), attending the weekly Multi-Agency Risk Assessment Conferences (MARAC) to identify any actions required to keep victims of domestic abuse safe should they access our services e.g., placing alerts on patient records.</p>
SYP	<p>The Domestic Abuse Disclosure Scheme continues to be well utilised and considered when identifying risks/vulnerabilities within adults. Sheffield identified/processed 423 cases in 2021, of which 113 came in as ‘right to ask’, 310 were identified as ‘right to know’. Of these, a disclosure was authorised and given in 65% of cases.</p> <p>There has been an internal focus on the use of police powers in relation to drug testing in custody for ‘non trigger’ offences [offences that don’t routinely lead to testing], with an Inspector authority. This power has been utilised in relation to Domestic Abuse and Child Abuse investigations to allow investigators and other agencies to better understand the vulnerabilities within the wider context of the situation as well as the incident under investigation. Use of this power allows for that person (should they test positive for use of Class A drugs) to get early interventions.</p>
Adult Health and Social Care	<p>AHSC continue to support people with care in situations where either care has not been immediately available, or where their provider has withdrawn for some reason. Current issues around the social care workforce in terms of vacancies means that this is a more common situation than pre-pandemic.</p> <p>Screening at First Contact takes a preventative approach and those screened out of safeguarding will be offered advice or assistance should the formal safeguarding route not be appropriate.</p>
SHSC	<p>Whilst awaiting a new Electronic Patient Record, SHSC collate data on the number of referrals, types of abuse, ethnicity, and services with relatively low referral rates. The data helps to recognise where staff may need additional support, identify increases in types of abuse and emerging themes and training needs e.g., work with the DACT to facilitate delivery of training from sexual assault services to staff to enhance understanding of their services and criteria for referrals.</p>
SYFR	<p>SYFR provide quarterly reports to the Fire Authority and continue to see an increase in the number of cases relating to concerns about adult abuse and neglect. This can be attributed to the targeted interventions by SYFR for the most vulnerable coupled with increased awareness, because of training. SYFR also receive referrals from Independent Domestic Violence Advocacy Service (IDVAS) and SYP for Home Safety Checks where there is a threat of arson and relating to a history of Domestic Abuse (DA) within the household.</p>

Priority 4 – Engage and Empower

The SASP website and social media continue to be updated to engage a wider cross section of Sheffield’s population. The [SASP Twitter](#) page has been used to highlight and get behind different campaigns and to raise awareness of several safeguarding issues and support available, for example, mental health, homelessness, older adult abuse, and domestic abuse.

The Sheffield Safeguarding Adults Customer Forum play an active and important role in ensuring that partners hear the voice of people in the city regarding safeguarding adults at risk. The group continued to meet virtually throughout 2021 and 2022. A more detailed overview of the work that the customer forum has been engaged in over the last year can be found in Chapter 9 of this report.

Examples from Agencies

SY ICB (Sheffield) (Previously CCG)	<p>SY ICB (Sheffield), continued to engage with users of NHS services which include minority and marginalised groups within the population when developing new specifications.</p> <p>The Safeguarding Team have suggested material to be included on the SASP website for example details of how the public can respond to Prevent concerns</p>
City Futures and Operational Services (Previously Place)	<p>Neighbourhood Officers are empowered to use professional curiosity on home visits, should they identify any areas for concern. They can work with the tenant, and if appropriate, identify the most appropriate route for referrals to support so that individuals and households can successfully sustain their tenancies and remain safe in their homes.</p>
STHFT	<p>STHFT uses the Friends and Family Test to obtain feedback from patients on the care they received, in order to improve services and therefore patient experience.</p> <p>The electronic patient record now has a section on ‘What matters to me’ to record any specific needs, worries or requirements, expressed by the patient. This links closely to Making Safeguarding Personal and should encourage professional curiosity to better understand what is important to the patient. All qualified nurses are required to access a mandatory training video with guidance on personalising care plans.</p>
SYFR	<p>Further to recommendations from an Individual Management Report (IMR), SYFR created a High Fire Risk Case Management Tool using a Problem-Solving Model and decision log. This can be used for Audit, Supervision or as a Practitioner Checklist and enables consideration of risk and contributing factors, what is working well and what are the challenges. A key thread throughout is consideration of the wishes and feelings of the person/s we are concerned about and the importance of speaking to them directly and asking them for their views. As per the risk assessment, consideration needs to be taken about whether the person is willing and able to make the changes to make themselves safe/safer and to identify the right help and support that they might need.</p>
Probation	<p>Practitioners have used ‘blended supervision’, a combination of face-to-face appointments, telephone contact and video calls when engaging with people on probation. This has showed benefits regarding increased compliance with some cohorts and therefore allowing practitioners to have greater opportunity in managing a person’s risk and supporting them to make positive change.</p>

Priority 5 – Quality Assurance

Across the Safeguarding Partnerships, it was agreed that the 2020/21 Joint Annual Safeguarding Self-Assessment and Accountability Sessions would be cancelled in recognition of the capacity issues faced by services due to the pandemic. These accountability meetings subsequently took place in May 2022.

The Performance and Quality Subgroup met virtually on a quarterly basis and had a good level of engagement and attendance from partners. A multi-agency audit was carried out on safeguarding concerns which partners engaged with. This Multi-Agency Audit included a Desk Review (looking at safeguarding data locally, best practice and multi-agency training materials), interviews with a sample of frontline staff, a multi-agency case audit and a workshop and action planning session.

Examples from Agencies

City Futures and Operational Services (Previously Place)	Two new Practice Development Co-ordinator posts have been created within the Tenancy, Enforcement and Sustainment Team to focus on ongoing learning and development for staff and providing quality assurance on all aspects of safeguarding.
ASC	Good progress has been made in relation to following up actions from the Internal Safeguarding Audit carried out last year. For example, First Contact has developed a work tray map and business flow to help support staff. A new approach to tray management has been introduced utilising priority markers on Liquid Logic and a new allocation system has also been introduced, this is alongside more vocationally qualified staff supporting in initial work. This should improve performance in the speed that referrals are reviewed. There are some outstanding actions, progress on which are being followed up at an Assistant Director level.
SY ICB (Sheffield) (Previously CCG)	The organisation shared any learning briefs internally and externally to Primary Care following reviews and audits. This information is also included in training to Continuing Health Care colleagues and Primary Care. This ensures the most recent learning is shared with colleagues to allow any recommendations to be implemented into practice.
SHSC	S42 Enquiries are reviewed through a weekly investigation panel to improve allocation of enquiries, monitor response/completion times and quality assure the reports. The safeguarding team are also producing a 'checklist' to support staff when completing and presenting their enquiries.
STHFT	Learning Briefs from reviews are disseminated via the Safeguarding Assurance Committee and are published on the Safeguarding Intranet Site. Where staff members were directly involved in the care of the subject of a review, the Learning Briefs are shared and the opportunity for supervision or discussion is offered.
SYFR	A Government White Paper: - Reforming our Fire and Rescue Services is currently out for consultation and there are recommendations for a move away from a Fire Standards Board toward the development of a College of Fire and Rescue. There is a vision to see excellence in Prevention and Protection (to match Emergency Response) using research, data and evaluation and improvement cycles. A specific example is the work undertaken by SYFR Business Fire Safety in terms of reducing the risks identified as a result of the tragic fire at Grenfell. This impacts on both private households and public buildings where adults with care and support needs may live or visit.
SYP	SYP continue to be actively involved in the processes associated to reporting on and making referrals in relation to SARs. The impact of such reviews can be seen as influential across the organisation and all staff. The SYP Force Intranet provides a forum to publish developments in areas such as lessons learned, self-assessment and accountability. These are monitored centrally within force by the Protecting Vulnerable People (PVP) Governance Unit, and this is cascaded to each local district for reference/action/implementation.

6. SASP Initiatives and Developments

SASP support and fund three initiatives within Sheffield to keep people safe, raise awareness and work in partnership to address safeguarding concerns. These are Trading Standards – Not Born Yesterday, Sheffield Safe Places and the Adult Exploitation Worker position working alongside the Sheffield Child Exploitation Service.

6.1 Trading Standards – Not Born Yesterday

SASP funds a position in Sheffield City Council Trading Standards to support tackling financial abuse from doorstep crime, rogue traders, and scams in the city. Trading Standards continued to promote a safeguarding agenda focused on reducing detriment from this criminality.

Despite challenges for normal service delivery, due to the pandemic, the team responded to all reported incidents of rogue trading/doorstep crime involving vulnerable persons and continued to promote the safeguarding messages associated with the 'NOT BORN YESTERDAY' campaign.

2021/22 Highlights

- **16 incidents of doorstep crime were reported.** All of which were responded to, resulting in either further investigation or intelligence gathering. **In all cases measures were put in place to protect the victims from further financial abuse.**
- **Contact was made with 280 suspected victims of mail scams** notified to Trading Standards by the National Scams Team and **two home visits were carried out.**
- **During Safeguarding Week, the team hosted an awareness raising session** in the Moor Market and delivered a presentation to safeguarding staff.
- Officers attended **9 community lunch and friendship groups and 3 Sheffield Carer's Café events** to raise awareness.
- Leaflets and door stickers were delivered to around 700 properties in S8 and S10 to **raise awareness that doorstep crime incidents** had occurred in the area.
- **7 Call Blockers were fitted in the homes of victims of telephone scams** referred to us by the Safeguarding Team.



6.2 Sheffield Safe Places



Run by Heeley City Farm, the aim of Safe Places is to support people to feel safe when they are out and about in Sheffield.

If someone needs help, for example, they are lost, ill or frightened, Safe Places can provide temporary refuge until a friend or carer comes, or the person feels able to leave again on their own.

The Safe Places are a network of businesses and organisations across the city that are committed to ensuring the safety and dignity of people who join the scheme.

2021/22 Highlights

- Chloe Wilks started as the new Safe Places coordinator in October. **63 New members joined the scheme since January** [many more use Safe Places without signing up]. Safe Places aims to be a platform to empower, advocate and encourage people who are at risk to feel safe, heard, and confident. With member volunteers, Safe Places have been working hard reinstating and updating training across all 48 Safe Places, being flexible with training needs.
- 17 co-produced creative workshops ran across the city with different day services, charities, social groups and supported living services. Promotional and accessible materials were produced to spread the word to the people who are often seldom heard. Safe Places worked closely with various community groups and charities including Transport 4 All, Sheffield Voices, Autism Partnership Network and Disability Sheffield (and many others), took part in conferences and training within the CCG and SCC, assisted with stalls at events and represented at the Festival of Debate the largest annual politics festival in the UK under the theme 'How can we create an autism friendly Sheffield'.
- Together with 20 + people around Sheffield, Safe Places created a report highlighting inequality, incidents and how law and legislation can be improved, so that drivers of taxis and public transport have a greater understanding of the importance and reliance on transport for breaking social isolation, and the wider impact of loneliness on health. The report will be circulated to all taxi drivers and included in training in the future, to ensure Sheffield transport is accessible for everyone.



6.3 Adult Exploitation Worker

The Adult Exploitation Worker is currently a 0.5 FTE post. Support is given to 18 – 25-year-olds, at risk of sexual exploitation. Many cases are transitioned from the Child Sexual Exploitation Service so if a young person is turning 18, a handover will be facilitated.

Interventions are flexible and can take place over the phone as well as in person. Sessions include work around:

Self-Esteem

Sexual Health

Exploitation

Risk Management

Positive and Negative Relationships

2020/21 Highlights

- Advocated for young women and assisted them with applications to college courses.
- Identified younger girls making friendships with the older cohort and arranged multi-agency meetings with professionals to discuss this.
- Attended a wide range of professional meetings including core group and strategy and submitted third party information forms to the police where relevant.

Referrals have been problematic. A gap in service provision whilst funding was agreed meant some agency's stopped referring in. This was exacerbated by Covid, lockdown and the challenges presented in awareness raising. However, there are good relationships with key partners in Supported Housing, Colleges, and Children Leaving Care Service where a lot of referrals come from.

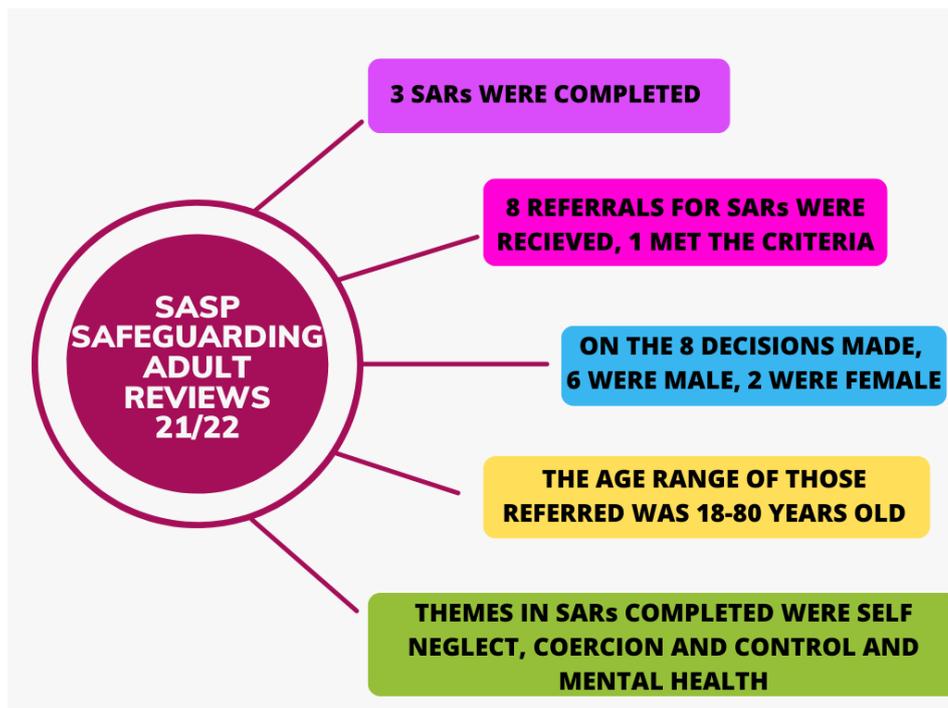
Moving forward, the post will be working closely with the Transitions agenda and there are plans to establish a Multi-Agency Direction Panel which focuses on exploitation post 18.



7. Safeguarding Adult Reviews

Section 44 of the Care Act states that we must carry out a Safeguarding Adult Review (SAR) if certain criteria are met. This is so that we can learn lessons where an adult, with care and support needs, has died or been seriously injured, and abuse or neglect is suspected and where there are issues with how agencies worked together. The purpose is not to apportion blame to any individual or organisation.

SASP SARs and SAR Referrals in 2021/22



The SAR Subgroup has continued to meet and to manage the various stages of a review virtually with representation from key agencies. Panel meetings were held for the different SARs with involved agencies showing an openness and keenness to learn from what happened.

The reports and a one-page learning brief on published SAR's can be found on the SASP website [here](#).

As well as recommendations, there were examples of good practice that came out of SARs including:

- Good face to face assessments by a Care Manager with clear records of needs and wishes.
- In depth handovers from Maternity Services to the Health Visiting Service including use of the Family Common Assessment Framework and frequent reference to the wider family circumstances in maternity notes demonstrating professional curiosity.
- Respite services taking time to get to know the person and tailoring care accordingly.
- Assessment of emotional health and routine domestic abuse enquiries made.

7.1 Recommendations and Actions from SARs

Several recommendations came out of the published reviews. There are several recommendations and actions that are still ongoing, however, here are a few examples of recommendations provided and actions completed to achieve those recommendations.

Recommendation



What we've done

Review the multi-agency policy and procedures for managing Self Neglect and deliver training to support best practise.

The policy and practice guidance has been reviewed and training is planned to commence summer 2022.

Recommendation



What we've done

A Multi Agency Safeguarding Hub (MASH) is to be considered to effectively review and triage referrals including how it relates to the Children's Safeguarding Hub.

A multi-agency steering group is meeting to develop a business case for the development of a MASH.

Recommendation



What we've done

Agencies should provide evidence of how staff are enabled to work in a trauma informed way with those with Emotionally Unstable Personality Disorders.

City wide work to make Sheffield a Trauma Informed City has meant over 3000 professionals within the city have attended trauma informed awareness sessions. Work to ensure agencies are set up to allow their staff to work in this way is starting. The Annual Quality Assurance Self-Assessment of Partners asked for evidence that they are working in this way.

Recommendation



What we've done

The need for all staff to be professionally curious in their work and supported by resources, training, and questions within self-assessments.

Professional Curiosity is included within all training sessions but there is now a bespoke course led by the Adults and Children's Partnership. A resource has been developed to allow staff and teams to consider case studies and watch videos to extend the number of professionals who are reminded of this requirement.

8. SASP Safeguarding Training

In the past year, we saw the easing of COVID based restrictions in relation to workspaces and meetings. However, people still had reservations about being in rooms with lots of people and the potential to catch COVID was still a concern. Therefore, we decided to maintain our virtual training programme and suite of courses, delivered via Zoom by the dedicated volunteer members of the Sheffield Adult Safeguarding Training Pool. The virtual programme has been well received and looking towards the future, we are exploring the possibility of a hybrid training programme with a mixture of face-to-face sessions and virtual ones, so attendees can choose the ones that meet their needs and circumstances.



As we continued to run sessions via Zoom, attendance numbers are slightly lower but **426 people attended our courses over the year**. These were from partner agencies and other organisations across the city. Some courses are new and were only introduced February/March this year so these should be fully reflected in next year's figures.

Collaboration with the Sheffield Children's Safeguarding Partnership

Adult Safeguarding continues to work collaboratively with Children's Safeguarding. In February 2022 we ran a joint 'Training for Trainers' course for people interested in joining either the Adults Safeguarding training pool or the Children's Safeguarding training pool or both. The course was well attended and well received, so this will continue to be one of the four joint courses we currently offer. We have also worked closely on a joint 'seminar' programme of shorter, targeted sessions which have included Modern Slavery, Scams and Rogue Traders and more recently Predatory Marriage.

Introduction of New Courses and CPD Accreditation

The core programme is constantly being reviewed and updated. This year has seen the introduction of two new courses to the core programme, following pilot courses which were extremely well received. The new courses are 'Designated Safeguarding Adults Lead' and 'Safeguarding Adults Reviews - Lessons we can Learn'.

The last year has also seen many of our courses receive CPD Accreditation, recognising the value of the courses in addition to the quality of the content, structure, materials, and relevance to attendees needs and working practice.



9. SASP Customer Forum

Message from the chair of the SASP Customer Forum

Being Chair of the Sheffield Adult Safeguarding Customer Forum provides great insight into safeguarding and how associated partner organisations work well to endeavour to ensure good quality outcomes are achieved.

In addition to being Chair, I am also a carer rep on the LD Partnership Board, Carers & Young Carers Partnership Board, Carers Voice, Sheffield Carers Centre Expert Panel, Trustee of 2 local Charities Sheffield Mencap & Gateway and Nomad Opening Doors.

The forum is, currently, a small team of individuals who work well together and wish for safeguarding to be achieved for everyone, however, greater diversity is one of our priorities to provide greater depth and more insight to how safeguarding is in Sheffield, so new individuals will be very welcomed.



**Chris Sterry,
Chair of the Customer Forum**

COVID-19 continued to have an impact, limiting some of the work planned by the customer forum. Quarterly meetings continued virtually, with efforts made to make these as accessible as possible e.g., having phone ins. However, COVID-19 has further highlighted the impact of digital exclusion on many people. Here are some of the ongoing projects which the customer forum has been involved in the last year:

Seldom Heard

The forum discussed the importance of language and challenged the use of the term “hard to reach”. The forum reflected on how this language discriminates, recognising that often people are not “hard to reach” but they are instead **seldom heard**. COVID-19 has exacerbated this, with people not being heard due to a lack of access to technology e.g., to book vaccinations. The City-Wide Best Practice Group and Board were challenged on this, and the language is now used by various other groups and partners.

Loneliness Project

The forum was approached by Sheffield Hallam University to be involved with a research project looking into loneliness. The forum will be involved in calling people to talk about loneliness and collect data. The project is currently going through ethics with work to begin over the coming year.

Taxi Service

A long-term project that started in 2019, the aim is to train new and current drivers to recognise different disabilities and vulnerabilities. The customer forum had input into the training materials and going forward will be involved in creating videos to create more engaging content e.g., to show the difficulties of getting a taxi as a wheelchair user.

10. Case Studies



Adult S – Domestic Abuse and Safe Accommodation

Background

Adult S suffered trauma and neglect as a child which continued into adulthood. Adult S has been subjected to extensive and persistent abuse in extremely violent relationships including, Emotional, Psychological, Financial, Physical, and Sexual abuse. Adult S has been heavily misusing substances and consequently, Adult S lost her home and was presenting as homeless and experienced Cuckooing in most of her temporary accommodations.

Adult S suffers from PTSD, Psychosis, Delayed Trauma and Emotional Unstable Personality Disorder. Adult S is well-known to the associates of her perpetrators and associates from her past who have previously caused her harm, Adult S can often bump into these in chance meetings making her extremely vulnerable.

Actions Taken and Support Provided

- There has been significant focus on safety planning work to look at the specifics of people continuing to pose a risk to Adult S, attend her home or known regular appointments.
- Adult S was given 3 personal alarms to keep on her/in her property.
- Alternative routes to collect prescriptions were discussed and agreed and were walked to identify any issues prior.
- As part of Adult S's support, there was liaison with staff at the Ben's Centre (who provide support for the sufferers of addiction and street life), on a regular basis to ensure she was safe and that all those working with her were sighted of the safety plan and able to advise Adult S with any queries.

Impact

Since being in the service, Adult S has not used substances and has been able to achieve the milestones within her safety plan she set for herself. Adult S has started to consider reducing her methadone script as she feels much better able to cope with not using and taking positive steps forward. This is worked into the support plan with timescales of when she would like to achieve this and what support she feels she may need.

Adult S is now receiving psychological support to help her at her own pace to unpack her trauma and move forward positively and more confidently. Adult S has started to eat healthily and identified that she would like to join a gym which she has now done with our support.

The ability to work intensively and at Adult S's pace, prioritising what was important to her, led to building a trusting relationship.

In Adult S's own words

"I've managed to stay clean...there's no-one bothering me at my house...no harassment, nobody controlling me (which is all I've ever known). This house has made me feel human again, made me feel at ease, more secure and safe. My neighbours mind their own business and get on with their own lives. I've always lived on council estates where people know everyone's business, but these are polite, they say hello and then move on and get on with their own lives, I like it. This house is a good place to heal you know and find who I am again. I've started to know what I like, what music I like...I've always had to listen to everyone else, now it's about me. I sit back and just listen...there's no noise and I feel at peace".

Adult F – Adult Social Care

Background

Adult F was living in the community with progressing dementia and was identified to be at risk of financial exploitation and self-neglect with lack of insight into her situation. Adult F was fiercely independent, went out every day using public transport, and within her extremely clear routine was managing well day to day. This routine enabled Adult F to function whilst her cognition became quite impaired. Adult F knew the times of her care calls, accepted support and recognised her carers, she was able to shop and manage routine tasks such as cleaning. Informal and formal support meant any changes were always identified. However, Adult F could not respond to emergencies (e.g., boiler breaking) nor handle her money safely as she could not recall how much she had withdrawn, so it accumulated.

There were reports of concern from professionals including the GP surgery, police (Adult F went into the front desk looking for directions) neighbours and family. Concerns from neighbours included knocking on doors, however when speaking to Adult F she was firmly orientated in the past where these relationships with neighbours were commonplace. She had her own safety plan, to ask her neighbours, which worked for her as they were very responsive.

There was a strong sense in safeguarding concerns of the risk to her, and that she was not safe at home. The assessment and subsequent plan did not shy away from what might happen, however the impact of the loss of independence seemed very clear and whilst Adult F lacked capacity to make a decision about care and support or finances, the decisions made in her best interest were the least restrictive possible, which was not the least risky. The decision was made to close the safeguarding and continue to manage the case through case management.

Actions Taken and Support Provided

- Application made to SCC executive services and Court of Protection to manage Adult F's finances, to enable her to have access to sufficient funds to do the 'daily shop' without accumulating large amounts from multiple withdrawals. The daily shop and having a purpose to her day was identified by Adult F as the most important part of her life and she did not want this taken off her.
- The agency monitored the levels of food in the house and identified when Adult F was struggling to shop (which was the start of the changes in her physical health). Contingency was used on the days when she was not able to shop and the familiarity with regular carers made her more accepting of this additional support, although she was very reluctant.
- A referral was made to the falls team and a specialist dementia Occupational Therapist helped identify safety strategies to supplement Adult F's own strategies e.g., list of important numbers. There was involvement with district nurses and GP surgery. A referral was made to SYFR and there was a joint visit.
- Worked with an advocate to ensure her views were clear and decisions were made in her best interest.

Impact

Adult F was able to stay in her own home for as long as possible. She was able to retain the independence that was so important to her. The risk could not be fully mitigated but, regarding financial risk, the actions to safeguard her would have been effective if completed. Sadly, Adult F's physical health deteriorated which sadly resulted in hospital admission and she subsequently passed away.

Adult H – Hospital First Contact Team

Background

Adult H was admitted to hospital following a joint visit from social services and the Adult Mental Health Team which had been an outcome from a MARAC meeting due to concerns raised regarding serious domestic violence allegations. On arrival at the property Adult H was found in a very poor state, severely malnourished and weak. He was taken to hospital and the police were informed.

When admitted to hospital, Adult H was confused, severely malnourished and with reduced mobility. A decision was made by the Police/STHFT safeguarding team to prevent visiting from Adult H's partner. He had lost significant weight disclosing to professionals that he had not eaten food for several months and had been surviving on Fortisips. Allegations were made by Adult H that his partner had not been allowing him food, not allowing him to attend medical appointments, displayed physical aggression towards him, isolated him from anyone he knew and demonstrated coercive and controlling behaviour.

Actions Taken and Support Provided

- After several visits to Adult H and building a relationship with him, he stated that he did not wish to continue in the relationship. Adult H opened up to his social worker and disclosed more information regarding the abuse he has sustained. Joint visits were carried out with the investigating police officer.
- The ward medical team and therapy team worked with Adult H to a point where he was independently mobile and had put more weight on. Adult H was discharged to stay in temporary accommodation as his property required a deep clean. He also needed a phone line installing, assistive technology, a lock change, and a care package to support with medication and prompting/encouraging with meals.
- Supported Adult H to go through his post and bills. Adult H had significant debts as no bills had been paid for a considerable amount of time. He was supported to set up repayment plans for all outstanding debts.

Impact

There had been several safeguarding episodes raised regarding suspected domestic violence. However, on each occasion Adult H had stated that the concerns were not founded.

Adult H's admission to hospital allowed him time away from his partner and time to reflect and understand that what had been happening was not ok and had resulted in a significant deterioration in his physical health. The interventions from the hospital social work team had a very positive impact on Adult H, he regained his independence and was excited about doing things on his own.

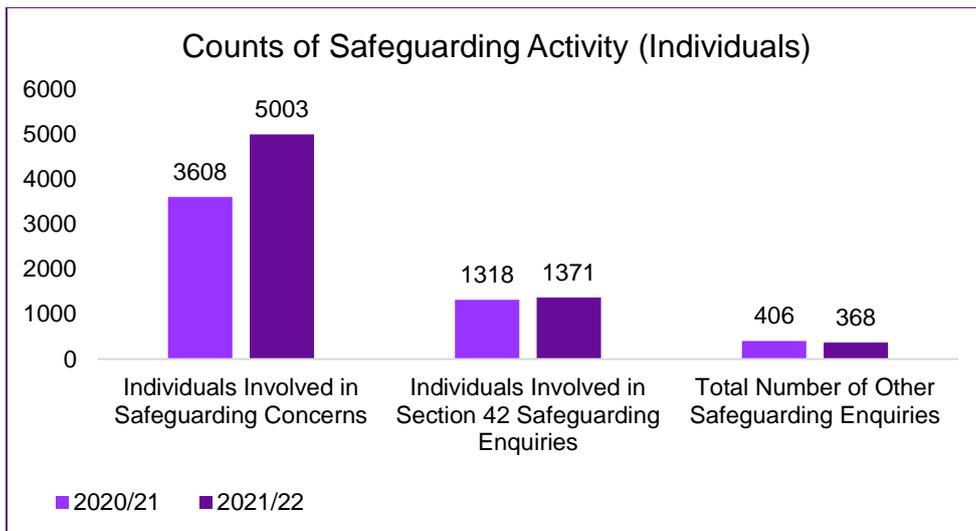
Adult H returned home and was very happy to be back home. Adult H gained weight and confidence and looked forward to getting back into a routine. There was a great deal of liaison with mental health services who supported Adult H's partner and there was positive joint working to ensure that the risks of Adult H's partner returning were minimised.

11. What do the Numbers Tell us?

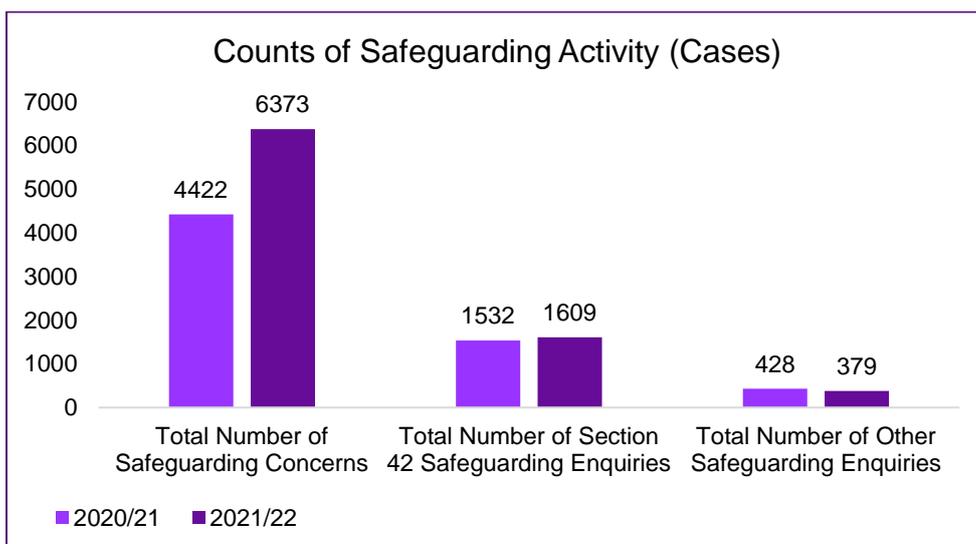
Safeguarding Concerns and Section 42 Enquiries

There has been an increase in safeguarding concerns raised and safeguarding enquiries commenced in 2021/22 when compared with 2020/21. 5003 individuals were involved in a safeguarding concern raised, an increase of 38.7% on 2020/21. **However, In December 21 there was a change in processes where First Contact started recording more of the Safeguarding Concerns that previously went direct to SHSC for screening. This was a sharp increase in work for First Contact, which explains the increase on last year.**

1739 individuals were involved in a safeguarding enquiry commenced in 2021/22.

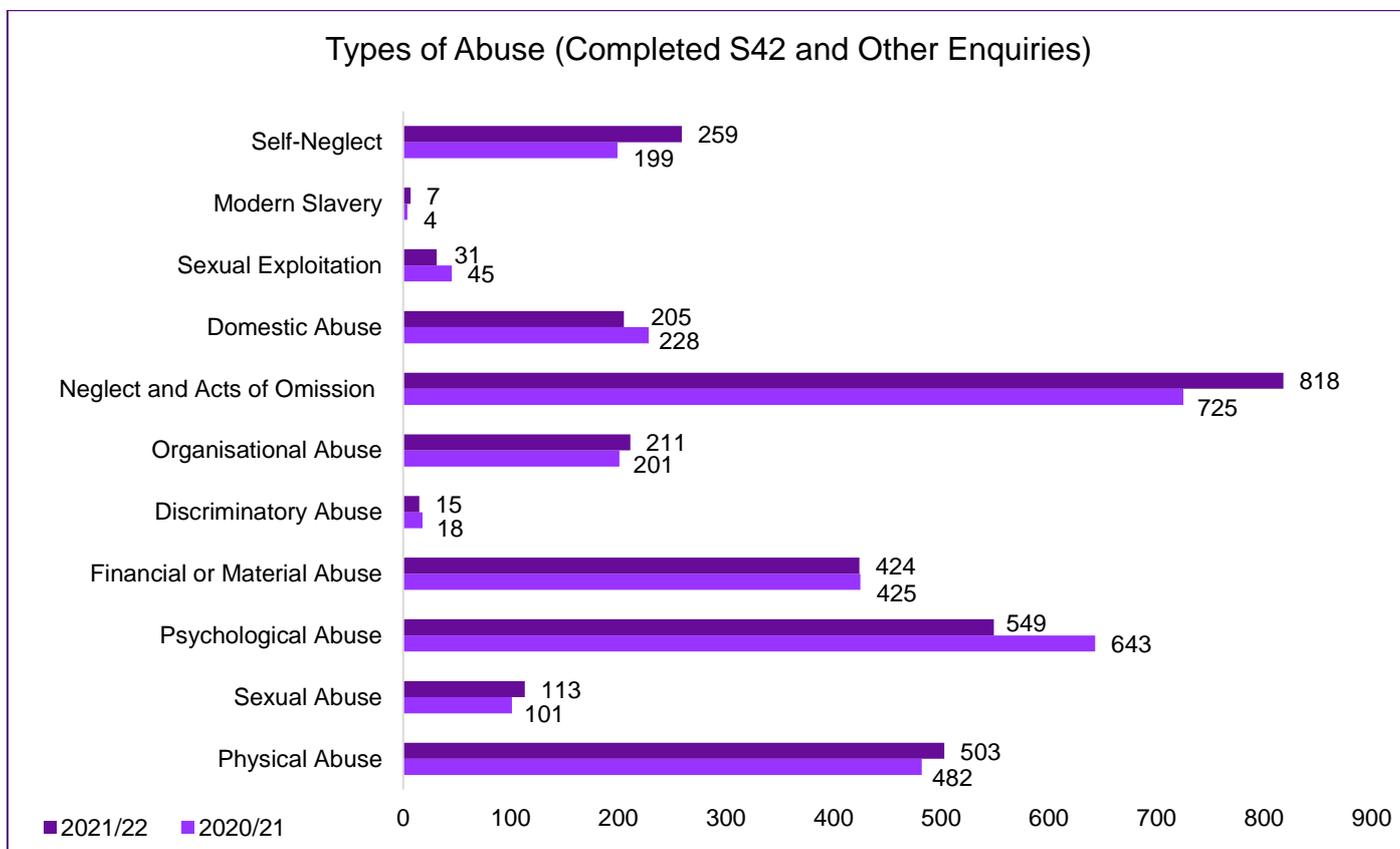


However, there are a proportion of individuals who were involved in safeguarding concerns raised/enquiries commenced, multiple times across the year. The total number of safeguarding concerns in 2021/22 was 6373, a 44.1% increase on last year. However, again, this is likely a reflection on the explanation above whereby in December 21 there was a change in processes in First Contact.



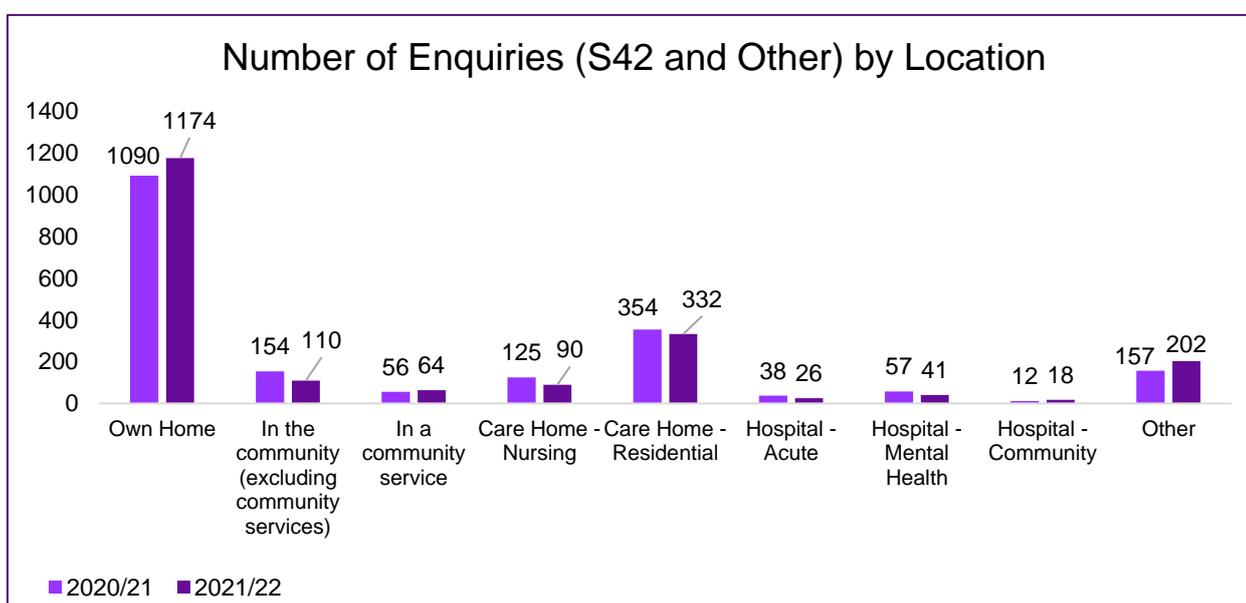
Type of Abuse Experienced

Of the enquiries completed in the year 2021/22, the types of abuse that were most prominent were Neglect and Acts of Omission, Psychological Abuse and Physical Abuse. When compared with last year the biggest increases in abuse type were Neglect and Acts of Omission (+93) and Self-Neglect (+60). The biggest decrease was in Psychological Abuse (-94).



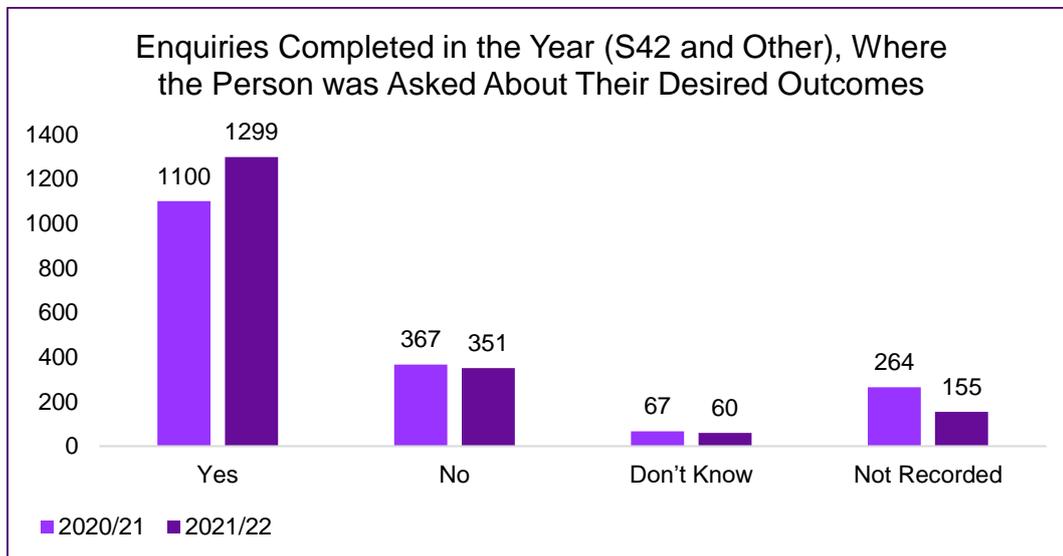
Location of Abuse

Own home continued to be the most prominent location of abuse in enquiries completed; this figure was slightly higher than last year, 1090 in 20/21 vs 1174 in 21/22. This was followed by residential care homes.



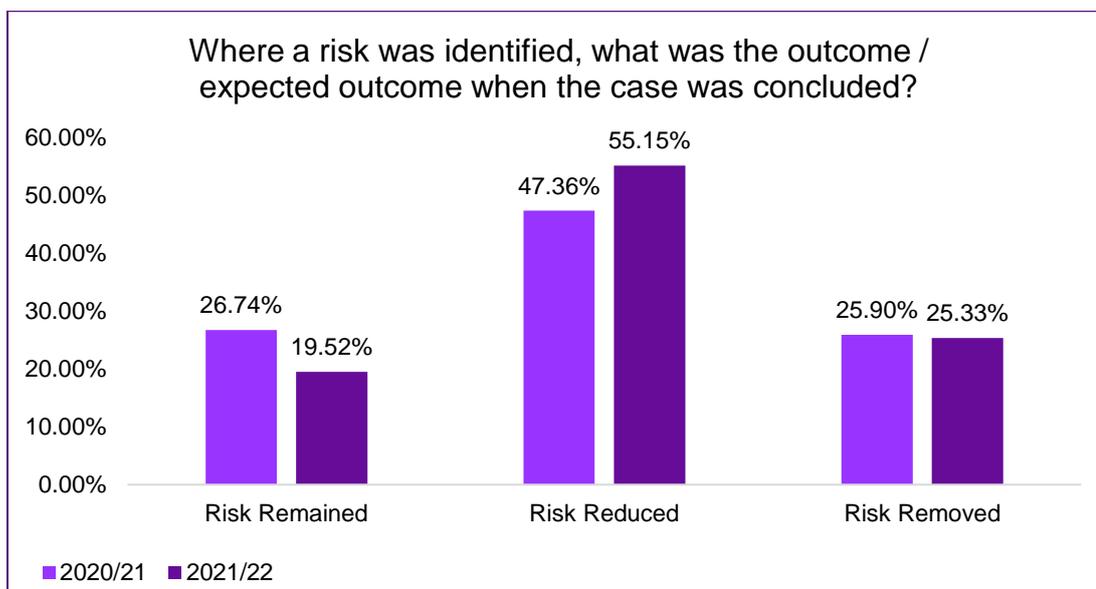
Making Safeguarding Personal (ASC data)

The number of individuals who were asked their desired outcomes in safeguarding enquiries concluded, increased in the year 2021/22 compared with the previous year. In 2020/21 the proportion of people asked was 61.2% and in 2021/22 this figure was 69.7%. Both years were an increase on 2019/20 where in 54.1% of enquiries completed in the year people were asked about their desired outcomes.



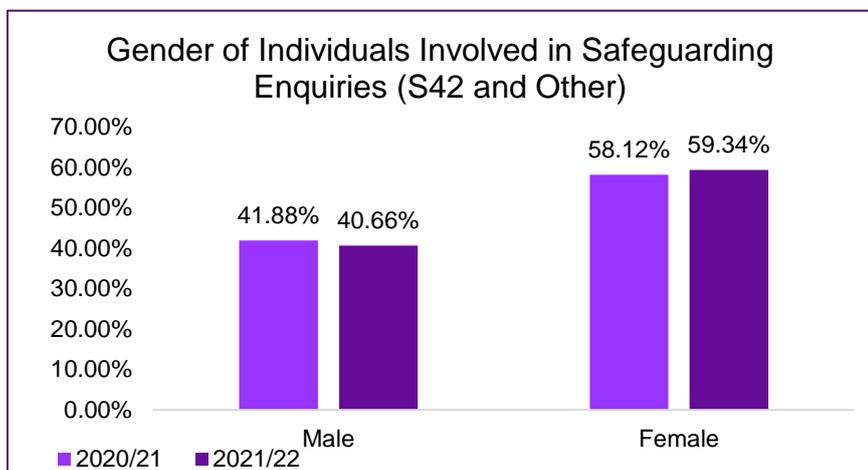
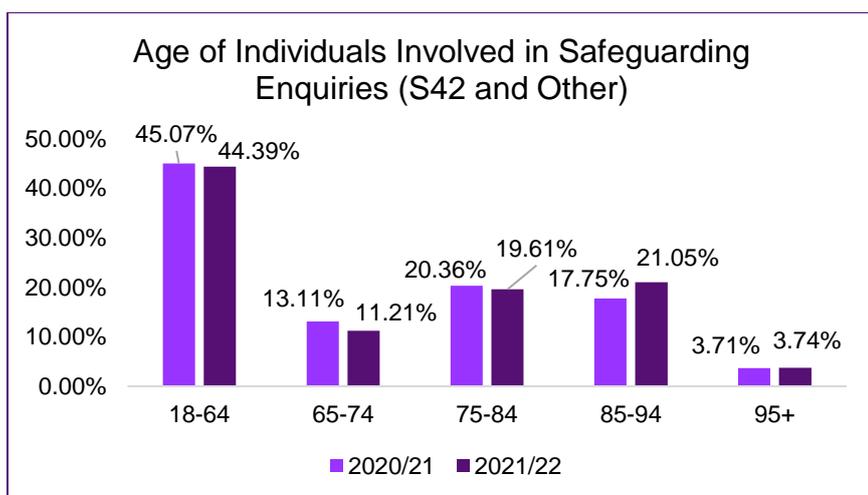
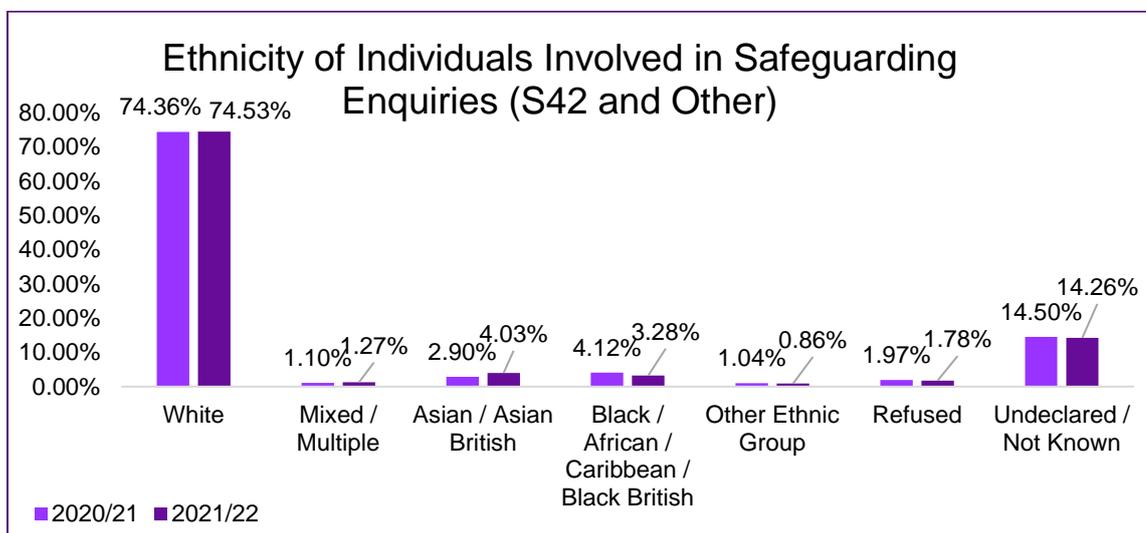
Impact on Risk

Where risk was identified, the risk remained in 19.52% of enquiries completed (S42 and Other) this is an improvement on last year, where risk remained in 26.74% of enquires completed in the year. Risk was reduced in 55.15% of enquiries completed this year, compared with 47.36% the year before, and the proportion of enquiries where risk removed was at a similar rate to 20/21.



Demographics of Individuals Safeguarded (Safeguarding Enquiries)

Adults who identified as White were the highest represented group in safeguarding enquiries that commenced in the year. Except for instances where ethnicity was not known or undeclared, Asian/Asian British were the second highest represented. Gender and age remained similar to 20/21. More women than men were involved in a safeguarding enquiry that commenced in the year (59.34% vs 40.66%). 44.39% of enquiries commenced in the year involved individuals in the 18-64 category, 55.61% of individuals involved in enquiries were 65+.



12. Overview from the Independent Scrutineer

Thank you for taking the time to read this report outlining continuing progress in the multi-agency work to protect and safeguard adults at risk in Sheffield.

The report covers the period from April 2021 through to March 2022, a period that continued to present unprecedented challenges for partners as the global pandemic COVID-19 continued to impact. We have seen increasing referrals to services in both volume and complexity, workforce shortages, ever increasing pressures on public sector funding and a worsening economic and cost of living crisis, which is impacting differentially on the most vulnerable in our society.



The report details Safeguarding Adults Reviews (SARs) undertaken in the year, together with an overview of the dissemination of learning briefs, capturing of key themes and the updating of policies, procedures and training offers as a result. My reflection would be that some themes such as information sharing, and professional curiosity continue to be repeated in new SARs. Adult Health and Social Care are commissioning a review to identify any barriers to embedding learning and changing practice with suggestions of what we could do differently. I would support that approach.

The impact of the COVID-19 outbreak on Mental Health Crisis Services in Sheffield has been significant, resulting in an increase in demand of unprecedented expectations, with more people than ever in mental health crisis. A specific request was made to NHS Yorkshire and the Humber Mental Health Clinical Network, to undertake a review of the adult crisis pathway, complementing improvement work on going in the Children and Young People's crisis pathway. The review was conducted in the interest of providing high quality services, and the duty to safeguard adults in Sheffield in crisis. Engagement was positive, and it was reported that all stakeholders were extremely passionate about making an improvement. The report which has been shared with SASP, outlined immediate, essential, and desirable recommendations. SASP welcomed the report and will monitor improvements in outcomes for adults in Sheffield experiencing mental health crisis.

CQC is the independent regulator of health and adult social care in England charged with ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Their inspections and reports provide an important source of assurance that agencies in Sheffield are working to keep people safe. CQC undertook several inspections in Sheffield in 2021/22, some of which are important to highlight in this report.

In August 2021 CQC reported on their visit to Sheffield Health and Social Care NHS Foundation Trust. Whilst the Trust's overall rating had improved, recommendations particularly relevant to the work of the partnership included that the trust: must ensure that the statutory and delegated safeguarding functions are carried out effectively; that there are robust reporting, governance processes and oversight in place; that incidents and safeguarding are reported and investigated in line with the trust's processes and in line with national guidance; that complaints are responded to in a timely manner via a process accessible to patients and staff and that they are used for processes of feedback and learning; that care is provided in estates and accommodation which are suitable, safe, clean, private and dignified.



CQC identified significant patient safety concerns at the focussed inspection of maternity services in Sheffield in March 2021. The inspection saw the rating of the service deteriorate to inadequate.

A remedial action plan is in place with most actions already completed or due for completion over the summer of 2022.

CQC visited Sheffield Teaching Hospitals Trust in October 2021 focusing on medical care including older peoples' care, surgery, and urgent and emergency services. Whilst the review identified that staff knew how to protect patients from abuse, it found that there was not enough staff to care for patients and keep them safe.

I am pleased to note that actions plans have been developed to address all the findings from each of the CQC inspections with robust reporting, governance and oversight in place. However, the SASP must monitor progress with the action plans and develop mechanisms for partners to hold each other to account to ensure that the risks to vulnerable people have been mitigated and they are protected from harm. This must be a priority for 2022/23 and should build upon, rather than duplicate, the updated NHS Safeguarding Assurance and Accountability Framework.

The Sheffield City Council Delivery Plan recognises that Adult Health and Care Services are under a significant amount of pressure across key areas of business (including home care, residential care, discharge and reablement and safeguarding) with rising demands, costs and lack of capacity in the system. To establish the foundations for a sustainable Adult Health and Social Care system which improves the outcomes and wellbeing of adults and carers across Sheffield, a new long-term Strategy for Adult Health and Social Care, underpinned by a Delivery Plan, Care Governance Framework and Homecare Transformation Programme have been approved by the Council. Delivery plans focused on preventing abuse and neglect, preventing unnecessary admission to hospital, supporting safe discharge from hospital and co-production with service users are also scheduled for approval by the Council this year, so that the focus remains on risk mitigation and improving outcomes for vulnerable people.

Children's and Adults' Care Services represent the council's two largest areas of expenditure, and the two most significant areas of risk in terms of poor outcomes for vulnerable people. There is also an ongoing risk of market failure in both the adults' and children's care sectors. Adult Health and Social Care is CQC-regulated, and inspection is possible at some point over the course of 2022/23. Plans are in place and being implemented to ensure that they are well-prepared for this.

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) are currently undertaking a PEEL inspection (police efficiency, effectiveness, and legitimacy) at South Yorkshire Police, which includes safeguarding and vulnerability. The report is expected early in 2023.

The annual report demonstrates that partners have faced significant challenges during the year. However, there has also been significant innovation, and safeguarding has been maintained as a priority. What I have seen since my arrival is real commitment to working together, and the willingness to address the need for change. I have seen great examples of innovation, with Sheffield at the leading edge locally and contributing nationally to emerging policy on interventions that support adults and their families and prevent escalation of need. Many examples are set out in detail in this report together with the impact they have made.



I again, extend my thanks to all members of the safeguarding teams for their work and persistence in sustaining effective safeguarding in Sheffield.

Lesley Smith,
Independent Chair and Scrutineer, Sheffield Adult Safeguarding Partnership

13. Appendix

Appendix A - Acronyms

Acronym	Definition
DASH	Domestic Abuse, Stalking and Harassment
IDVAS	Independent Domestic Violence Advocacy Service:
IRO	Independent Reviewing Officer
IRS	Independent Reviewing Service
JTAI	Joint Targeted Area Inspection
LADO	Local Authority Designated Officer
LLR	Learning Lessons Review
LPIG	Learning and Practice Improvement Group
MACF	Multi-Agency Confirmation Form
MAPLAG	Multi-Agency Pregnancy Liaison and Assessment Group
MARAC	Multi-Agency Risk Assessment Conference
MAST	Multi-Agency Support Teams
NPS	National Probation Service
SCC	Sheffield City Council
SCCG	Sheffield Clinical Commissioning Group
SCH	Sheffield Children's Hospital
SCIRS	Safeguarding Children & Independent Review Service
SCSP	Sheffield Children's Safeguarding Partnership
SHSC	Sheffield Health and Social Care
SoS	Signs of Safety
SSES	Sheffield Sexual Exploitation Service
SSH	Sheffield Safeguarding Hub
STH	Sheffield Teaching Hospitals
SYP	South Yorkshire Police
YAS	Yorkshire Ambulance Service
YJS	Youth Justice Service

Part A

Initial Impact Assessment

Proposal name

Safeguarding Adults Update and Delivery Plan

Brief aim(s) of the proposal and the outcome(s) you want to achieve

The Adult Health and Social Care Strategy 'Living the Life You Want to Live' made a commitment towards improving outcomes for adults from abuse and neglect and enabling a shift towards prevention of harm. An adult safeguarding delivery plan has been developed including key milestones to outline how that commitment will be achieved.

The delivery plan outlines ways of working that incorporate the six principles of safeguarding as outlined in the Care Act, Making Safeguarding Personal and strengths-based approaches.

Care Act principles of safeguarding:

- Empowerment
 - People being supported and encouraged to make their own decisions and informed consent
- Prevention
 - It is better to take action before harm occurs.
- Proportionality
 - The least intrusive response appropriate to the risk presented.
- Protection
 - Support and representation for those in greatest need.
- Partnership
 - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability
 - Accountability and transparency in safeguarding practice

Making Safeguarding Personal involves respecting the views of vulnerable people. It means that when practitioners are working with a person where safeguarding processes are necessary, that we take the time to listen and understand and support their wishes and desired outcomes.

The delivery plan is organised into four themes as shown below, along with examples of some of the milestones under each theme.

- Leadership and governance
 - Commission a thematic and benchmarking review of Safeguarding Adult Referrals (SAR), Domestic Homicide Reviews (DHR), Deprivation of Liberty (DoLS), to establish areas for learning and improvement
 - Review current Safeguarding Adult Referral process to ensure in line with benchmark and best practice and take learning and recommendations to the Safeguarding Board.
- Outcomes and experiences
 - Safeguarding Waiting list reduced to acceptable risk levels
 - Embed learning from thematic review of SAR, DHR, DoLS into practice
- Providing support
 - robust arrangements for identifying early indicators of concern, preventing abuse and neglect, preventing poor outcomes through lack of care continuity, and responding to safeguarding in regulated care environments.

- effective multi agency arrangements in place to effectively screen and respond to Safeguarding via Hub
- Confident practice
 - Establish a safeguarding adult learning and development framework for safeguarding and implementation arrangements so that all staff have completed relevant minimum standards of safeguarding training.

The ambition is that adults in need of care and support live safely and well free from abuse and neglect

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 23/23 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

Cllr Angela Argenzio & Cllr George Lindars-Hammond

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Jenna Tait

EIA start date

01/09/2022

Equality Lead Officer

- | | |
|--|------------------------------------|
| <input type="radio"/> Adele Robinson | <input type="radio"/> Beverley Law |
| <input type="radio"/> Annemarie Johnston | ● Ed Sexton |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Louise Nunn |

Lead Equality Objective ([see for detail](#))

<input checked="" type="radio"/> Understanding Communities	<input 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

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 type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input type="radio"/> Voluntary/Community & Faith Sectors
<input type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

If yes, details of impact

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

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 proposal is consistent with the legal requirements placed on local authorities in section 149(1) of the Equality Act 2010, and the overall impact is expected to be positive. The delivery plan aims to develop a more efficient and person-centred approach and to ensure citizens' voices and experiences help to inform and develop the processes.

The nature and purpose of Adult Health & Social 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) may also be particularly affected.

There is currently no indication of any disproportionate impact for staff at SCC and it's partner agencies.

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

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk.

The delivery plan includes milestones that should have a positive impact on staff working in adult health and social care. Reducing waiting lists, making processes simpler, improving multi agency joint working and an improved learning and development framework are all expected to improve the experience of staff.

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 N

**Name of Health
Lead Officer**

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk in Sheffield

Table 1 in the evidence section illustrates that the majority of safeguarding enquiries completed are for older adults i.e. those in age groups of 60 and older. As a result it is anticipated that the delivery plan will have a positive impact on older adults in Sheffield. However, safeguarding referrals are received in adult social care about adults of all ages.

Table 1 also highlights that safeguarding referrals received that relate to older adults are more likely to be progressed to a safeguarding enquiry than those for younger adults. However a high number of safeguarding referrals are also received for younger age groups, which suggests that there are potentially adults whose circumstances do not meet the statutory criteria for a safeguarding enquiry but who are in need of some support. The improvement of the prevention model and multiagency working included in the delivery plan is expected to achieve a positive impact for these adults.

(could include some stats on age of health and social care workforce i.e. predominantly older so anticipated positive impact?)

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk.

(Include some data on disabilities within adults?)

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Race

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on adults of all races who may be at risk.

Table 2 in the evidence section illustrates the variation in numbers of safeguarding referrals received and safeguarding enquiries completed for people of different ethnicities. In 20% of cases there is no record of a person's ethnicity which impacts the usefulness of the data and highlights an improvement required in the information held.

Table 2 shows that there is large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon ethnicity. For example, 25% of referrals related to people within the black or black British Caribbean ethnicity are progressed to enquiry compared with 7% of referrals related to people within the black or black British other black background ethnicity. More work will be required to understand the differences highlighted.

Religion/Belief

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

(include some data on staff i.e. more staff in AHSC are female? Improved working practices = positive impact)

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on the health and wellbeing of adults at risk, including their carers (formal and informal).

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact

Cohesion

Staff

Yes No

Customers

Yes No

Details of impact

Partners

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Armed Forces

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

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

- April 23: Complete further analysis to explore the differences identified within ethnicities and understand these further with a view to developing a more detailed action plan if required.
- Revise this document at 6 month intervals in line with the proposed timescale for updates on the delivery plan to committee, or sooner where any significant changes are made to the delivery plan.

Supporting Evidence (Please detail all your evidence used to support the EIA)

Table 1: Safeguarding contacts April 21 – March 22 by age group

Age range	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of age range contacts that become an enquiry
18-29	1398	16%	673	12%	158	9%	11%
30-39	1304	15%	602	11%	128	7%	10%
40-49	1182	14%	549	10%	109	6%	9%
50-59	1152	13%	644	12%	177	10%	15%
60-69	895	10%	650	12%	207	12%	23%
70-79	900	10%	780	14%	285	16%	32%
80-89	1183	14%	1047	19%	426	25%	36%
90-99	619	7%	565	10%	237	14%	38%
100+	59	1%	44	1%	11	1%	19%
Total	8692	100%	5554	100%	1738	100%	20%

Table 2: Safeguarding contacts April 21 – March 22 by sex

Sex	Contact		Episode		Enquiry		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of sex contacts that become an enquiry
Female	4954	57%	3339	60%	1036	60%	21%
Male	3738	43%	2215	40%	702	40%	19%
Total	8692	100%	5554	100%	1738	100%	20%

Table 3: Safeguarding contacts April 21 – March 22 by ethnicity

See table on last page of document

Detail any changes made as a result of the EIA

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 of EIA lead officer

Review Date

Ethnicity	Contact		Episode		Enquiry		
	No.	% of all contacts	No.	% of all episodes	No.	% of all enquiries	% of ethnicity contacts that become an enquiry
Asian or Asian British - Other	224	2.6%	124	2.2%	24	1.4%	10.7%
Asian or Asian British - Pakistani	190	2.2%	118	2.1%	36	2.1%	18.9%
Black or Black British - African	126	1.4%	65	1.2%	17	1.0%	13.5%
Black or Black British - Caribbean	99	1.1%	70	1.3%	25	1.4%	25.3%
Black or Black British - Other Black Background	104	1.2%	44	0.8%	8	0.5%	7.7%
Mixed/Multiple Heritage	91	1.0%	35	0.6%	14	0.8%	15.4%
Not known / undeclared / refused	1761	20.3%	1138	20.5%	280	16.1%	15.9%
Other Ethnic Group	79	0.9%	44	0.8%	15	0.9%	19.0%
White - English/Welsh/Scottish/British/Northern Irish	5793	66.6%	3794	68.3%	1290	74.2%	22.3%
White - Other White Background	225	2.6%	122	2.2%	29	1.7%	12.9%
Total	8692	100.0%	5554	100.0%	1738	100.0%	20.0%

Climate Change Impact Assessment Summary

Project/Proposal Name	Safeguarding and protecting people
Decision Type	Key Leader Decision
One Year Plan Area	Education, Health and Care
Date CIA Completed	

Project Description and CIA Assessment Summary	<p>The ambition is that adults in need of care and protection plan is organised into four themes as shown below:</p> <p>Leadership and governance Commission a thematic and benchmarking review of current practice (DHR), Deprivation of Liberty (DoLS), to establish a framework for review and learning and recommendations to the Safeguarding Board.</p> <p>Review current Safeguarding Adult Referral process and learning and recommendations to the Safeguarding Board.</p> <p>Outcomes and experiences Safeguarding Waiting list reduced to acceptable levels. Embed learning from thematic review of SAR, DoLS and DoH.</p> <p>Providing support Establish robust arrangements for identifying early indicators of risk of harm, including outcomes through lack of care continuity, and ensure effective multi agency arrangements in place.</p> <p>Confident practice Establish a safeguarding adult learning and development framework and arrangements so that all staff have complete confidence in the system.</p>
---	--

Rapid Assessment	Does the project or proposal have an impact on the following sections you have selected here in the assessment?
Buildings and Infrastructure	
Transport	No
Energy	No
Economy	

[Chesterfield Borough Council Climate Impact Assessment Tool provided in:](#)

Portfolio	People
Lead Member	
Lead Officer	Tim Gollins
CIA Author	Nic Rust
Sign Off/Date	

and support live safely and well, free from abuse and neglect. The delivery below, along with examples of some of the milestones under each theme.

Review of Safeguarding Adult Referrals (SAR), Domestic Homicide Reviews and other areas for learning and improvement

Process to ensure in line with benchmark and best practice and take Safeguarding Board.

able risk levels

, DHR, DoLS into practice

Indicators of concern, preventing abuse and neglect, preventing poor practice and responding to safeguarding in regulated care environments.

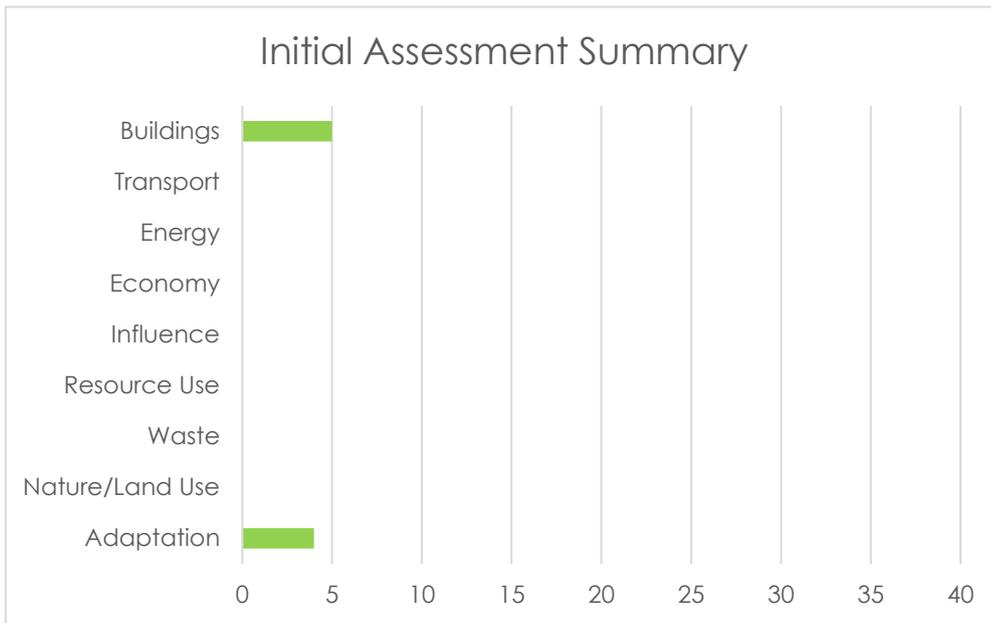
able to effectively screen and respond to Safeguarding via Hub

Development framework for safeguarding and implementation of relevant minimum standards of safeguarding training.

What are the following areas? Select all those that apply. Only complete the relevant section.

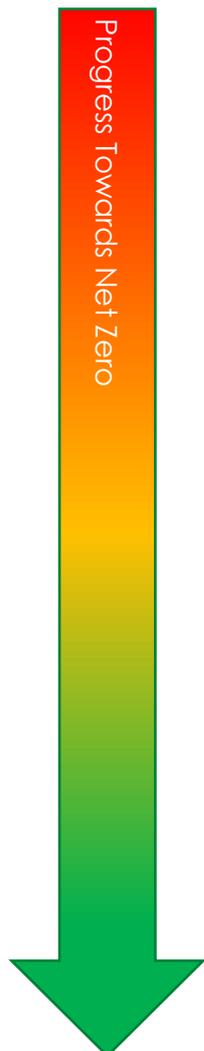
Influence	
Resource Use	
Waste	No
Nature/Land Use	No
Adaptation	

Initial Assessment Summary



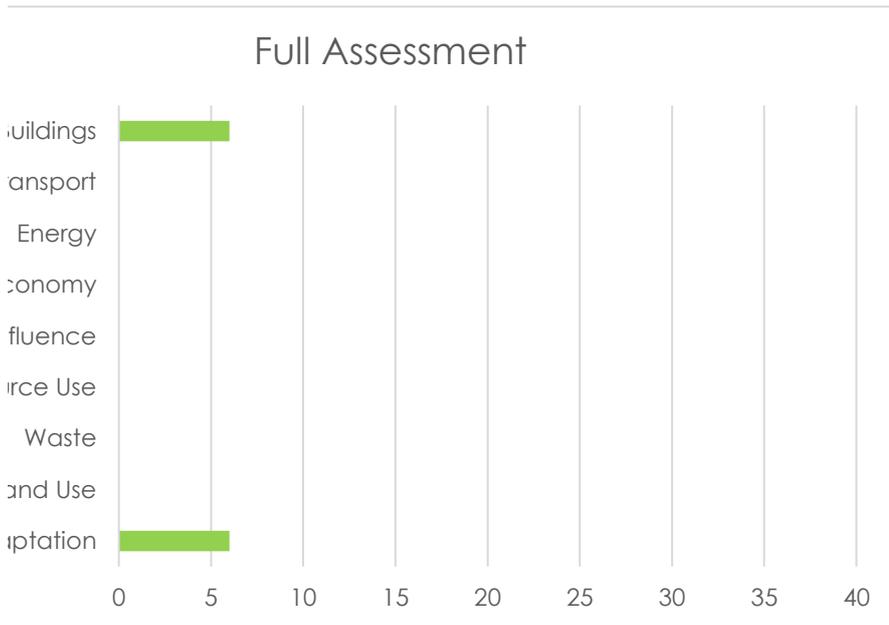
Full Assc

B
Tr
Ec
Ini
Resou
Nature/Lc
Ada



>=27	The project
21-26	The project
12-20	The project before.
3-11	The project before.
0-2	The project

Assessment Summary



will increase the amount of CO2e released compared to before.

will maintain similar levels of CO2e emissions compared to before.

will achieve a moderate decrease in CO2e emissions compared to

will achieve a significant decrease in CO2e emissions compared to

can be considered to achieve net zero CO2e emissions.

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Report to Policy Committee

Author/Lead Officer of Report

Liam Duggan, Assistant Director Governance and Financial Inclusion

Tel: 07791119860

Report of: Director of Adult Health & Social Care

Report to: Adult Health and Social Care Policy Committee

Date of Decision: 21st September 2022

Subject: Adult Social Care Financial Update and Progress with Financial Recovery Plan

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? 1128				
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: -				
<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>				

Purpose of Report:

At the Committee held on 15th June an analysis of the Adult Health and Social Care budget, spend and funding was provided to enhance understanding, improve transparency and to ensure that ongoing financial risks and issues remain visible. At the same Committee, a Care Governance Strategy and Framework was approved setting out a robust approach to governance across Adult Health and Social Care, including effective use of our resources.

It was agreed that future reports would be brought to the Committee which set out more detail on funding streams, spends and on forecasting including long term assumptions as part of our approach to transparent reporting on the Adult Social Care Budget spend and progress in relation to the financial recovery plan.

This report provides information about use of our resources, an update on progress with our financial recovery, an update on improvements made in relation to our

financial governance and seeking endorsement for Adult Social Care Effective Use of Resources Delivery Plan.

Recommendations:

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

1. Note the information about the funding used to support early achievement of the National Minimum Wage and comparison of Sheffield with other authorities.
2. Note progress towards the delivery of the 2022/23 pressure mitigations and the actions being taken to achieve delivery.
3. Note the update on progress with the actions set out at Adult Health and Social Care Committee on 15th June 2022.
4. Agrees the transparency reporting milestones to the Committee noted at section 2.8 of this report.
5. Agrees the Financial and Resource Management Delivery Plan and request updates on progress with implementation through our Budget Delivery Reports at each Committee.

Background Papers:

Appendix 1 – Financial and Resource Management Delivery Plan

Appendix 2 – Use of Resources Report

Appendix 3 – Benchmarking Report

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: Liz Gough
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
<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	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond and 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.	
	Lead Officer Name: Liam Duggan	Job Title: Assistant Director Governance and Financial Inclusion
	Date: 13th September 2022	

1.0 PROPOSAL

- 1.1 At the Committee held on 15th June 2022 an analysis of the Adult Health and Social Care budget, spend and funding was provided to enhance understanding, improve transparency and to ensure that ongoing financial risks and issues remain visible. At the same Committee, a Care Governance Strategy and Framework was approved setting out a robust approach to governance across Adult Health and Social Care, including effective use of our resources.
- 1.2 It was agreed that future reports would be brought to the Committee which set out more detail on funding streams, spends and on forecasting including long term assumptions as part of our approach to transparent reporting on the Adult Social Care Budget spend and progress in relation to the financial recovery plan.
- 1.3 This report provides information about use of our resources, an update about on progress with our financial recovery, an update on improvements made in relation to our financial governance and seeking endorsement for Adult Social Care Effective Use of Resources Delivery Plan.

2.0 BACKGROUND

- 2.1 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.
- 2.2 The vision and strategy set out the approach to make sure that everyone can live and age well in Sheffield. The strategy makes six commitments as the guiding principles we will follow to deliver this Strategy. The related outcomes highlight what we want to achieve or better. By working in this way, we want to bring about fundamental changes to the experience of and quality of social care in the city.
- 2.3 A priority is that Adult Health and Social Care can demonstrate and evidence effective use of our resources and effective governance to deliver upon the Strategy and improve experiences, outcomes, and quality of care across the City. A *Care Governance Strategy and Framework* was approved on 15th June 2022 which supported implementation of this priority.
- 2.4 To enable implementation a *Financial and Resource Management Delivery Plan* was developed consolidating actions underway to manage our resources effectively, including taking learning from our self-assessment, Internal Audit and Local Government Association reviews as well as benchmarking with comparable authorities and cross reference to CIPFA Financial Management Standards.

- 2.5 The *Financial and Resource Management Delivery Plan* is attached at Appendix 1 for approval.
- 2.6 As part of the implementation of the Delivery Plan, a programme of work has been scheduled through the Adult Health and Social Care Budget Reports for the Adult Health and Social Care Policy Committee to provide detailed and transparent information on use of our funds and resources and progress with our Business Plans to deliver savings.
- 2.7 The Delivery Plan also supports decision making and an evidence base for continuous improvement and where to prioritise the further efficiencies required to alleviate budget pressures. It also provides an assurance that Adult Social Care is using resources effectively to improve outcomes for people of Sheffield and providing greater understanding of pressures and reasons for historical overspends.
- 2.8 The Committee reporting milestones on use of Adult Health and Social Care Policy Committee resources for agreement by the Committee are:
- September 2022 – Use of National Minimum Wage Grant, Corporate Charges, Supplies and Services, Benchmarking with Core Cities, CIPFA, Y&H, England on 3rd party spend and Outcomes of the Local Government Association Report.
 - November 2022 – Better Care Fund & S75 Agreement, Grants and Other Income, use of HRA and Disability Facilities Grant and use of COVID Grants benchmarked by Core Cities and assurance regarding Adult Health and Social Care income and expenditure.
 - December 2022 – Integrated Commissioning Budget Overview and Expenditure, Establishment Controls and Contract Management Controls.
 - March 2023 – Use of Resources Delivery Plan, Establishment and Contract Management 6 Monthly Progress Update.

3.0 ADULT SOCIAL CARE FINANCIAL RECOVERY AND SUSTAINABILITY PROGRESS

3.1 Forecast Delivery of Year 22/23 Savings

- 3.1.1 As described in detail on the 15th June at Adult Social Care Policy Committee report, £43.2m savings / pressure mitigations were required to bring costs down within available resources and enable the Council to set a balanced budget for 2022/23.
- 3.1.2 The delivery of these savings is critical to the 2022/23 financial outturn and the funding of adult social care within budget.

3.1.3 A summary of the forecast regarding mitigation of the **£43.2m** pressures on Adult Health and Social Care Budget at August 2022 is set out in Table A below.

Adult Health and Social Care Pressure Mitigations Agreed at Cooperative Executive 16th February 2022	Value (£000,s)	Forecast (£000,s)	Forecast %
Social Care Precept	£3.3m	£3.3m	100%
Increased Grant/ Swap Cash Limit for Grant income	£8.5m	£8.5m	100%
Funding from Council Reserves	£6.2m	£6.2m	100%
Mitigations / Savings	£25.2m	£17.1m	68%
Total Pressures	£43.2m	£35.1m	81.3%

3.1.4 A detailed breakdown of forecast regarding the £25.2m mitigations/ savings is at Table B below.

Table B – Recovery Activity and Progress Against Savings Approved on 16th February 2022.				
Saving Category by Service	Savings Value (£000s)	Forecast value June 22	Forecast value Sept 22	Forecast %
Change and Strategy Delivery	1,803	1,803	1,803	100%
Living and Ageing Well (Older Adults and People with Dementia)	10,888	7,380	7,554	66%
Adults with Disabilities	9,506	4,797	5,250	55%
Mental Health and Wellbeing	1,650	1,275	1,150	70%
Care Governance and Inclusion	1,254	1,254	1,254	100%
Commissioning and Partnerships	100	100	100	100%
Chief Social Work Officer	0	-	-	-
Total	25,201	16,609	17,111	68%

3.1.5 To date, Adult Health and Social Care **have delivered £7.4m** in savings through staffing budget adjustments and recommissioning programmes, reviewing excess costs/strength-based reviews and through our current projects

- 3.1.6 The forecast delivery of savings has improved across all categories except one since the report to Committee, **with £16.7m savings** forecasted to be realised in 22/23. This was in relation to staffing which remains a challenge because of the critical risks in the homecare market and the need to maintain individual's continuity of care.
- 3.1.7 As Table A shows, current forecasts do not anticipate full delivery of the £25m budgeted savings plan at Quarter 1.
- 3.1.8 Following on from the decision of the Cooperative Executive¹ on 16th February 2022, the Adult Health and Social Care Policy Committee is required to mitigate this forecast overspend by 31st March 2023.
- 3.1.9 To mitigate the risk of overspend, the service has undertaken the following since the last Committee, and this is reflected in our forecast results for 22/23 and in our budget plans for 23/24:
- **Completed 136 reviews** of high-cost support arrangements using agency staff and through this released 2,300 increased capacity of homecare hours to the City per week. This delivers £2.4m savings in 22/23 and £800k in 23/24.
 - **Planned for 500 Reviews** to be completed by 31st March 2023 using agency staff. It is anticipated this will release a further 2,000 homecare hours per week and deliver £600k savings in 22/23 and £1.7m in 23/24.
 - **Planned for 550 Mental Health Reviews** to be completed by 31st March as a partnership arrangement with health colleagues. It is planned that this will ensure appropriate arrangements are in place and it is anticipated that this will save £300k during 22/23 and £700k during 23/24.
 - Reviewed **the Direct Awards process** to create foundations for addressing Direct Awards backlogs and reducing need for Direct Awards. It is anticipated that this will ensure better quality and continuity of care for people and save £500k during 22/23 and £500k during 23/24.
 - Reviewed our **Care Home and Supported Living Voids** to create foundations for managing our resources more efficiently and it is anticipated that this will save £1.2m during 22/23 and £500k during 23/24.
 - Reviewed **income and payments forecast and savings** and identified an **additional £429k savings** which will be re-allocated to the Adults with a Disabilities Service to improve its forecast and deliverability.
- 3.1.10 In total this means, that **£5,429m savings** will be delivered in 2022/ 2023 and **£4.2m savings** in 2023/ 2024 through this work. This is included in the forecasts and budget planning for 2023/2024.
- 3.1.11 The service has also sought to improve our governance to ensure effective oversight of our resources by:

¹ Budget Report 2022/ 2023 – 16th February 2022 - [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/cabinet-reports)

- Reviewing all 3rd Party Contracts and from that established a contractual establishment control, aligned to the work programme for Committee and Savings Proposals for 22/23. This will ensure effective governance of Adult Health and Social Care 3rd party contractual spend.
- Developing a programme to ensure data accuracy which can then provide an accurate picture of our growth pressures in current year and in going forward.
- Setting out arrangements to improve our staffing establishment control by November 2022, which means that we will be on track to bring our staffing spend within financial envelope available to the service.
- Implementing a remodelling of adult health and social care to better align resources to care groups and from establish greater efficiency and value in how we are working.

3.1.12

These developments enable Adult Health and Social Care to deliver on our ambitions set out on 15th June 2022² to improve our homecare offer and to deliver on our service priority to reduce waiting lists to acceptable risk levels. It also supports and enables Adult Health and Social Care to become financially sustainable in both our staffing and purchasing of care spend.

3.1.13

It is recognised that the savings of £25m required within one year were always going to be a risk and a challenge when set against:

- Adult social care ongoing response to the pandemic which has continued throughout this financial year.
- Wider legal duties relating to the Care Act, Mental Capacity Act and in particular duties relating to safeguarding, maintaining stability of the social care market which also require to be met by the Policy Committee.
- Change Delivery Programme required to achieve these savings within a one-year timescale set against wider developments across the Council and introduction of a CQC Assurance Framework, Workforce Reporting, Fair Cost of Care and Social Care Charging Reforms under Health and Care Act 2022 during this financial year which place additional pressure and duty upon Adult Health and Social Care.
- National challenges in relation to recruiting social work and social care staff and pressures this then creates on staff where vacancies exist.
- Increased inflationary costs, costs of living costs and the energy crisis which is facing all residents and care providers in the City.

3.2 Additional Actions to Increase Confidence in Delivery of £25m Savings in 22/23.

3.2.1 On the 15th June the Committee agreed the Adult Health and Social Care financial update report³ setting out a range of additional actions to increase confidence in the 2022/23 savings being delivered in full to achieve a balanced budget and assurance as to the effective use of our resources.

² Homecare Transformation Report – 15th June 2022v

³ Adult Social Care Financial Update Report – 15th June 2022 - [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk)

- Provision of use of resources and benchmarking information. This is described in section 4.1 and Appendix 3 of this report.
- Local Government Association feedback of adult health and social care budget. This is described in section 4.2 of this report.
- A joint NHS and LA funding bid to provide additional social care capacity to enable people to be discharged from hospital on a timely basis, which resulted in Adult Health and Social Care receiving £2.427m until March 2023. This was agreed at Finance Sub Committee on 6th September 2022⁴ and a report on our Discharge Improvement Programme is planned for November 2022 Committee.

3.2.3 The following additional actions are underway with an update planned at November Committee: -

- Consideration of employing further external support to undertake a review of Adult Social Care budgets, support further action planning regards our financial governance and to determine whether any efficiencies can be found.
- A further review of each service within remit of Policy Committee to determine opportunities for further efficiency to improve forecast position.
- Review of activity between Adult Health and Social Care, Integrated Commissioning and NHS Sheffield Clinical Commissioning Group, including activity within pooled budgets to determine shared areas of efficiency.
- Business Partnering with Internal Audit to use learning and work towards best practice of governance and standards.

4 EFFECTIVE USE OF RESOURCES

4.1 Learning From Benchmarking and Analysis of Use of Resources

4.1.1 To ensure effective use of our resources, the service has provided a further overview of the budget and its usage as well as benchmarking with Core Cities, Yorkshire and Humber, England and CIPFA Comparative Authorities.

4.1.2 An overview of the budget usage was provided to Committee on 15th June 2022 through the financial update report⁵. As a follow up to that report more information is provided about use of national minimum wage grant, corporate charges, supplies and services and 3rd party contracts.

An overview is provided in Appendix 2 and in summary tells us that: -

- 4.1.3
- The Adult Health and Social Care Policy Committee budget is a Cash Limit of **£149.5m** - this consists of a split between £132.6m to Adult Health and Social Care, £7.9m to Children Services Directorate by way of Integrated Commissioning and £9m to Resources Directorate for Corporate Recharges.

⁴ (Public Pack)Item 16 - [Financial and Social Care Pooled Resource Supplement for Finance Committee, 06/09/2022 14:00 \(sheffield.gov.uk\)](#)

⁵ Adult Social Care Financial Update Report – 15th June 2022 - [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](#)

- £9m of the Policy Committee budget is used for corporate recharges. This refers to internal services, such as IT, accommodation, and support services (Legal, HR, Finance) and is the responsibility of the Resources Directorate. This is a means of monitoring internal demand from different service areas against the corporate budget.
- One-off funding has been provided by the NHS to the Local Authority to provide workforce capacity in the care sector and improved access to homecare support. Payments were made to 103 independent sector care providers in the city totalling £1.5m. The remaining £1.3m funding carried over has been used to support use of agency support to undertake reviews and with that improve access to homecare and support.
- £4,139m of the Adult Health and Social Care Directorate budget is used for supplies and services. To date the budget is showing a slight underspend, which supports delivery of the £200k savings attached to supplies and services. Further activity will be undertaken throughout the year to ensure delivery of this budget on balance and to determine what further efficiencies can be made.
- Over the past 6 years the Cash Limit budget provided by Sheffield City Council to services now within the scope of the Adult Health and Social Care Policy Committee has increased by £12.4m alongside an increase of £73.5m from grants and other income and at same time the cash limit has reduced from 62% of the total Adult Health and Social Care budget income in 2017/18 to 47% of the total budget income in 2022/23.

4.1.4 It is understood that long-term grant income to the Council relating to adult social care has historically been provided to Adult Social Care budgets as cash limit. Over the last four years this funding has increasingly been treated as grant for accounting purposes. The impact of this has been that the cash limit (net) budget has risen more slowly compared with the gross budget and a lower proportion of the service is now funded by cash limit.

4.1.5 With the advent of increased grant to respond to the charging reforms set against a cash standstill agreed at Strategy and Resources Committee on 5th July 2022, it is anticipated that the % of the total Adult Social Care budget funded through cash limit from the Council will reduce further and with that reduction, it will limit options for determination of future efficiencies. Future reports to committee will confirm the position and options to Committee.

4.1.6 The Financial Years 2021/ 2022 to 2022/ 2023 specifically demonstrated key changes to the Adult Health and Social Care Directorate budget with the impact of the pandemic and decision making by the Council which were:

- A significant increase in pressures to £43m from a previous average of £20m.

- An increase in savings identified by the Council for the Service to £25m from a previous average of £10m. This was to match the increased pressures as closely as possible.

4.1.7 The benchmarking information is provided at Appendix 3 and in summary, tells us that Sheffield: -

- Increased total Adult Health and Social Care expenditure support by 29% between 2019 – 2021 during the COVID pandemic and at a higher rate than comparators. However, despite this increase the total expenditure on long and short-term care is now at same rate as the average for all Core Cities as the main population comparator.
- Has a comparable spend on employees to core cities and the lowest increase over last 5 years on employees spend of all authorities to 2020/2021.
- Has a comparable spend on running costs to core cities but the highest increase during the pandemic, which is why the total expenditure is showing an increase. Running costs include purchasing of care and contracts with voluntary sector.

4.1.8 This tells us that Sheffield Adult Health and Social Care spend increased from 2019 onwards at a higher rate than comparators but despite that we remained as comparable to Core Cities. This explains the increased pressure on Adult Health and Social Care Budgets as well as provides indicators of areas where further activity needs to be undertaken.

4.1.9 It is likely the significant increase in costs was due to a health and social care city wide decision to promote community-based support as a way of keeping people well during the pandemic. This is the underlying reason for the rise in cost pressures experienced over last 2 years for adult health and social care.

4.1.10 A deeper dive of the reasons for the increase in running costs, identifies that Sheffield:

- Supports more older people with homecare services and spent more on homecare than comparators, whilst still retaining a level of residential care. This could be attributed to the model of homecare, use of Direct Awards to provide support to people where homecare not available as well as full implementation of the discharge to assess model.
- Spent double the amount on assistive technology such as equipment and adaptations than comparators for over 65's. In the year 2020 – 2021, the joint health and care equipment budget was overspent by £3,080,499 but amount of care provided remained the same.

- Spent more on direct payments than comparators, which is a positive indication of a shift towards choice and control.
- Spends less on short term care but more on long term care than comparator authorities, which indicates further support needed to enable people to live independently at an earlier stage.
- Spent more on supporting people with a physical disability, learning disability and those experiencing mental ill health increased significantly during the pandemic and at a higher rate than other local authorities.

4.1.11 The detailed review of use of our budget and benchmarking information is important as this informs a budget strategy and the annual budget setting process, including assumption of pressures on Adult Health and Social Care and any subsequent pressures which, the service is required to mitigate to deliver the budget on balance.

4.1.12 Due to this, further benchmarking is being undertaken with other Cities to continue to enable learning to be gained as to models and approaches which can ensure that Sheffield is confident it is delivering an optimum service and using resources wisely to achieve best outcomes for residents of Sheffield.

4.2 Learning from Local Government Association Review of Adult Social Care Budget

4.2.1 Since the Committee in June the LGA has provided feedback and within it has identified key lines of enquiry and areas for improvement under three headings - Corporate Finance, Service Strategy and Processes.

4.2.2 The feedback highlighted that targets were set early in 2021 as part of budget planning 2022/23 and for adult health and social care, based on costs rolled back to pre-pandemic levels within one year.

4.2.3 The Council approved a total saving programme of £52.7m in 2022/23 with Adult Health and Social Care being responsible for the delivery of £25.2m of those savings within the financial year 2022/ 23. The LGA recommended consideration be given to the development of multi-year savings or transformation programmes to bring about longer term strategic change.

4.2.4 The savings allocated to Adult Health and Social Care equates to 47.8% of the total savings of the Council and 23% of the Adult Health and Social Care opening budget within the financial year 22/23. The other services savings requirement in comparison were - 12% Children & Families, 11% Commissioning, 8% Communities, 4% Education, 5% Place, 50% Policy, Performance & Communications, 14% Resources.

4.2.5 The areas of improvement identified by LGA are set out below: -

Corporate Finance

- Develop a budget strategy that does not place reliance on the use of reserves to deliver an annually balanced budget.
- Consider the development of multiyear saving or transformation programmes to bring about longer-term strategic change as a corporate priority.
- Consider your approach to target setting to ensure a more equitable distribution of budget saving requirement (over the long term).
- Consider whether there are opportunities to use capital programme as invest to save.
- Consider the merit of using capital receipt flexibility to provide capacity in the delivery of revenue savings.

Service Strategy

- Review as a priority the future provision of care to ensure changing needs are met in the right way and to improve value for money and work collaboratively with providers to reshape the market.
- As a priority find alternative ways of supporting people so that they don't need long term care. This should be at the heart of a transformation programme and one that adopts strengths-based approaches. This should include developing arrangements to improve take up of direct payments; support more people with a learning disability to live more independent lives and reduce your use of care homes.
- Seek to understand the extent of the current offer in providing services to a broad section of the population and set out an appropriate course of action.
- Compare your operational and commissioning practices for people with learning disabilities with Alders best practice guide.
- Review your mental health provision in conjunction with health partners.
- Review arrangements for partner and user contributions.

Processes

- Consider approaches to completion of returns, data management and data integrity to ensure accuracy, consistency, and timeliness in compliance with the reporting requirements.
- Review the presentation and format of public facing financial reports to improve transparency and the "golden thread".
- Ensure arrangements for effective budget management and financial control are embedded and integrated into corporate financial management.
- Consider the outcome of this review and develop an action plan in response which the LGA would be happy to support the Council with.

4.2.6 The Council welcomed the feedback and thanks the LGA support to Adult Health and Social Care in enabling the service to ensure effective use of our resources.

4.2.7 The feedback regards Corporate Strategy were made at a point in time, for example 2022/23 is the first year SCC has used Reserves to balance its budget.

4.2.8 It is noted that Adult Health and Social Care had a significant level of savings levied in 2022/23 and this was because of the high level of pressures in Adult Health and Social Care. The pressures were largely attributable to overspend in 2021/22, additional forecast demand and fee pressures.

4.3 Use of Learning from Benchmarking and Feedback from the LGA

4.3.1 Following the benchmarking exercise and feedback from the LGA, the improvements were cross matched against our Adult Health and Social Care Change Programme, Adult Social Care Strategy Delivery Plan Approved at Committee on 15th June, Care Governance Strategy approved at Committee on 15th June. There were no actions identified in the service strategy feedback that weren't already underway through the change programme.

4.3.2 For completeness, the actions from the LGA review have been added to our Effective Use of Resources Delivery Plan attached at Appendix 1 so that progress in delivery against these will be reported to each Committee and ensure effective governance and oversight by Members.

4.3.3 The Adult Social Care Change Programme has incorporated the benchmarking learning into the programme and as an assurance the improvements identified from the service strategy aspect of feedback from LGA reports are already underway as part of the change programme and are scheduled for reporting to Committee throughout the year as follows:-

- Assistive Technology (Equipment and Adaptations) – A report is planned for November Committee setting out proposals for a Criteria for Equipment and Adaptations to deliver a continued focus on enablement but within financial envelope available.
- Mental Health – A report has been submitted for September 2022 Committee setting out progress with returning line management of mental health social workers to Adult Health and Social Care and proposals for delivering mental health support within financial envelope available following on from the decision at Cooperative Executive on 16th March 2022⁶.
- Target Operating Model - This will set out delivery of a new model for Adult Health and Social Care which will look to delivering on our strategy and vision by enabling a shift towards earlier intervention, multi-disciplinary working with primary care and strength-based practice. This also incorporates development of an information and advice offer and an early help offer and enablement across the services. The reports on

⁶ [Sheffield City Council - Agenda item - Future Delivery of Mental Health Social Care](#)

the Target Operating Model and Information and Advice Offer are due for November 2022 Committee.

- Direct Payments - Direct Payment Transformation programme including support service for people in receipt of direct payments and an internal advice service for workers to improve use of direct payments. A report is planned for December Committee on the outcome of this work.

4.3.4 Our approach to reshaping long term care by way of remodelling homecare provision was approved on 15th June 2022 as was our approach to short term care beds. It's planned that these improvements will enable delivery upon our strategy as well as establish long term sustainability.

5 HOW DOES THIS DECISION CONTRIBUTE?

5.1 Good governance in relation to resource management and financial decision making supports the delivery of the adult social care vision and strategy

5.2 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.

6 HAS THERE BEEN ANY CONSULTATION?

6.1 The purpose of this report is provided background to the funding of Adult Social Care, an update to the forecast spend position for 2022/23 and progress with the delivery of savings. No consultation has been undertaken on these aspects.

6.2 Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

7.1 Equality of Opportunity Implications

- 7.1.1 As part of the annual budget setting process, an overarching EIA assesses the cumulative impact of budget proposals (EIA 1128), as well as individual EIAs for each proposal that are monitored and maintained as an ongoing process. The Savings Plan referred to in summary was agreed by the Council as part of the 22/23 Budget and the EIAs for each element remain live.
- 7.1.2 Over the last 4 years, the Council has provided vital social care services with above inflation funding increases. A 16% increase for 2022/23, and an average increase of nearly 13% p.a. over the last 5 years, has seen the budget for adults and children's social services rise by a total of £126m.
- 7.1.3 The year-on-year reductions from Government has meant that over the last ten years we have seen a real terms reduction of 29% and this has impacted on the people of Sheffield, including those in greatest need and groups that share equality characteristics. We have also seen increasing demand for our services in key areas like social care.
- 7.1.4 The 2022/23 savings targets are the highest the Council has ever faced, as the Council needs to make over £52.7m of savings across all service areas. Although there are very difficult choices to make, our impact assessments illustrate our commitment to tackling inequality and ensuring inclusivity and to mitigate negative impacts where possible. We will monitor closely for any adverse equality impacts as reductions and changes in provision occur during the next year.

7.2 Financial and Commercial Implications

- 7.2.1 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
- 7.2.2 This report is part of an improved financial governance framework that aims to improve understanding and provide transparency on the use of public money to the citizens of Sheffield.
- 7.2.3 Financial governance will be aligned with the adult health and social care strategy to ensure that opportunities for efficiency and improvement are recognised and developed by accountable owners. An emphasis on enablement and less formal support will be embedded through processes that identify a strengths-based practice at the point of assessment and review.
- 7.2.4

Given the overall financial position of the Council there is a requirement on the committee to address the overspend position in 2022/23 and support plans to mitigate it.

7.3 Legal Implications

7.3.1 As this report is designed to provide information about background to and an update about the financial position rather than set out particular proposals for the budget and implications, there are no specific legal implications arising from the content. The ongoing process will however assist the local authority in meeting its obligations and legal duties.

7.4 Climate Implications

4.4.1 There are no climate impacts arising directly from this decision.

7.5 Other Implications

4.5.1 There are no further implications to consider at this time.

8 ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable – no decision or change is being proposed.

9 REASONS FOR RECOMMENDATIONS

9.1 These recommendations are made to support strategic planning and operational decisions that are necessary for the long term sustainability of adult health and social care and the long-term benefit of people in Sheffield.

Appendix 1 – Effective Use of Resources Delivery Plan

Appendix 1: Financial and Resource Management Delivery Plan

Category	Objective	Next action(s)	Who	When
Strategic (high level plan and review)				
1. Financial strategy	Update and approve financial strategy for AHSC (derived from, aligned to and dependent on AHSC vision/ strategy)	<ul style="list-style-type: none"> Annual update to financial strategy 	Liam Duggan	April 2023
2. Budget strategy	Develop medium term budget strategy for AHSC – linked to Adult Social Care future Target Operating Model (provision mix, unit cost, overhead etc)	<ul style="list-style-type: none"> Formal multiyear budget strategy to be developed and brought to Committee 	Liam Duggan	November-December 2022
3. Budget setting	Support to the committee, in line with the corporate timeline, for the delivery of a balanced budget for 2023/24	<ul style="list-style-type: none"> Report to Committee on proposals for balancing budget *to take learning from Alders best practice guide as per LGA suggestion 	Liam Duggan	September 2022
4. Benchmarking	Ongoing use of benchmarking to inform Target Operating model (provision mix, unit costs, overheads) and to guide budget strategy	<ul style="list-style-type: none"> Reporting of latest benchmarking to Policy Committee 	Liam Duggan	September 2022
5. Market Shaping Statement	Medium term plan for the reshaping of the care market to meet changing needs in line with our vision and strategy and future target operating model. This will set out how we will achieve a sustainable market with clear oversight and governance along with clear messages for providers on our commissioning intentions, potential use of capital development and the outcomes we want to achieve for the people in Sheffield.	<ul style="list-style-type: none"> Market shaping statement to be brought to Committee for approval and publication Engagement with providers over winter to develop detailed a market position statement for working age adults and Ageing and Living Well 	Catherine Bunten	September 2022

Appendix 1 – Effective Use of Resources Delivery Plan

6. Fair Cost of Care and Market Sustainability	A Care Market Sustainability Plan covering any move towards the fair cost of care and proposals for setting fee rates for commissioned care. This includes mechanisms for annual uplifts and review, mitigating key risks to the local market and particular consideration of the further commencement of Section 18(3) of the Care Act 2014.	<ul style="list-style-type: none"> • Cost of Care Exercises for residential and nursing care for those aged 65 and over and domiciliary care for those aged 18 and over and draft market sustainability plan submitted to DHSC. • Further engagement with providers on market sustainability plan to develop final plan for submission in February 2023 	Catherine Bunten	October 2022
7. Change Programme	Manage and maintain a multiyear transformational change programme for delivery of the Adult Social Care Vision and Strategy and multiyear savings/ efficiencies	<ul style="list-style-type: none"> • Annual review of programme 	Jon Brenner	March 2023
8. Innovation and legislation	Understanding of changes to national legislation and examples of innovative practice provide a regular horizon scanning discussion. Engagement with staff and partners and access to national fora to compare and develop practice and innovation.	<ul style="list-style-type: none"> • Update to Committee on Charging reform • LPS 	Charles Crowe	September 2022
9. External assurance	Benchmark our financial performance against national frameworks and secure external challenge and assurance	<ul style="list-style-type: none"> • Incorporate LGA suggestions into plan • Incorporate CQC framework into SCC P&O Framework 	Liam Duggan	September 2022
10. System efficiency	Efficient and effective system makes best use of shared resources	<ul style="list-style-type: none"> • BCF update provided to Committee 	Judith Town	November 2022
11. Workforce Plan	Develop costed medium term staffing structure for adult social care as part of the Target Operating Model	<ul style="list-style-type: none"> • 		
Tactical (monitoring and oversight)				
12. Cost driver analysis	Clarity on AHSC budget income, expenditure and pressures aligned to leadership team portfolios, legal obligations and strategic priorities	<ul style="list-style-type: none"> • Annual update to the Committee 	Jonathan McKenna Moore	June 2023
13. Transparent funding and spend	Transparent funding of adult health and social care to improve understanding, understand risks, opportunities and to inform budget strategy	<ul style="list-style-type: none"> • Update to Committee on use of NHS funding to support 	Liam Duggan	September 2022

Appendix 1 – Effective Use of Resources Delivery Plan

		early adoption of National Living wage		
14. Clear budget portfolios	Aligned budgets, contracts and staffing to leadership portfolios so that all portfolios have total budget, contractual and staffing oversight and are able to implement service budget plans (including service governance and actions to balance budgets)	<ul style="list-style-type: none"> Staffing budgets to be allocated as part of the new operating structure 	Jon Brenner	September 2022
15. Budget monitoring, reporting and financial forecasting	Full compliance with high quality forecasting based on financial management reports which meet the needs of the leadership teams and escalates intelligence appropriately resulting in responsive/ corrective action.	<ul style="list-style-type: none"> Review of purchasing meeting format following implementation of new structure 	Liam Duggan/ Tim Gollins	February 2023
16. Contracts register	Single register of all AHSC 3 rd party service contracts, grants and call off orders to support monitoring, planning and review alongside equivalent register from CCG and identification of inefficiency.	<ul style="list-style-type: none"> Recommendations from project group as to whether contracts register can be held 'on system' (ContrOCC) 	Liam Duggan/ Catherine Bunten	November 2022
17. Establishment control	Processes for maintaining the AHSC establishment, providing reporting information and ensuring spend is controlled in line with the budget.	<ul style="list-style-type: none"> Establishment and budgets to be updated following restructure 	Jane Wilby	November 2022
18. In year project tracking	Active initiatives to deliver savings are tracked, reviewed on a project-by-project basis with regard to delivery against stated objectives and continued funding or disinvestment	<ul style="list-style-type: none"> Process for management and forecast of savings to be updated 	Liam Duggan	February 2023
Operational (process/ controls)				
19. Behaviours and culture	Staff understand the funding of adult social care and are aware of the financial impact of the decisions they make. Budget discussions take place in teams and financial considerations are a part of all decision making. Financial Risks & Issues are reported and managed at an appropriate level. Staff are empowered to mitigate risks rather than escalate and transfer responsibility.	<ul style="list-style-type: none"> Financial controls implemented Performance Management Framework implemented Practice Quality Framework developed 	Liam Duggan	Nov 22- March 23
20. Care package approval	Individual packages of care are authorised at the required level according to a scheme of delegated authority. The delegated authoriser is confident that alternatives have been explored and the funding request offers the best value for money to achieve a good outcome for the person.	<ul style="list-style-type: none"> New formal financial approval to be required within the case management system 	Liam Duggan	November 2023
21. Recruitment controls	Controls to ensure that recruitment takes place in support of the budget.	<ul style="list-style-type: none"> Annual review of controls as part of the wider 	Liam Duggan	March 2023

Appendix 1 – Effective Use of Resources Delivery Plan

		establishment control process.		
22. Contracts	Controls and flexibility written into contracts and providers incentivised to promote independence	<ul style="list-style-type: none"> • Homecare contract terms and conditions to be drafted • Subsequent working age contracts to be drafted 	Catherine Buntun	September 2022 March 2023
23. Transition planning	Planning is carried out on a collaborative basis to determine the best route to a good quality of life as an adult and to derive a long-term forecast for demand.	<ul style="list-style-type: none"> • Preparation for Adulthood Team to start to work with people under 18. 	Andrew Wheawall	September 2022
24. Data quality	Care is recorded accurately and in a timely way to improve safety, efficiency, planning and financial management, facilitate high quality payments and charging and improve intelligence from benchmarking	<ul style="list-style-type: none"> • Develop Practice Quality Framework with focus on recording of care • Care Trust recording of community care to be standardised • Property income to be accounted for as contribution income for benchmarking purposes 	Janet Kerr Tim Gollins Jane Wilby	March 2023 March 2023 March 2023
25. Payment processes	Payment processes are efficient and effective, and include validation and fraud control measures	<ul style="list-style-type: none"> • Implement new Homecare payment and charging model 	Liam Duggan	April 2023
26. Income management and financial inclusion	Online advice and guidance, assessment and care management support, funding support, charging and collection processes are high quality, joined up, person centred and promote financial understanding, optimisation of personal income and financial inclusion	<ul style="list-style-type: none"> • Implement Charging Reform • Develop financial self-service processes 	Liam Duggan	October 2023

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

1 INTRODUCTION

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 purpose of this report is to provide an overview and detailed information about: -

- Adult Health and Social Care Policy Committee Cash Limit Budget for 2022/ 2023 and 2023/ 2024 compared against previous years.
- Detailed information about use of Corporate Charging which accounts for £9m (6%) of the Policy Committee overall budget.
- Detailed information about the Supplies and Services which accounts for £4m (3%) of the Adult Health and Social Care Cash Limit Budget.
- Detailed information about 3rd Party Spend and expenditure.
- Detailed information about use of the grant received from NHS England to enable early adoption of the National Minimum Wage.

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

2. ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE BUDGET OVERVIEW

2.1 Adult Health and Social Care Policy Committee Budget

The Adult Health and Social Care Policy Committee cash limit budget for the period 2022/2023 is **£149.5m**.

Additional income is received through grants, fees and charges as described to Committee on 15th June 2022.

Total Budget			Directorate	Responsible Director
Overall Budget (£000's)	SCC Cash Limit (£000's)	Grants and Other Income (£000's)		
£275.1m	£132.6m	£142.5m	Adult Health and Social Care	Alexis Chappell (DASS)
£18.2m	£7.9m	£10.3m	Children Services (Integrated Commissioning)	Andrew Jones (DCS)
£9m	£9m	£0	Resources (Corporate Recharges)	Ryan Keyworth
£302.3m	£149.5m	£152.8m		

Key points for the Committee to note are:

- The Committee has an accountability for a cash limit of £149.1m and when including grants and other income a total budget of £301.9m.
- £132.6m (89%) of the Committee's cash limit budget is the responsibility of the Director of Adult Health and Social Care. This represents 48% of the total Adult Health and Social Care Directorate Budget.
- £16.6m (11%) of the Committee budget is the responsibility of Corporate Services and Children Services.
- The Strategy and Resources Committee on 5th July 2022 decided to implement a cash standstill for 23/24 for all Committees. This means the cash limit described for 2022/ 2023 will be the same cash limit which the Adult Health and Social Care Policy Committee receives for 2023/ 2024.

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

2.2 Adult Health and Social Care Directorate Income – Comparison Over Last 6 Years

The Adult Health and Social Care Directorate cash limit and external income is shown in Table B.

Comparisons have been provided to last 5 financial years to enable the Committee to understand trajectory of income and funds available to Adult Health and Social Care to support individuals, carers, and communities.

	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Total Cash Limit from Sheffield City Council	£128.2m	£131m	£140.1m	£150.2m	£129.2m	£140.6m	£140.6m
Total Grants and Other Income	£79.2m	£92.1m	£99.2m	£105.9m	£144.8m	£152.7m	TBC
% of Cash Limit against total budget	61.8%	58.7%	58.5%	58.6%	47.2%	47.9%	TBC
Total Budget	£207.4m	£223.1m	£239.3m	£256.1m	£274m	£293.3m	TBC

Key points for the Committee to note are:

- From 2017/ 2018 to 2022/ 2023 the cash limit income has increased by 9.7% and the external grant and other income has increased by 92.8%.
- From 2017/ 2018 to 2022/ 2023 the cash limit has increased by £12.4m and the Grant and other income has increased by £73.5m for Adult Health and Social Care.
- The total budget income has increased over last 5 years, mainly due to increase in grant and other income to Adult Health and Social Care.

Changes to Cash Limit Between 2020 and 2022

- Long-term grant income to the Council relating to adult social care has historically been provided to Adult Social Care budgets as cash limit. Over the last four years this funding has increasingly been treated as grant for accounting purposes. The impact of this has been that the cash limit (net) budget has risen more slowly compared with the gross budget and a lower proportion of the service is now funded by cash limit.
- For the Financial Year 2021/ 2022 the cash limit budget for Adult Social Care reduced rather than increased because £39m of budget previously treated as cash limit was accounted for as grant and the growth in the cash limit budget was not enough to fully offset this.
- The report to Committee in November will provide a report on the implications of this change, a breakdown of historic grants and other income, pressures and expenditure over the past 6 years for transparency purposes and reporting.

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

3 RESOURCE ALLOCATION OVERVIEW - CORPORATE CHARGES AND SUPPLIES AND SERVICES

3.1 Resource Allocation Overview - Corporate Recharges

£9m is included in the Adult Health and Social Care Policy budget to allow for annual Corporate Recharges. This equates to 6% of the Policy Committee cash limit income from Sheffield City Council.

Corporate Charges are cost neutral within the Adult Health and Social Care Policy Committee budget, as any costs are matched by internal funding.

Corporate recharges refer to internal services, such as IT, accommodation, and support services (Legal, HR, Finance). This is a means of monitoring internal demand from different service areas against the corporate budget. The responsible Director is Ryan Keyworth.

3.2 Resource Allocation Overview – Supplies and Services

£4,139m is spent annually on supplies and services within the Adult Health and Social Care Directorate Budget. This equates to 3% of the cash limit income from Sheffield City Council and 1% of the overall budget is spent on supplies and services.

The supplies and budget spend to from 1st April 2022 to July 22 compared against last financial year is detailed in the Table D below:

Table C – Supplies and Service Budget

	21/22 Financial Outturn			2022/23 (Apr to July)		
	Outturn £'000	Budget £'000	Variance £'000	YTD Actual £'000	YTD Budget £'000	Variance £'000
Equip , Furniture and Materials	(83)	461	(544)	137	116	20
Clothes and Uniform	4	7	(3)	3	2	1
Catering Supplies	17	21	(4)	8	7	1
Grants and Licences	1	5	(3)	159	109	50
Subsistence, Conference exp and Subscriptions	1	5	(4)	(1)	1	(2)
Bad Debt Provision/Write off	2,513	867	1,646	899	869	30
Miscellaneous Expenses	808	267	541	80	81	(1)
Printing, Stationery and Office Expenses	102	178	(76)	(33)	48	(81)
Fees Expenses, Consultants Fees, Professional						
Fess and Other Services	1,658	1,621	36	365	662	(297)
Postage and Telephone	443	385	58	269	151	118
Computing	167	38	128	35	23	12
Insurance	149	284	(135)	36	91	(55)
	5,778	4,139	1,640	1,957	2,160	(203)

- 21/22 showed an overspend due to bad debt whereas 22/23 is showing a slight underspend to date, which supports delivery of the £200k savings attached to supplies and services. Further work is being undertaken to bring areas of over expenditure into final envelope available.
- In 2022/23 the bad debt budget was uplifted to bring it back into line with current income levels.

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

4 3RD PARTY SPEND – CONTRACTS BY SERVICE

The funding of contractual and purchasing spend is summarised in the tables below:

The value of the Council's fixed price/ fixed volume contracts along with the Health and Social Care Community Equipment contract are summarised in Table E.

Table D – Contracts Funding by Service

Service Group	Cash			% Cash Limit	% Other Income
	Total Budget	Limit Funded	Other Income		
AGEING AND LIVING WELL	10,202	5,453	4,749	53%	47%
ADULTS WITH DISABILITY	1,586	1,586	-	100%	0%
MENTAL HEALTH	188	188	-	100%	0%
GOVERNANCE AND INCLUSION					
ADULT COMMISSIONING	1,007	534	473	53%	47%
CHIEF SOCIAL WORK OFFICER	823	589	234	72%	28%
Total	13,806	8,350	5,456	60%	40%

The funding of care and support which is purchased for individuals through the purchasing budgets is summarised in the Table F.

Income against Spend (£000s)	OP	LD	PD	MH	Total
Gross Expenditure	98,818	72,596	26,840	14,721	212,975
Contributions From Individuals	-28,912	-5,031	-2,159	-746	-36,848
NHS CCG Contributions to costs	-13,597	-15,587	-700	-2,042	-31,926
Other Contributions	-27,958	-23,388	-7,335	-2,468	-61,149
Total Income	-70,467	-44,006	-10,194	-5,256	-129,923
Net Expenditure	28,351	28,590	16,646	9,465	83,052
% Resource Allocation from Cash Limit Provided by Council	29%	39%	62%	64%	39%

(OP = Older People; LD = Learning Disabilities, PD = Physical Disabilities; MH = Mental Health)

65.5% of the Adult Health and Social Care £132.6m cash limit is spend on purchasing of care and support with the remainder being used for SCC staff costs, supplies and services and transport costs.

The majority of cash limit spend is on support to older adults and people with a learning disability but its of note that support to people experiencing mental ill health and people with a physical disability are mostly funded through the cash limit.

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

5 ADULT HEALTH AND SOCIAL CARE – GRANT INCOME AND EXPENDITURE OVERVIEW

5.1 Use of National Minimum Wage Grant

5.1.1 Overview of the Grant and Its Purpose

A decision was made on 1st December 2021 by Leader of the Council to approve the acceptance and allocation of monies from NHS Sheffield Clinical Commissioning Group to the value of £2.8m on a non-recurring basis. The link to the decision is here: - [Sheffield City Council - Decision - Early Implementation of National Living Wage for Care Staff](#)

The NHS money, which had to be spent by 31 March 2022, was the product of a hospital underspend subsequently allocated to support key system priorities including recruitment and retention in the care sector.

The fund was identified to enable early adoption of the National Living Wage for Care Staff and recruitment and retention of Social Care Staff with commissioned health and care services so that people do not have to wait in a hospital setting where their risk of decompensation and infection is heightened.

Specifically, the funding was intended to be used for:

- a grant-based system which enables commissioned providers to apply for early adoption of the National Living Wage or other appropriate mechanisms from December 2021 to the value of £2.79m
- agency staff/ backfill to support administration of the grant-based system to the value of £50k
- an aligned local recruitment campaign to support implementation of minimum wage and thereafter increased recruitment into social care to the value of £50k

It was intended that this funding would provide *improved workforce capacity* in the sector and *improved access to homecare support*.

5.1.2 Use of the National Minimum Wage Grant

In summary, payments were made to 103 independent sector care providers in the city totalling £1.5m. The remaining £1.3m funding was used to support other recruitment and retention priorities in the city with the intention of improving access to homecare and support.

Letters were sent to providers on 13th January 2021 and 21st December 2021 setting out the conditions for the fund. The criteria adopted were that providers must have a CQC registration for Care Homes or Homecare. These criteria mirrored conditions at the time of national government grant.

The money was to be allocated in accordance with the following categories

Element One	Cost to maintain wage differentials
Element Two	Cost to fund those currently below £9.21 to £9.21
Element Three	Cost incurred £9.21 to NLW where £9.50 is already paid to carers, domestic and catering staff

APPENDIX 2 – USE OF ADULT SOCIAL CARE RESOURCES REPORT

Element Four	Other recruitment and retentions scheme cost
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The grant timescales were kept open, the scheme was promoted as far as possible and with as much flexibility as possible and the sector was engaged for as long as possible and to allocate as much as possible. Final queries were still being responded to in late March and the funding was closed until final payments were made in March 2022.

Ultimately payments were made to 103 independent sector care providers in the city totalling £1.5m as set out in the following table.

Provider Type	Number of Providers	Value of Initial Grant Claims £'000's	Value of E1 Claims £'000's	Value of E2 Claims £'000's	Value of E3 Claims £'000's	Value of E4 Claims £'000's	Value of Under 23 NLW Claims £'000's	Total Claims £'000's
Care Home Only	68	400	153	269	66	52	18	957
Home Care Only	30	189	65	30	103	67	8	463
Supported Living Only	2	9	6	7	10	-	-	33
Care Home with Supported Living	2	23	4	7	2	-	-	36
Home Care with Supported Living	1	43	-	-	-	-	-	43
	103	664	227	313	182	119	25	1,531

Adult health and social care overspent by £7.5m in 2021/22 and this overspend was funded from underspends in other Council departments and one-off Council reserves.

The £1.274m unspent recruitment and retention money was carried forward into 2022/23 and is being used to fund temporary additional social work capacity to complete reviews and with that decrease the number of hours used and therefore improve access to the homecare market for individuals.

This is in line the proposals for commissioning of new homecare service approved at Committee on 15th June 2022 and in with the decision made, particularly recommendation 3 e to take such other necessary steps not covered by existing delegations to achieve the outcomes outlined in this report

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APPENDIX 3 – BENCHMARKING INFORMATION

1. INTRODUCTION

This report provides benchmarking information in relation to support provision, costs and use of our resources.

The benchmarking is undertaken using a comparison to Core Cities, Yorkshire, and Humber, CIPFA Groups and England.

In summary the benchmarking information indicates:

- Sheffield followed the national trend of increased costs across all areas during the Covid pandemic, but often at a sharper rate compared to other local authorities.
- Increases during covid have led to a distorted trajectory for spend. We cannot assume this will reverse naturally, but it should be assumed that it is possible to reverse demand trends following review as informal support and community-based activities become more available.
- Sheffield supports more older people with homecare services than comparators and spends significantly more than others on homecare.
- Sheffield's spend on Extra Care for older people is significantly lower than comparators.
- Sheffield spends more on direct payments for working age people than comparators, across learning disabilities, physical disabilities and mental health. Low spend on supported living and homecare suggests this is related to funding methods rather than service provision. This indicates that framework contracts may not be available, and therefore our ability to control spend through existing contract rates is more limited.
- Spend on supporting people with a learning disability also increased at a higher rate than comparators. Overall spend is comparatively low, due to a low proportion of people in residential care.
- Care home rates for people with a physical disability are high, and our spend increased at disproportionate levels during Covid.
- The number of people we support with a physical disability also increased during Covid. This indicates there is potential for people to return to more independent lives as informal support and universal services become available again.
- The number of people supported for Mental Health is lower than all comparator averages except England. However, mental health support costs for care homes are higher than comparators after increasing significantly during 20/21. As fee rates are similar, this indicates a high proportion of people in residential care for mental ill-health.
- Sheffield's spend on Assistive Technology for older people is the highest among core cities, but our homecare costs are still 29% higher. This may be distorted by the impact of covid on the homecare market.
- For Physical Disabilities, Assistive Technology spend was high, but is now level with the core city average, and only half the core city maximum.

APPENDIX 3 – BENCHMARKING INFORMATION

The recommendations following on from this are:

- Reviews are carried out to determine if increased packages and new community-based packages put in place during the pandemic can now return to pre-pandemic levels.
- The availability and suitability of framework providers for supported living and homecare for working age people needs to be assessed.
- Use of Assistive Technology requires investigation to ensure it is effective and delivering value for money.

2 BENCHMARKING - INCOME AND EXPENDITURE

2.1 TOTAL POPULATION

2020/2021 Expenditure	Sheffield	Core Cities Average	CIPFA Group Average	Y&H Average	England Average
Total Resident Population	589,214	586,616	361,745	368,423	372,040
Proportion of population aged 65 and over	16.1%	13.5%	16.4%	19.3	19.9%
Proportion of population aged 18 - 64	63.8%	65.5%	58.7%	59.6%	59.2%

- Sheffield population is broadly same as Core Cities average and higher than CIPFA, Yorkshire and Humber and England averages.
- Sheffield has a higher population of people aged 65+ than Core Cities but lower than Yorkshire and Humber averages and likewise slightly lower working age adults than Core Cities. This may explain variances in provision across cities.

2.2 TOTAL EXPENDITURE

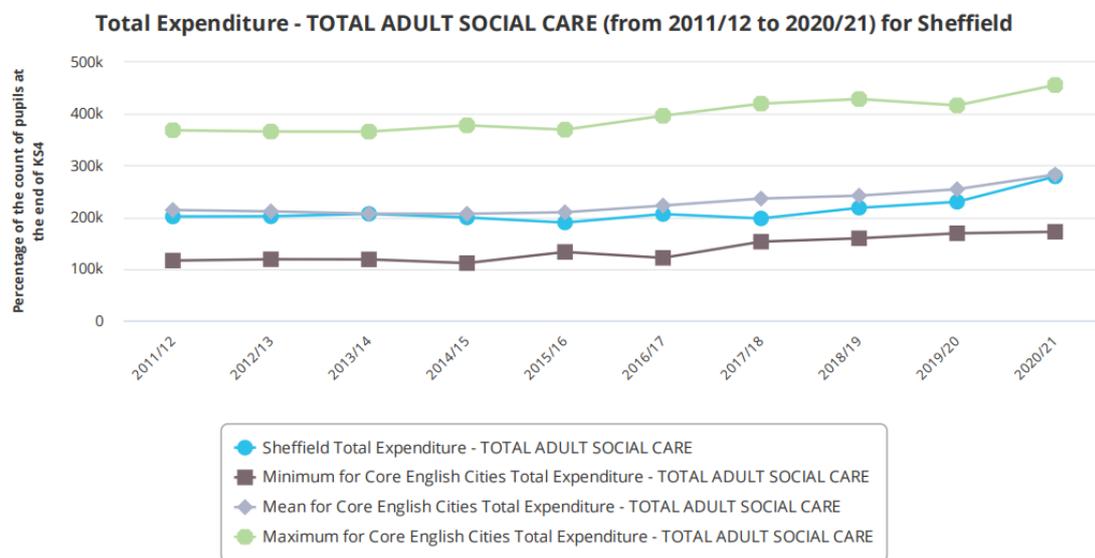
2020/2021 Expenditure	Sheffield	Core Cities Average	CIPFA Group Average	Y&H Average	England Average
Total Expenditure Adult Social Care (£000)	278,849	282,564	180,146	170,174	175,998
Gross expenditure (£000)	241,592	230,577	141,077	140,682	141,371
Gross current expenditure on adult social care per adult aged 18 and over	511.21	510.19	472.59	475.24	480.13
Net current expenditure - adult Social Care (RS)	213,145	203,258	122,261	119,700	121,151
Employee Expenditure	43,223	44,094	27,616	28,364	25,990
% Employee Increase over last 5 years	8.8%	9%	13%	12%	16%

APPENDIX 3 – BENCHMARKING INFORMATION

Running Costs Expenditure	235,626	238,470	152,530	141,810	150,008
% Running Costs Increase over last 5 years	29%	23%	26%	22%	23%

- The expenditure information highlights that Sheffield has a close alignment with Core Cities. It highlights that employee costs have increased on a comparable level but running costs have increased at a significantly higher rate than all comparator authorities.

2.3 TRAJECTORY OF TOTAL EXPENDITURE



Source:
Department for Levelling Up, Housing & Communities

- The review of total expenditure over last 10 years shows that Sheffield Adult Social Care has been closely aligned to the mean for the Core Cities.
- There was a 26% increase in expenditure between 2019 – 2021, which could be explained due to the pandemic. However, other authorities didn't increase at same rate which is where further work has been undertaken to understand expenditure per care group set out in section 3.

3 BENCHMARKING INFORMATION – OLDER ADULTS

3.1 Support for Older People

3.1.1 People receiving long term support at the end of 20/21 per 100,000 65+ population

Table D – Comparison of Long Term Support

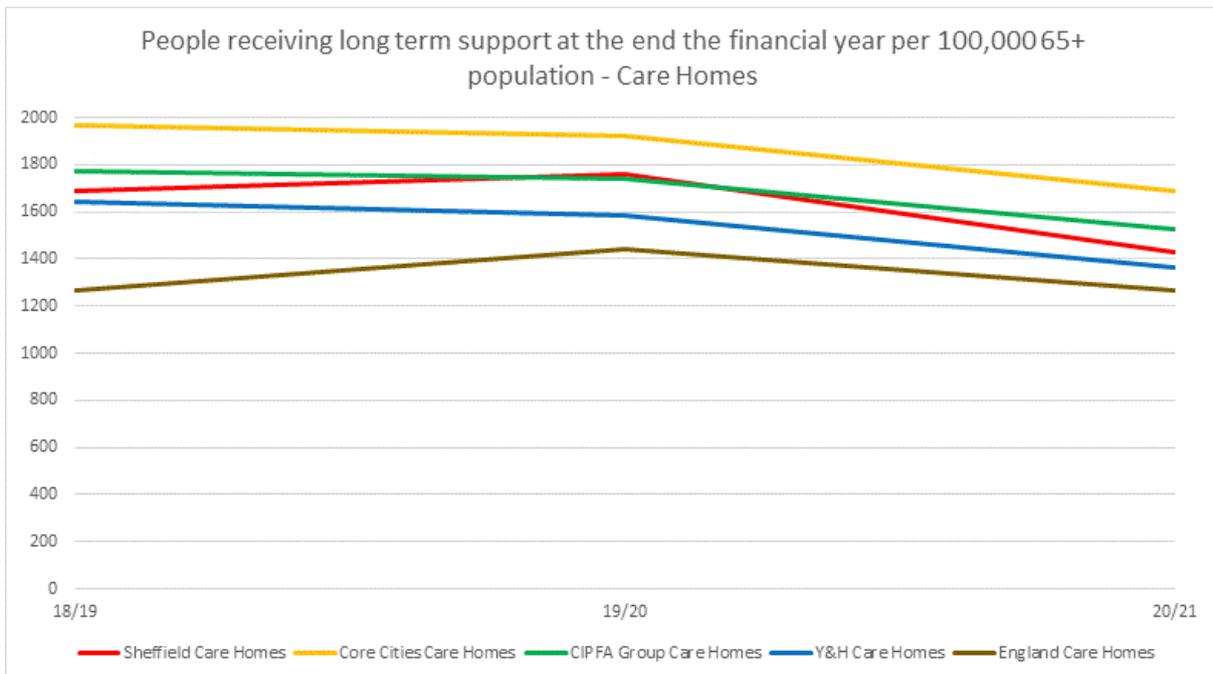
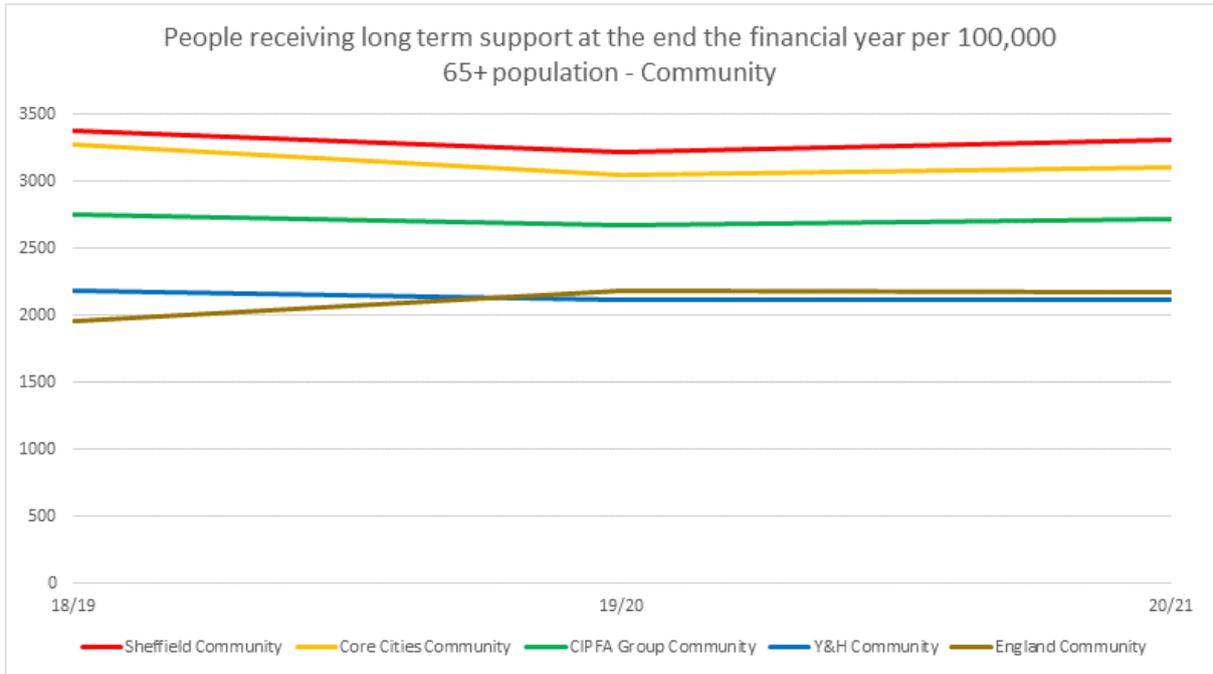
APPENDIX 3 – BENCHMARKING INFORMATION

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	475	601	439	266	388
Residential Care	955	1088	1089	1098	881
Community	3310	3103	2717	2109	2171
Total	4741	4792	4245	3473	3440

- Sheffield broadly supports same volume of people as Core Cities, which is the main comparator.
- There are more people supported through homecare than in residential care, which would indicate a greater shift towards community-based support and independent living.

3.1.2 Trajectory of People Receiving Long Term Support (OP)

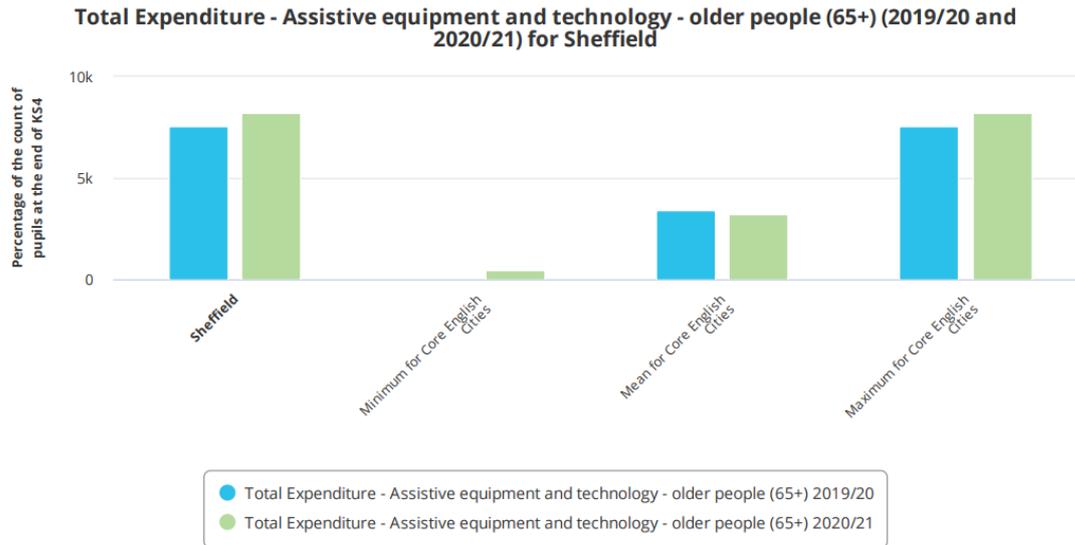
APPENDIX 3 – BENCHMARKING INFORMATION



- Sheffield continues to support more older people in the community than comparators whilst supporting a similar number within care homes. The number supported within care homes reduced nationally during 20/21 due to the COVID pandemic.

3.13 Use of Assistive Technology (OP)

APPENDIX 3 – BENCHMARKING INFORMATION



Source:
Department for Levelling Up, Housing & Communities

- Sheffield spends significantly higher than comparator cities on assistive technology such as equipment to enable people to live more independently but at same time continues to provide more homecare support than comparators cities.

3.3 Use of Resources (OP)

3.3.1 Gross expenditure (long term care £000s) in 20/21 per 100,000 65+ population

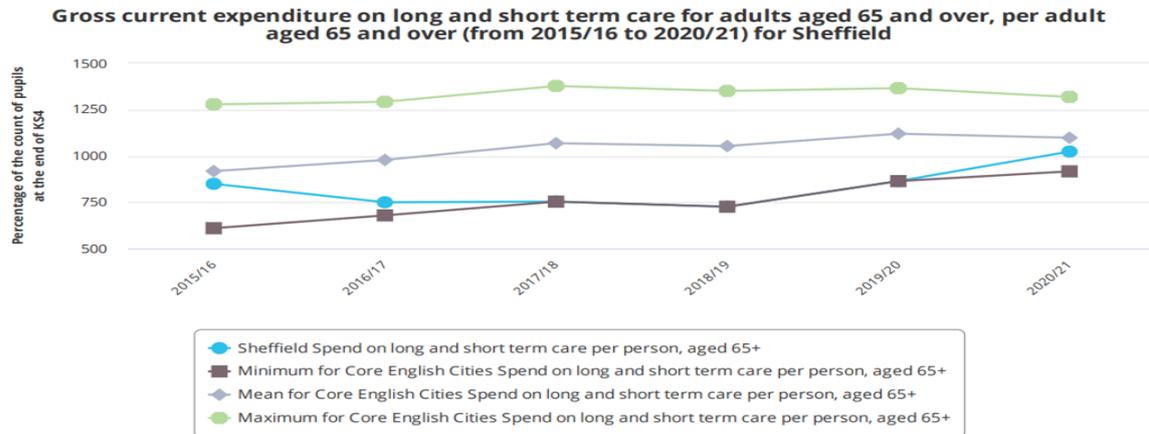
Table E – Gross Expenditure

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£14,062	£20,911	£14,689	£9,662	£14,267
Residential Care	£33,865	£33,780	£34,741	£36,235	£31,393
Supported Accommodation	£35	£1,596	£994	£310	£1,099
Community: Supported Living	£6,567	£6,180	£5,154	£4,501	£3,104
Community: Home Care	£32,185	£24,986	£19,843	£18,885	£17,270
Community: Direct Payments	£7,596	£6,747	£4,276	£4,308	£4,787
Community: Other long term care	£1,459	£2,593	£1,900	£1,140	£2,085
Total	£95,770	£96,794	£81,597	£75,041	£74,004

- Sheffield spends significantly more per population than all comparator groups apart from Core Cities. Sheffield spends significantly more on homecare than all comparator groups but remains comparable in relation to spend on residential care.

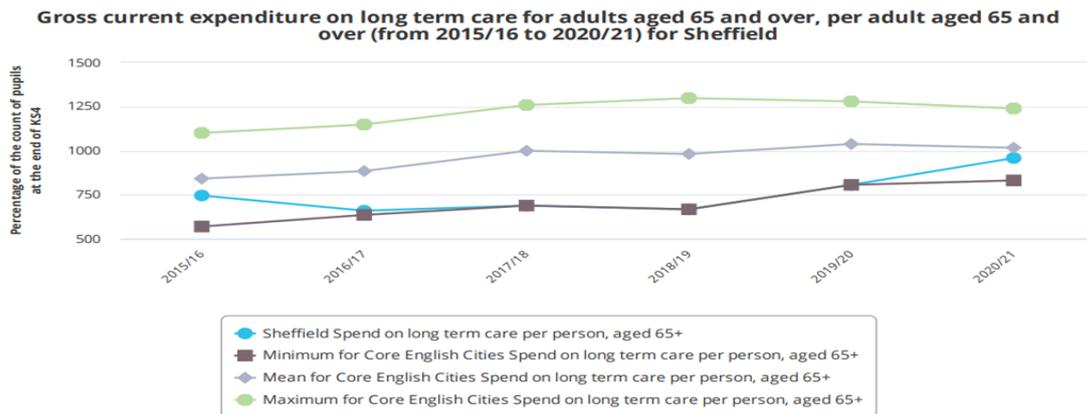
APPENDIX 3 – BENCHMARKING INFORMATION

3.3.3 Trajectory of Gross Expenditure Long and Short Term Care (OP)



Source:
NHS Digital

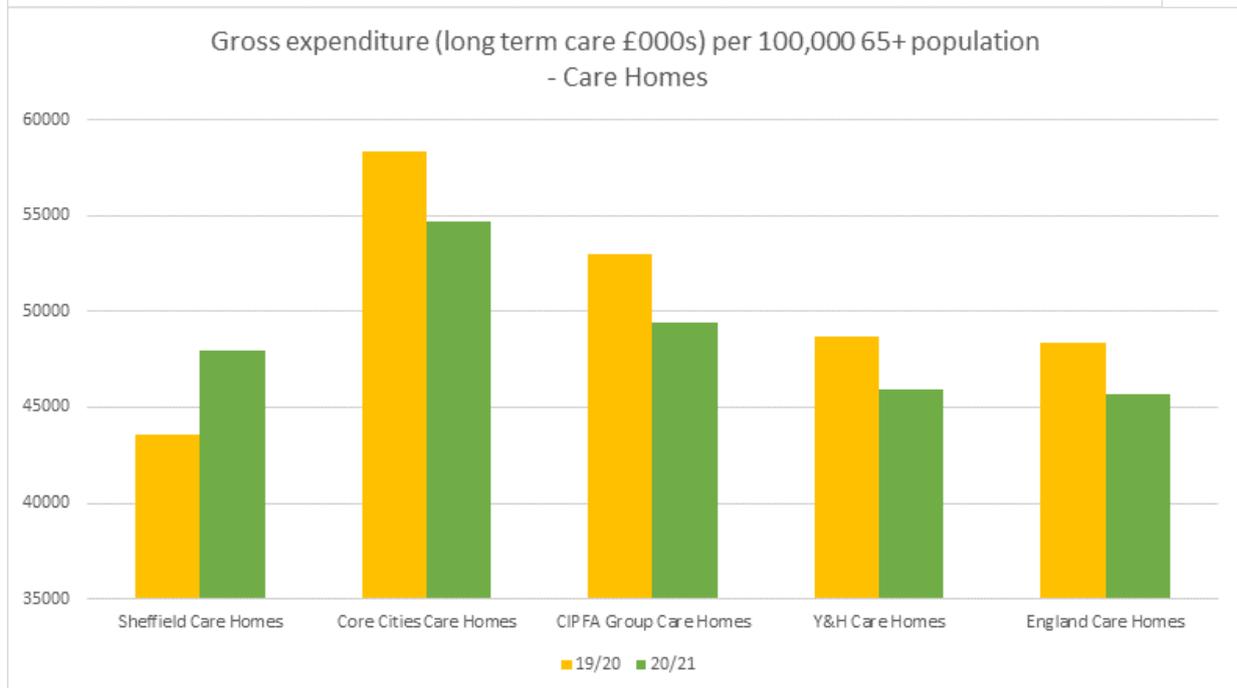
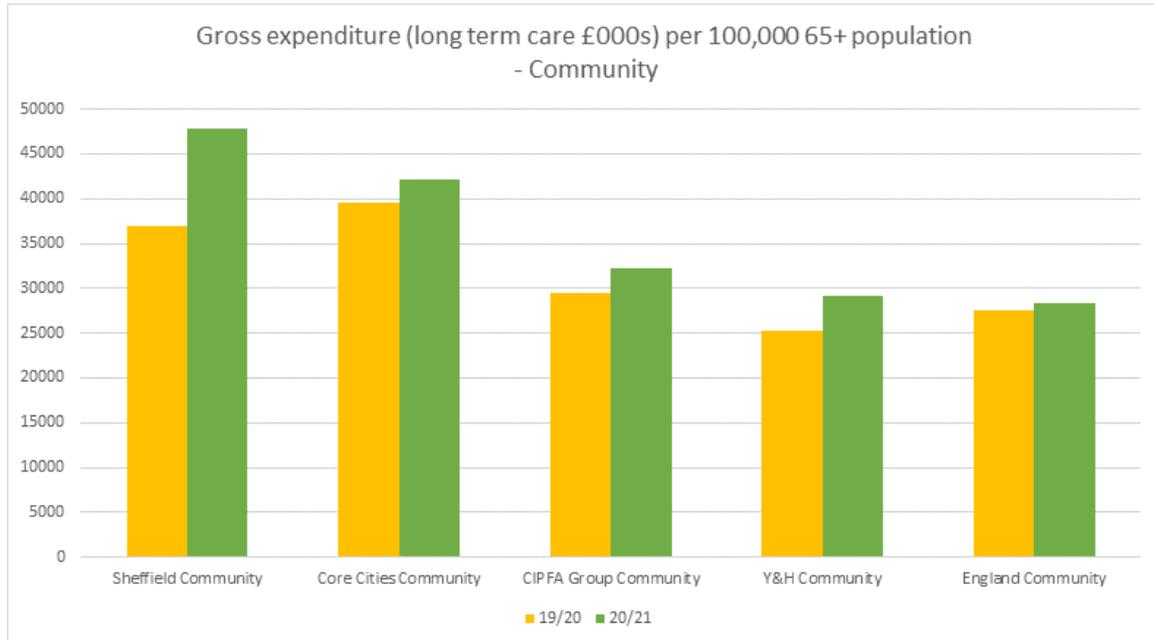
3.3.4 Trajectory of Gross Expenditure Long Term Care (OP)



Source:
NHS Digital

- Sheffield gross expenditure on long term care was consistently below the average for core cities until 2019, where a significant increase in gross expenditure in the provision of long-term care was recorded.

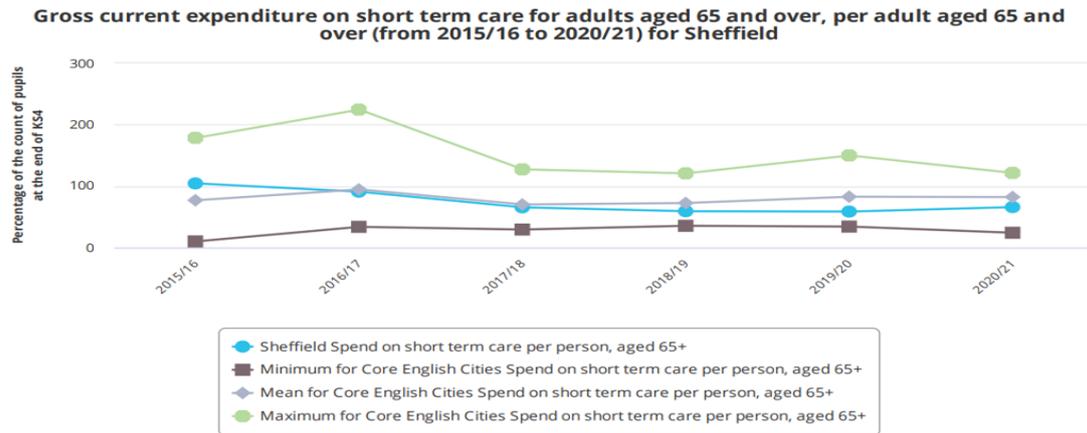
APPENDIX 3 – BENCHMARKING INFORMATION



- Sheffield's spend on supporting people in both community and residential settings increased in 20/21 due to the COVID pandemic, whereas most comparators reduce care home spend.
- However, despite this increase Sheffield's spend in care homes remains lower than core cities and CIPFA groups, but spend in the community setting is now significantly higher than comparators.

3.3.5 Trajectory of Gross Expenditure Short Term Care (OP)

APPENDIX 3 – BENCHMARKING INFORMATION



Source:
NHS Digital

- Sheffield spends lower than core cities on short term care per person for older adults, which is set against higher homecare expenditure than comparators.

3.3.6 Fee Rate Comparisons (OP)

Table F - Homecare average hourly rates

Year	Sheffield	Core Cities	CIPFA	Y&H	England
18/19	£16.00	£15.76	£15.63	£16.86	£16.45
19/20	£16.68	£16.05	£16.05	£17.21	£17.48
20/21	£17.60	£16.83	£17.16	£19.06	£18.44

Table G - Residential Care Home average weekly cost

Year	Sheffield	Core Cities	CIPFA	Y&H	England
20/21	£735	£733	£667	£688	£736

- Sheffield's average care home costs are similar to comparators.
- Homecare hourly rates are lower than regional and national averages, but similar to the Core City and CIPFA comparator groups.

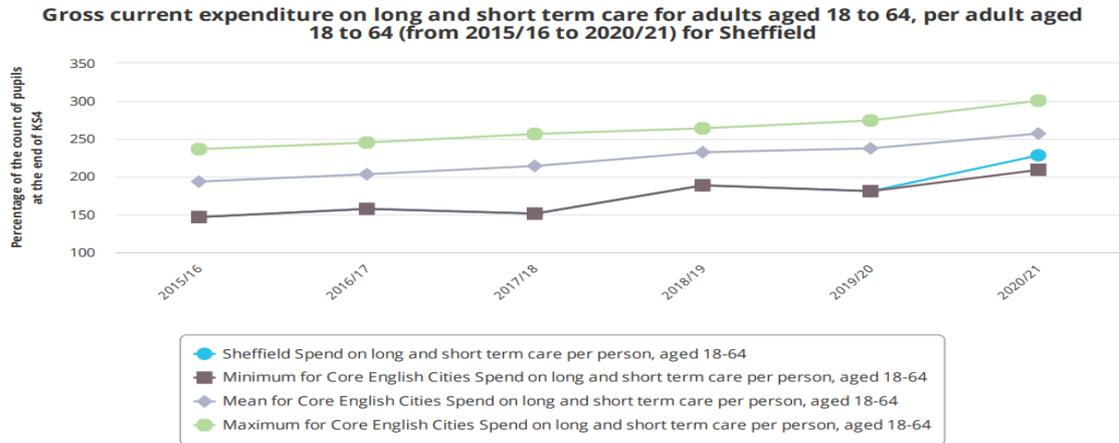
3.4 Analysis and Recommendations (OP)

- Community costs for older people increased significantly during COVID at a higher rate than comparators.
- Reviews of people whose support increased significantly during the pandemic or whose support started during the pandemic should be prioritised, especially for those receiving homecare as Sheffield is spends significantly more on homecare than others.

APPENDIX 3 – BENCHMARKING INFORMATION

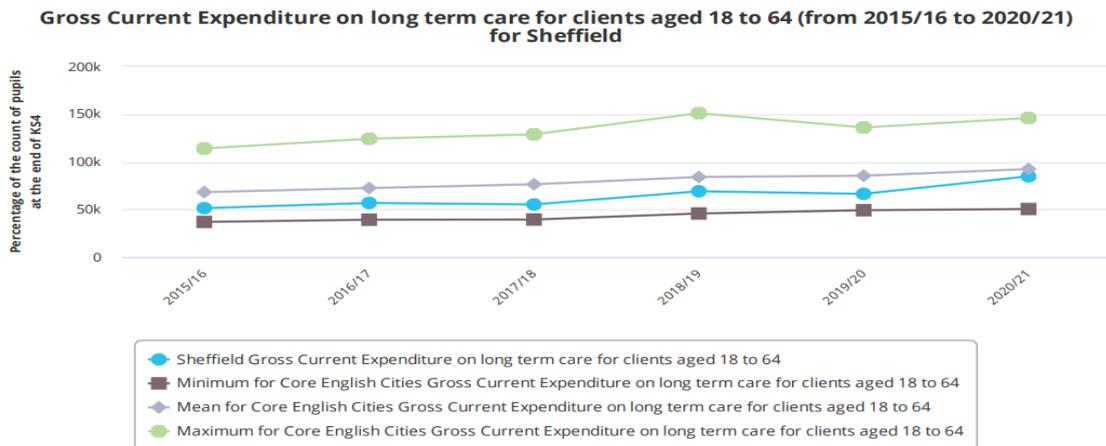
4 BENCHMARKING INFORMATION – WORKING AGE ADULTS

4.1 Gross Expenditure Long and Short-Term Care Aged 18 - 64



Source:
NHS Digital

4.3 Gross Expenditure Long Term Care 18 - 64

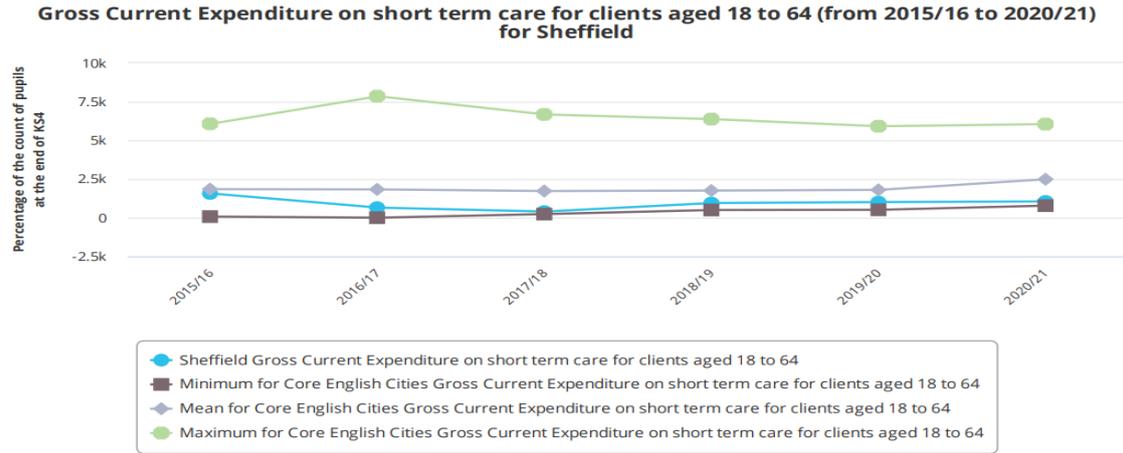


Source:
NHS Digital

- Gross expenditure for long term care was under the average of core cities until 2019, where the expenditure rose, likely as a result of the response to the pandemic.

4.4 Gross Expenditure Short Term Care Aged 18 – 64

APPENDIX 3 – BENCHMARKING INFORMATION



Source:
NHS Digital

- Sheffield spends lower than the average of core cities on short term care for people aged 18 – 64 and this has not increased during the period 2019 to 2020/ 2021.

5 BENCHMARKING INFORMATION - PEOPLE WITH LEARNING DISABILITIES

5.1 Support for Adults with a Learning Disability

5.1.1 People receiving long term support at the end of 20/21 per 100,000 18-64 Population

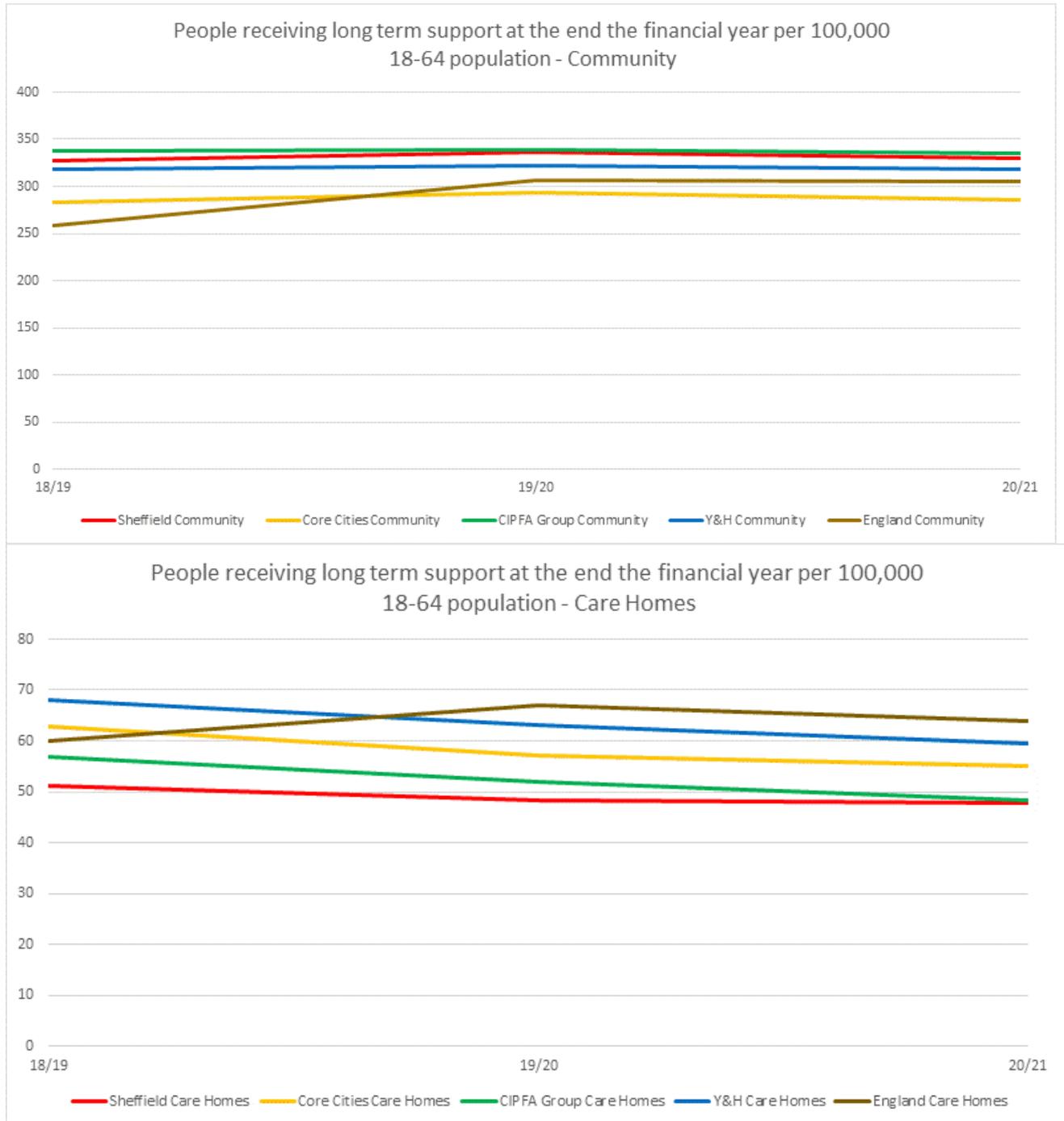
Table G – Support to Adults with a Learning Disability

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	11	5	4	3	3
Residential Care	37	50	44	56	61
Community	330	286	335	318	305
Total	378	341	384	378	369

- Sheffield supports similar numbers of people to comparators but unlike comparators Sheffield has more people living in the community than in residential services which indicates a positive shift towards independent living.

APPENDIX 3 – BENCHMARKING INFORMATION

5.1.2 Trajectory of People with a Learning Disability Receiving Long Term Support



5.2 Use of Resources (LD)

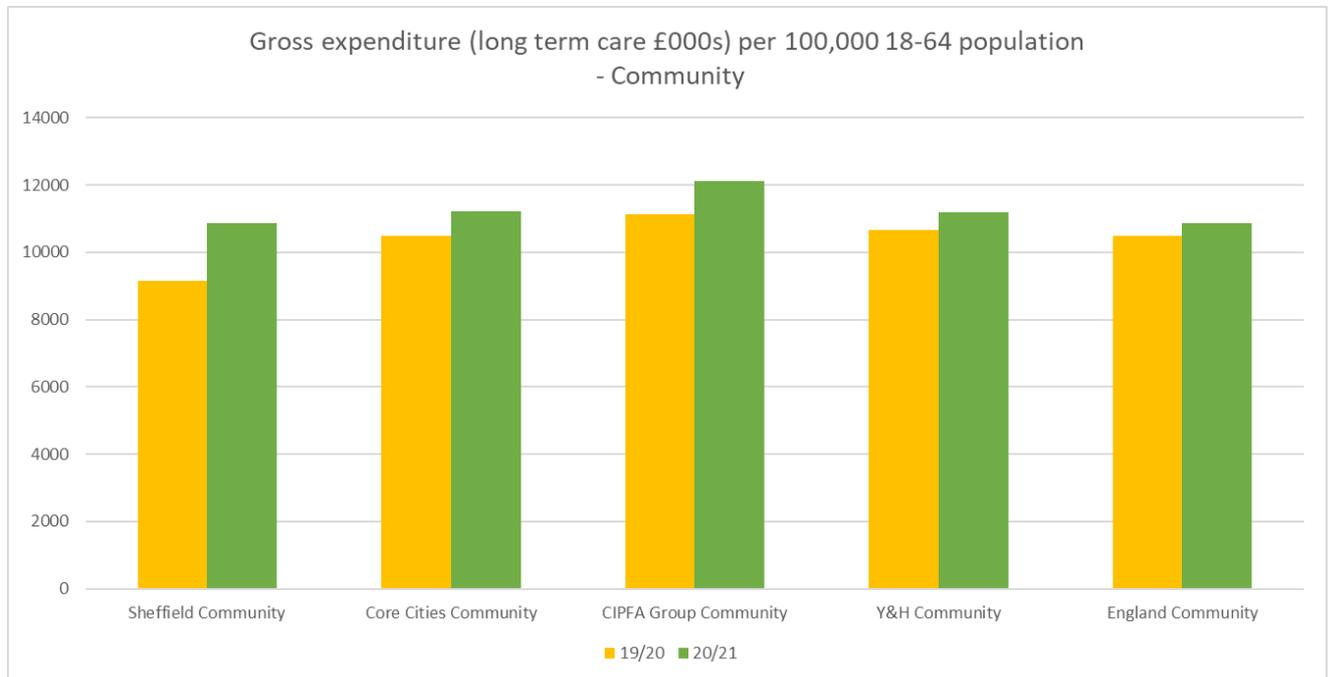
5.2.1 Gross expenditure (long term care £000s) in 20/21 per 100,000 18-64 population

APPENDIX 3 – BENCHMARKING INFORMATION

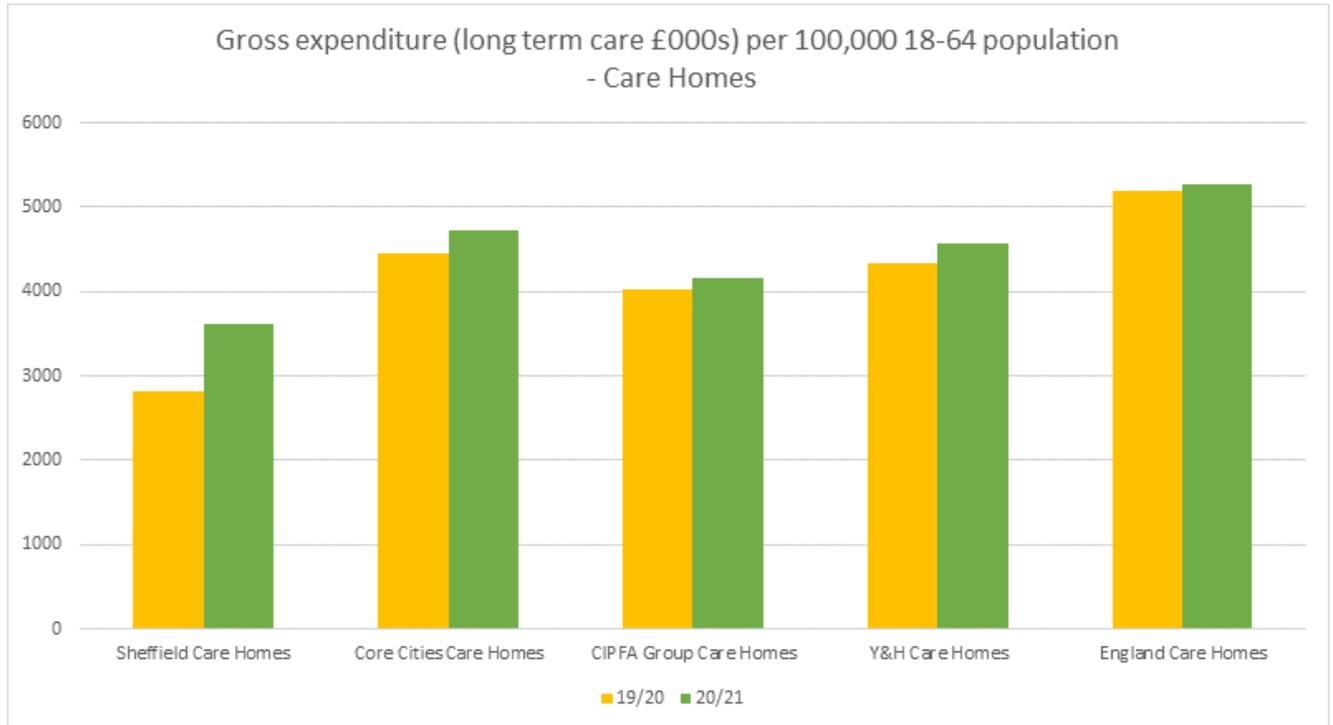
Table H – Gross Expenditure

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£985	£352	£373	£305	£174
Residential Care	£2,623	£4,380	£3,780	£4,274	£5,105
Supported Accommodation	£73	£1,796	£1,364	£356	£1,031
Community: Supported Living	£5,203	£5,679	£6,577	£5,956	£4,894
Community: Home Care	£1,007	£725	£669	£988	£1,095
Community: Direct Payments	£4,491	£1,548	£2,167	£2,338	£2,174
Community: Other long term care	£81	£1,468	£1,347	£1,539	£1,685
Total	£14,462	£15,948	£16,276	£15,755	£16,158

5.2.2 Trajectory of Gross Expenditure (LD)



APPENDIX 3 – BENCHMARKING INFORMATION



- Sheffield's spend on supporting people in both community and residential settings increased in 20/21 due to the COVID pandemic at a higher rate than comparators. Community spend is now similar to others and care home spend is getting closer to others.

5.2.3 Fee Rate Comparisons (LD)

Table I - Care Home average weekly cost

Year	Sheffield	Core Cities	CIPFA	Y&H	England
20/21	£1,666	£1,565	£1,673	£1,645	£1,677

- Sheffield's average care home costs are similar to comparators.

5.3 Analysis and Recommendations (LD)

- Although community costs for people with a learning disability are similar to comparators, they did increase more than others during the pandemic. Focus is therefore required on this cohort to ensure costs do not continue to rise at this rate.

APPENDIX 3 – BENCHMARKING INFORMATION

6 BENCHMARKING INFORMATION – PEOPLE WITH PHYSICAL DISABILITIES

6.1 Support for Adults with a Physical Disability

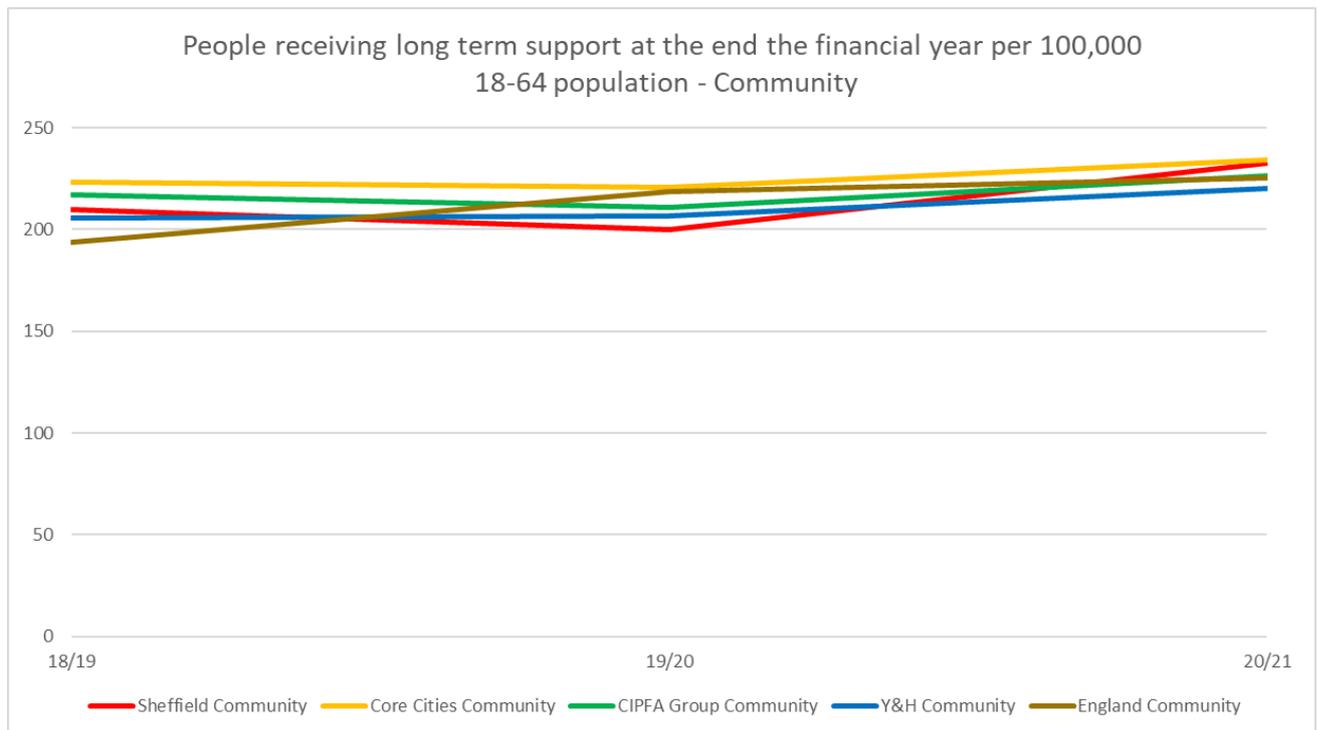
6.1.1 People receiving long term support at the end of 20/21 per 100,000 18-64 Population

Table J – Support to Adults with a Physical Disability

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	9	12	10	8	10
Residential Care	12	17	15	18	16
Community	233	234	226	220	225
Total	254	264	252	246	252

- Sheffield supports a similar number of people to comparators.

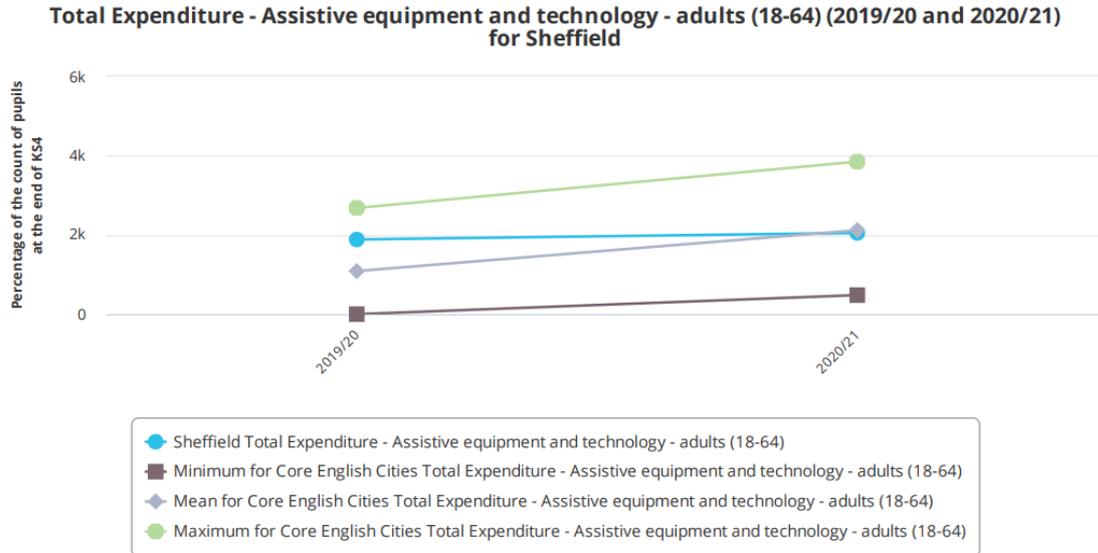
6.1.2 Trajectory of People with a Physical Disability Receiving Long Term Support



- In 19/20, Sheffield supported slightly less people with a physical disability than comparators, but this increased during 20/21 in the community setting.

6.1.3 Use of Assistive Technology (PD)

APPENDIX 3 – BENCHMARKING INFORMATION



Source:
Department for Levelling Up, Housing & Communities

- The benchmarking information highlights that Sheffield's use of assistive technology is broadly similar to the average of Core Cities.

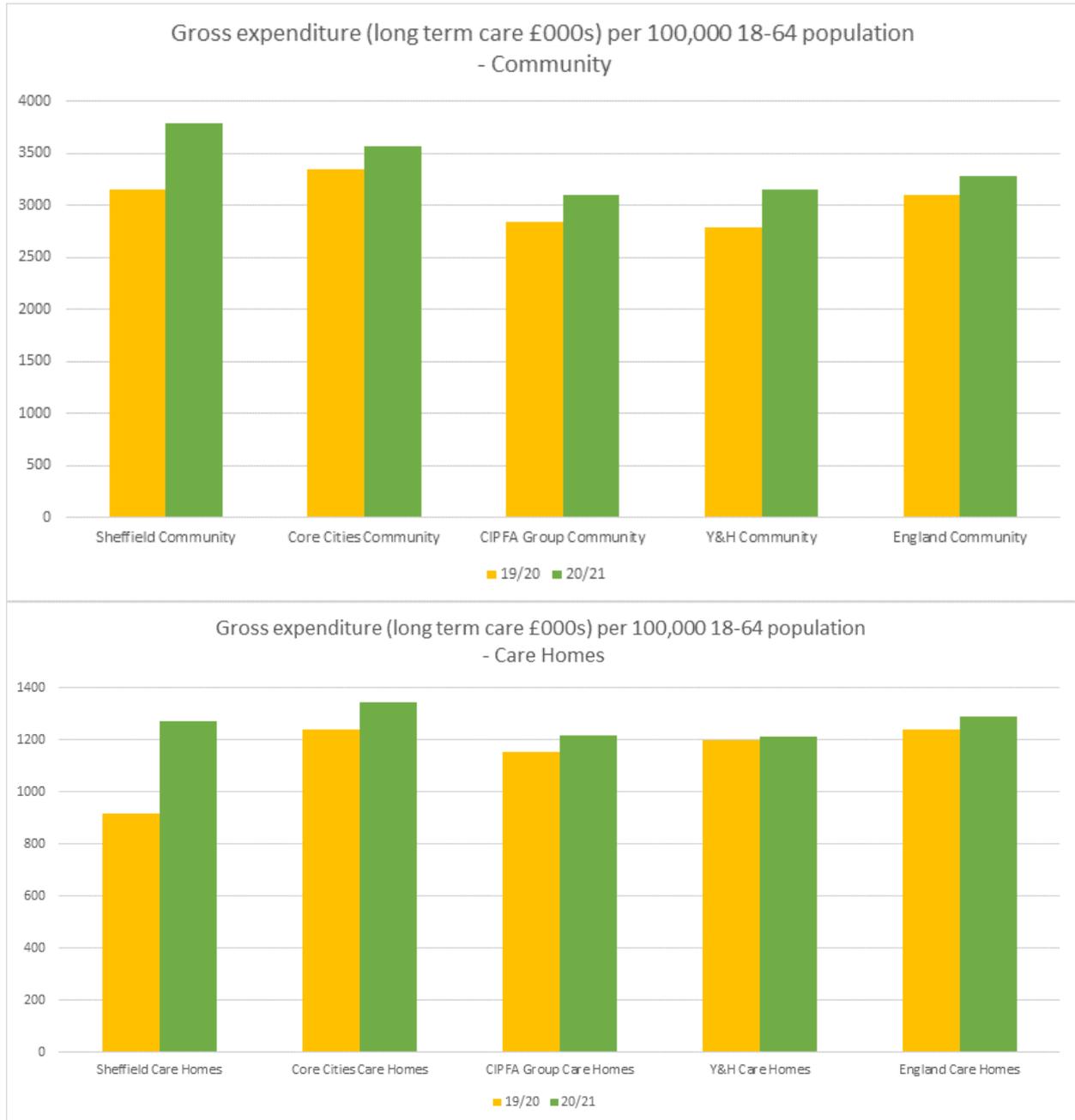
6.2 Use of Resources (PD)

6.2.1 Gross expenditure (long term care £000s) in 20/21 per 100,000 18-64 population

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£412	£520	£446	£379	£462
Residential Care	£857	£821	£771	£835	£825
Supported Accommodation	£4	£191	£151	£12	£106
Community: Supported Living	£572	£508	£390	£410	£364
Community: Home Care	£1,032	£1,101	£1,094	£1,087	£1,105
Community: Direct Payments	£2,007	£1,566	£1,306	£1,510	£1,509
Community: Other long term care	£168	£204	£152	£126	£197
Total	£5,053	£4,911	£4,310	£4,359	£4,568

6.2.3 Trajectory of Gross Expenditure (PD)

APPENDIX 3 – BENCHMARKING INFORMATION



- Sheffield's spend on supporting people in both community and residential settings increased in 20/21 due to the COVID pandemic. Community spend is now higher than comparators and care home spend is now similar to others.

6.2.4 Fee Rate Comparisons (PD)

Care Home average weekly cost

Year	Sheffield	Core Cities	CIPFA	Y&H	England
20/21	£1,226	£1,080	£987	£1,035	£1,086

6.3 Analysis and Recommendations (PD)

APPENDIX 3 – BENCHMARKING INFORMATION

- Community costs for people with a physical disability increased significantly during COVID at a higher rate than comparators and Sheffield spends more than others. Reviews of people whose packages increased significantly during the pandemic or whose support started during the pandemic should be prioritised, especially for those receiving direct payments, as Sheffield spends significantly more on direct payments than others.

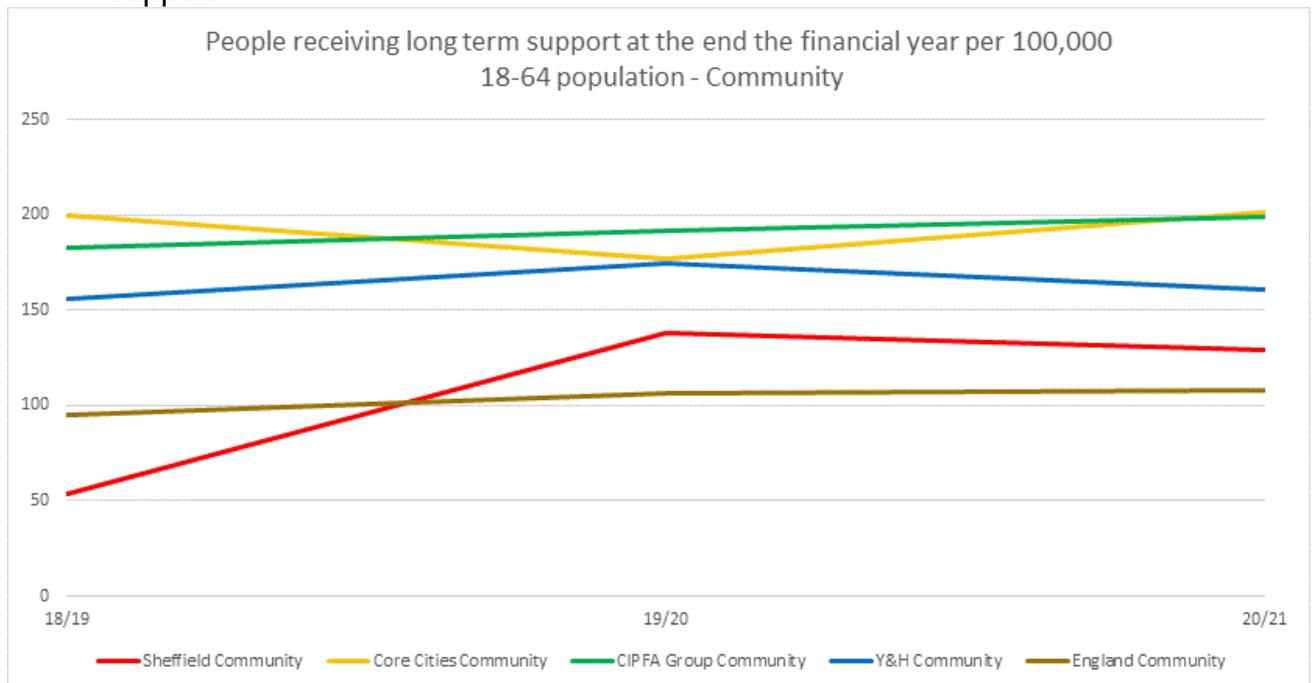
7 BENCHMARKING INFORMATION – PEOPLE EXPERIENCING MENTAL ILL HEALTH

7.1 Support for Adults Experiencing Mental ill Health

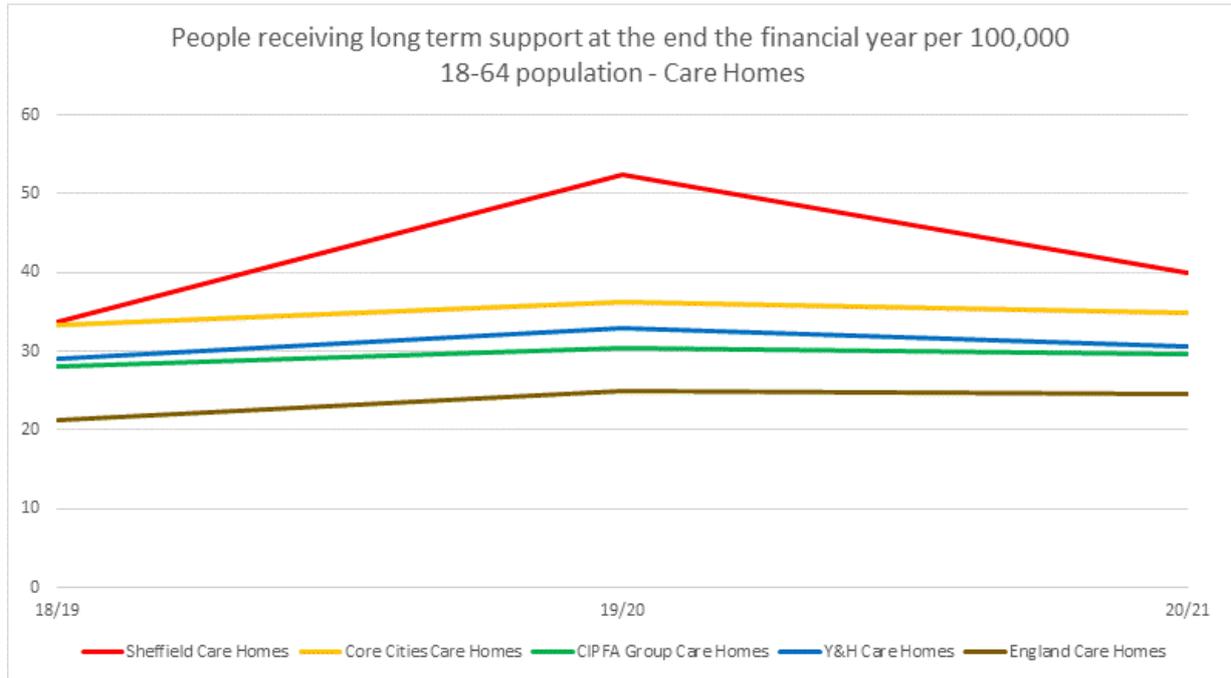
7.1.1 People receiving long term support at the end of 20/21 per 100,000 18-64 Population

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	7	10	9	5	4
Residential Care	33	25	21	25	20
Community	129	201	199	161	108
Total	169	236	229	192	133

7.1.2 Trajectory of People Experiencing Mental ill Health Receiving Long Term Support



APPENDIX 3 – BENCHMARKING INFORMATION



7.2 Use of Resources (MH)

7.2.1 Gross expenditure (long term care £000s) in 20/21 per 100,000 18-64 population

Service	Sheffield	Core Cities	CIPFA Group	Y&H	England
Nursing Care	£312	£491	£390	£250	£210
Residential Care	£1,398	£1,053	£918	£1,027	£857
Supported Accommodation	£1	£445	£368	£22	£229
Community: Supported Living	£176	£715	£628	£399	£545
Community: Home Care	£66	£242	£274	£252	£224
Community: Direct Payments	£743	£224	£259	£264	£189
Community: Other long term care	£331	£293	£171	£157	£192
Total	£3,028	£3,462	£3,007	£2,371	£2,446

- Sheffield spends more than comparators on residential care.
- Sheffield's spend on direct payments is also higher than comparators, but the low spend on home care and supported living indicates this may relate to purchasing method rather than service provision.

7.2.2 Trajectory of Gross Expenditure (MH)

APPENDIX 3 – BENCHMARKING INFORMATION



7.2.3 Fee Rate Comparisons (MH)

Care Home average weekly cost

Year	Sheffield	Core Cities	CIPFA	Y&H	England
20/21	£1,017	£925	£1,056	£971	£998

7.3 Analysis and Recommendations (MH)

- Mental health support costs for care homes are higher than comparators after increasing significantly during 20/21.



Report to Policy Committee

Author/Lead Officer of Report: Charles Crowe,
Service manager

Tel: 0797 117 6889

Report of: *Director Adult Health and Social Care*

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

Date of Decision: *21st September 2022*

Subject: *Implementation of the Social Care Charging Reforms*

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? 1224				
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"/>

Purpose of Report:

The Health and Care Act 2022 introduced a range of adjustments to the rules around the funding regime in Social Care. The changes are to be implemented in October 2023 with assessments of individuals to commence in April 2023 in preparation.

This paper sets out the Delivery Plan to implement the Social Care Charging Reforms in the City and to seek approval to recruit to the additional staff and upgrade IT software required to enable an effective response to increased demand.

Recommendations:

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

1. Notes the impact of the Social Care Charging Reforms on individuals and the City.
2. Approves the Social Care Charging Reforms Delivery Plan.
3. Approves the recruitment of Staff to complete the additional assessment activity required as a result of the increased demand predicated through the social Care Charging reforms.
4. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Social Care Charging Delivery Plan on a six-monthly basis.

Background Papers:

Appendix 1 – Overview and Information

Appendix 2 – Outline Delivery Plan

Appendix 3 – Phase 1 Communication plan with Engagement Dates

Appendix 4 – Equalities Impact Assessment

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications	Finance: Ann Hardy

	indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Legal: Ella Whitehead
		Equalities & Consultation: Bashir Khan and Ed Sexton
		Climate: Jessica Rick
	<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	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor George Lindars Hammond, 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.	
	Lead Officer Name: <i>Charles Crowe</i>	Job Title: <i>Service Manager</i>
	Date: <i>12th September 2022</i>	

1.0 PROPOSAL

1.1 The Health and Care Act 2022 introduced a range of changes to the rules around the funding regime in Social Care. The changes are to be implemented in October 2023 with assessments of individuals to commence in April 2023 in preparation.

1.2 This paper sets out the Delivery Plan to implement the Social Care Charging Reforms in the City and to seek approval to recruit to the additional staff and purchase the IT equipment required to enable an effective response to increased demand.

2 BACKGROUND

2.1 Local Authorities charge for Adult Social Care based on people's ability to pay. This is determined by the persons income and capital. More information about the funding regime is noted at Appendix 1.

2.2 In 2021 the government announced a package of changes in the legislation for Health and Social Care. These changes included a range of adjustments to the rules around the funding regime in Social Care. These changes have been passed into law as part of the Health and Care Act 2022.

2.3 The changes are to be implemented in October 2023 with assessments of individuals to commence in April 2023 in preparation. The main changes are:

- Introduction of a lifetime cap of £86,000 on a person's payment towards care from October 2023. This is the total amount of a person's own money they will be expected to pay towards the cost of care that the Council agrees is required.
- Care and support costs which count towards the care cap are either the contribution someone pays towards their council-arranged care or, if they are a self-funder, that persons Individual Personal Budgets (IPB). An Individual Personal Budget is the amount the local authority would pay for care if it were asked to commission care on behalf of a person and only applies to people arranging and paying for their own care.
- A national level of Daily Living Costs is set in the guidance for people in Care Homes. This is the assumed costs of accommodation in a Care Home. This will not count as care for the purpose of the Care Account.
- The Council is required to create Care Accounts to track each individuals spend towards the cap. Where the Council is not the commissioner of this care we are required to monitor and validate this expenditure annually.

- An increase to the minimum amount of capital/ personal wealth a person can have before they become entitled to Council support. The amount (the Upper Capital Limit) will increase from £23,250 to £100,000. This will make a lot of additional people eligible for council support.
- The lower capital limit (LCL), the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250. These people may still have to pay from their income.
- Extended rights for full fee payers to request the Council to commission their care in all settings from October 2023. People moving into care homes from October 2023 will be able to request that they benefit from the Council contract and rates. This right already exists for people receiving care in the community.
- Alters the rules around Top Ups to allow people to pay additional sums towards the cost of their room in a council funded Care Home placement. This is currently only allowed in limited circumstances.

2.4 As a result of these changes there will be several impacts on the individuals, providers and across Sheffield including:

- A significant increase in the number of people eligible for financial support from the council towards the cost of their care.
- A reduction in the amount that people currently paying towards their care will pay towards their care costs from their own personal capital funds. This will result in a decrease in income for the Council. This is estimated to reduce income by around £512k per year, leaving increased capital for people currently in receipt of care.
- The increase in people entitled to Council Funding will reduce the number of individuals privately funding their care, which will likely impact on Care Providers by decreasing their income from self-funders in the future.
- Everyone in receipt of care, irrespective of how they are funded, will require an assessment of their needs and an estimate of what the Council feels their care will cost. This will increase activity and demand for social work assessments, safeguarding and commissioning of care.
- An increase in the number of people in care homes funded by the Council where additional sums are being paid either by the person or their family. These are called “Top-ups”.

2.5 The government has committed to fund these additional financial requirements placed on local authorities. This includes additional staffing required to complete additional assessments and reviews for implementation of these changes.

2.6 The Statutory Guidance on this new legislation has not been issued at this time but draft versions have been circulated. Once the Statutory Guidance is finalised, a review and update of the Council's Fairer Contributions policy implications will be undertaken for consideration by a future Committee.

2.7 These changes will impact those with savings in excess of £14,250. This is expected to be mainly older adults. There will be limited benefits for people with more than £100,000 in the short term. The table below shows the impact on people at different levels of capital of the changes.

2.8 Table 1: Impact on people of changes in capital rules

Personal capital:	less than £14,250	£14,250 - £20,000	£20,000 - £23,250	£23,250 - £100,000	Over £100,000
Current	Contribution only from income	Contribution from income and capital	Contribution from income and capital	Pay full cost of care (capped at £437.60/week for community support)	Pay full cost of care (capped at £437.60/week for community support)
With increased capital threshold	No change	Contribution only from income	Reduction in contribution from capital by £23 per week	Contribution from income and capital	Pay full cost of care (capped at £437.60/week for community support)

3 SOCIAL CARE CHARGING DELIVERY PLAN

3.1 Governance and Project Oversight

3.1.1 The new funding regime outlined in the Health and Care Act 2022 presents a significant change to Adult Health and Social Care and will significantly increase the volume of demand and activity across Care Management, Income and Payments, Commissioning and Safeguarding. There will also be likely ongoing learning and development as the legislation and guidance are implemented and realised.

3.1.2 To implement these changes effectively a Project Board and Delivery Plan have been established to ensure that this project is delivered in a collaborative, timely and effective way, with effective governance and oversight.

3.1.3 The Project Board includes representation from across Adult Health and Social Care, Finance, Commercial Services and Legal Services. The

Project Board reports into our Adult Social Care Change Programme Board so that this is strategic coherence and coordination with our Vision, Strategy, and wider change programme.

- 3.1.4 The Delivery Plan is attached at *Appendix 2* and focuses on 3 priority areas: - Understanding Demand, Operational Implementation, Market Stability and Communications. A risk register has also been developed to ensure effective management of risks. It is planned to bring 6 monthly updates to the Committee on delivery against the project, including outcome of statutory guidance when finalised by UK Government.
- 3.1.5 Given the significant changes posed by the new funding regime, effective communications with individuals, family members and carers, council staff and with providers and other stakeholders will be essential. Although Department of Health and Social Care will develop a communications toolkit, as part of our delivery arrangements a Sheffield Communications and Engagement Strategy will be developed, implemented, and maintained.
- 3.1.6 It's also intended to notify all existing individuals and their families of the changes and the impact on their situation as part of our communication around charges in March 2023. This will be followed up with further communication to individuals and families at the point of implementation of the changes. Communication to people not known to the Council will include targeted communication through care agencies.
- 3.1.7 To support early understanding and ownership of the changes by providers, a series of introductory listening and engagement open sessions have been organised to facilitate interest and involvement in our preparations for implementation and throughout implementation. These will also look at the Market Position Statements. This is intended to support openness and transparency in our approach and ensures any concerns or queries can be resolved early in the process. The dates are included in *Appendix 3*.
- 3.1.8 New forums have been established by DHSC and ADASS to support delivery and ongoing learning and benchmarking as to best practice. Officers are already linked into these groups. Our IT suppliers are also providing regular briefings which a number of officers are attending to ensure we are confident on the technical developments to support this implementation.

3.2 Understanding Demand

- 3.2.1 To plan for these adjustments and enable effective delivery, it is important to have a clear understanding of the number of people currently paying for their own care. National estimates have been used to determine the scope of the project. The Office of National Statistics (ONS) has developed estimates by Local Authority although these are

currently at a low level of confidence, and they are working to improve these.

3.2.2 The table below shows the current estimates of self-funders in Sheffield who would be eligible to request assessment from the Council from April in order that their care costs begin 'metering' towards the care cap from October. Many people in this category may also be newly eligible for Council funding support given the changes to the capital limits described in section 4.2.

3.2.3 The Council assumptions is based on nationally available information about proportions of self-funders. This information has been used with the known number of people funded by the Council to give an estimate.

Table 2 Estimates for numbers of self-funders in Sheffield (in people)

	SCC	ONS
Care Homes	900	1300
Home Care	2000	1650
Total	2900	2950

3.2.4 To gain accurate information, all registered providers were written to in the City and asked how much private care they deliver. We have not received sufficient responses to refine our estimates for home care. We continue to seek additional responses. We have responses from 23 Care Home organisations, these responses support the SCC estimate showing the equivalent of 50% additional people.

3.2.5 East Cheshire is one of the trailblazer sites and have shared their experiences. These suggest that information from providers may not be forthcoming. East Cheshire have taken several approaches to calculate new estimates. We are looking at their approach to improve our estimates.

3.2.6 It is recognised that despite this information, upon implementation it will become clearer: -

- What proportion of these people are eligible for care under the Council's assessment approach and how much care they would be assessed as needing.
- If individual entitled to an assessment will choose to come forward. Reasonable steps to inform those people of their rights are required but they retain the choice to refuse an assessment.
- The exact financial situation of people paying for their own care as this could make a significant difference to the impact on their ability to contribute towards the costs of their care.

3.2.7 The Delivery Plan is based on an assumption that all individuals entitled will come forward and that the income of people with high levels of capital

will be higher on average than that of the people currently in receipt of care.

3.2.8

The guidance states that the eligibility for both funding and for care to count towards the cap starts from the date the person approaches the council, if this is after October 2023, not the date of assessment. This means regardless of the time taken to complete each person's assessment people will receive the same benefit.

3.3 Implementation Implications

3.3.1

A key priority has been to understand the operational impact in relation to completion of assessments and reviews, IT requirements, charging, top-ups, safeguarding and the commissioning and monitoring of care homes.

3.3.2

We have estimated that because people will become entitled to Council funding as highlighted above an extra 2900 people will require a new needs assessment and either a support plan, a personal budget or an IPB. In the future all these people will need reviews of their needs.

3.3.3

This additionality is not unique to Sheffield and there is a national concern that it will be a significant challenge to recruit to the staff required to respond to this additional workload. Due to this, it is our intention to fully develop the use of supported self-assessments, which is allowed within the statutory guidance, and work with individuals, families and providers to develop a framework for safely assessing individuals already within Care Homes.

3.3.4

Furthermore, as this is a legislative change which will impact on the rules for charging, an update to our charging policy to reflect the new requirements will be required. The Department of Health and Social Care (DHSC) is working with local authorities and others to refine the draft guidance. As part of the implementation of this change we are participating in consultation and engagement and monitor the draft guidance. This will ensure we are prepared for any decisions which need to be taken regards changes to our current charging policy. It is anticipated that the final version of the draft guidance will be complete by the end of 2022.

3.3.5

Further operational implications are development of new software. The DHSC is working directly with all major ICT suppliers, including both of the Councils providers, to develop new version of their software which will support the new requirements. Implementing a new version with considerable configuration required to support the Council's approach to care is an additional piece of work.

3.3.6

When a person is assessed as requiring care in a care home they have the right to choose which care home they go into. If they choose to go into a care home which charges more than the council would fund their

family may be asked to pay a top-up. At present the person cannot pay their own top-up.

- 3.3.7 The new legislation removes this block so people will be able to pay extra from their own funds. The Delivery Plan focuses on developing a method to evaluate if the top ups are sustainable to reduce risk that once a person has no funds left, the Council is then required to pick up costs. The DHSC have confirmed that the guidance will provide clarification in this area.
- 3.3.8 The reforms give new self-funders the right to request local authorities broker care home placements on their behalf, including access to fee rates negotiated by the council (often lower than the market rate). This and the higher capital thresholds will result in a shift from private funding rates to council funding rates.
- 3.3.9 It is anticipated that as a result of this package of changes there may be impacts on the stability of different sectors of the care market, in particular Care Homes. A decrease in the number of self-funders may result in a significant decrease in income for some providers. Due to this a key focus in the Delivery Plan is how we maintain market stability as supported by our Market Shaping Statement and Sustainability Plan reported at Committee on 22nd September 2022.
- 3.3.10 A further implication of implementation is the additional monitoring of care homes who were not previously commissioned by the Council to ensure the quality and effectiveness of delivery. Due to this the delivery plan also considers review of support within care homes, wider safeguarding duties and additional contract monitoring of care that will be required.

3.4 Resource Implications

- 3.4.1 While full funding has been promised by Government for these reforms, it is critical that we monitor the additional activity and demand and ensure that we have forecasts of the increased costs that are as accurate as possible.
- 3.4.2 At present we are developing models and liaising with DHSC and providers to establish best estimates of the numbers of people who may be eligible for council funding towards their care costs. We are also looking for any evidence on the expected financial situation for those individuals which can be incorporated into the calculations. We have requested this information from DHSC and are seeking advice on better localised information. Current best estimates of costs and income impacts have been included in the financial implications of this paper.
- 3.4.3 There are additional costs in year proposed to ensure effective delivery from April 2023. To meet additional demand the recruitment of an

additional 25 staff at a combined cost of £955,000. The aim of this recruitment will be for the new staff to be in place in April 2023.

3.4.4 Table 3: Additional Staff required

Role	Number	Cost	Role
Social Work Manager	2	£110k	Staff and complaint management.
Social Work Practitioners	10	£390k	Assessments and case management
Care Home Review Officers	2	£73k	Support and review of resident's care.
Contracts Officers Care Homes and Homecare	2	£73k	Monitoring of Additional Contracted Care Provision
Financial Assessment Officers	3	£97k	Financial assessments and advice
Financial Support	3	£114k	Debt management, Direct Payments audits, monitoring of IPB spend
Business Support	2	£55k	Administrative support of new staff and processes
System Support	1	£43k	IT development to support new processes
Total		£955k	

3.4.5 This cost will be funded by the increased Grant from central government.

3.4.6 Current best estimates of costs and income impacts have been included in the financial implications of this paper.

3.4.7 It is anticipated that this staff resource will need to be maintained to support new people requiring care who would previously have been self-funders. The extra demand from people who have already arranged their care is anticipated to have lower need for involvement from staff than wholly new cases, also the new level of council funded people increases the number of cases requiring reviews.

3.4.8 Recruitment for social workers is a challenge and a national increase in demand is likely to exacerbate this challenge. Wider work to improve the ability of Sheffield City Council to recruit and retain social workers is included in the Future Operating Model for Care and in addition to the steps taken to mitigate the number of people required is expected to help reduce this risk.

Recommendation 1 (continued)

3.4.9 Budget for an increase in cost of maintenance of the Councils case management and social care financial IT systems by £50,000 has also been included in the budget forecast. This will be updated once

confirmed in October 2022. These costs are funded through the increased grant from Central Government.

- 3.4.10 Insufficient funding from Government is a key risk of the proposals. As this is a national proposal with acknowledged costs it is not anticipated that funding will be withheld in its entirety, however there is a more significant risk that insufficient funding will be provided to meet for the local costs. Mitigation for this risk is to minimise the costs by maximising the ability of people to complete their own assessments and efficient planning of workloads.

4. HOW DOES THIS DECISION CONTRIBUTE?

- 4.1 The decision ensures that the Council complies with its statutory responsibilities in a way that gives as efficient and effective experience for people in receipt of care as possible.
- 4.2 The increased capital thresholds will reduce the contributions that a large number of individuals pay from their capital towards their care. This will leave people with more of their capital.
- 4.3 These proposals will also allow people who choose to privately purchase care to benefit from advice and support in a similar way to people in receipt of council arranged care.
- 4.4 The option of self-assessment will allow people to obtain a quick indication of their eligibility for care. It will also allow for improved, targeted advice to support people to make choices around their care and support.

5. HAS THERE BEEN ANY CONSULTATION?

- 5.1 These proposals are the result of a national statutory change. Central government has consulted on the proposals and as we are required to implement them as written no consultation has been carried out at a local level.
- 5.2 As part of the implementation of these plans we will co-produce the detailed processes and communication required for implementation to ensure the best possible experience for vulnerable adults and their carers.

6. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality of Opportunity Implications

- 6.1.1 Decisions need to take into account the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010.
- 6.1.2 This is the duty to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

6.1.3 The Equality Act 2010 identifies the following groups as a protected characteristic: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

6.1.4 An Equality Impact Assessment has been carried out and highlights that this is a statutory change and there is limited discretion for the Council.

6.1.5 The impact of the changes will be on people in receipt of Adult Social Care. These rules will apply to everyone entitled to Adult Social Care.

6.1.6 Due to the focus of the changes on people with capital this will predominantly impact older people, as working age disabled people are unlikely to have accumulated sufficient wealth to be impacted.

6.1.7 56% of people in receipt of care are female and 79% are White – English/ Welsh/ Scottish/ Northern Irish/ British.

6.2 Financial and Commercial Implications

6.2.1 The government has stated that the costs of these proposals will be met by an increase in the grant. The current estimated financial impacts are detailed below:

	23/24	24/25	25/26	Total
Loss of income from cap on costs	£0	£0	£0	£0
Loss of income from capital changes on existing people	£256	£256	£0	£512
Decreased bad debt from lower contributions	-£26	-£26	£0	-£52
Increased cost for residential care from currently self-funded people	£9,950	£9,950	£0	£19,900
Increased Income from new residential people	-£7,960	-£7,960	£0	-£15,920
Increased bad debt from new residential people	£199	£199	£0	£398
Increased cost from non-residential care from currently self-funded people	£11,500	£11,500	£0	£23,000

Increased Income from new non-residential people	-£5,750	-£8,625	£0	-£14,375
Increased Bad debt from new non-residential people	£288	£863	£0	£1,151
Staffing cost	£955	£0	£0	£955
Admin cost of tracking cap	£50	£0	£0	£50
Total	£9,462	£6,157	£0	£15,619
Grant from central government	-£9,462	-£6,157	£0	-£15,619

6.2.2 It should be noted that at present we have no confirmation about the award to Sheffield City Council or a methodology of how that funding will be derived. The assumptions in the above table are based on the Relative Needs Formula which is used for other Council funding from Central Government. That methodology has been applied to the announcement from Government on the overall size of the allocation across the country.

6.2.3 There has been an announcement since this table was drawn up suggesting that the Cap on Care Reform will apply to new clients only from October 2023 and that existing full fee payers will have to wait until April 2025 before they can ask the Council to arrange their care. The impact of this will be less cost to the council with less client contributions as a result but it is unknown as to whether this will also impact on the grant received next year and subsequently.

6.2.4 The Government have opened a consultation with local authorities about the grant and the methodology of distribution. Sheffield will be contributing to that consultation and can update the committee when the grant guidance is clearer and the consultation concluded.

6.3 Legal Implications

6.3.1 The report accurately describes the changes to the statutory requirements relating to charging provisions which will come into force under the Health and Care Act 2022, and the report goes on to explain the additional measures which Local Authorities will be obliged to take as a result of those changes.

6.3.2 The introduction of the charging reforms will result in an increase in demand for additional assessments and will require Local Authorities to upgrade IT systems and other processes to record and maintain care accounts. These measures will be a requirement in order for the Local Authority to comply with the new provisions. The proposed actions appear to allow the Local Authority to operate the system in a lawful manner once the changes are implemented.

6.4 Climate Implications

- 6.4.1 A significant number of assessments include a face-to-face meeting. Council staff often drive to the location of the person to complete the assessment. By reducing the number of traditional assessments we complete we will reduce the number of car journeys. This will therefore mitigate the climate impact of the new activity. We hope this will reduce the number of additional car journeys by 1800 in 23/24.
- 6.4.2 On an ongoing basis there will also be a reduction of visits for all people newly needing care.

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 Continuing the standard approach to assessment was considered. This was rejected due to the combined concerns around cost of additional staffing and the risk of being unable to recruit sufficient additional staff.

8. REASONS FOR RECOMMENDATIONS

- 8.1 The proposed actions will allow for an effective implementation of the new statutory guidance in a customer focused manner.
- 8.2 Sufficient resources to provide timely decisions on eligibility supported by provider and self-assessment will help to maintain high standards of customer service and support vulnerable adults at a challenging time.
- 8.3 Clear communication will support vulnerable adults and their carers to make better decisions about their options and also to receive the benefits of the new financial rules.
- 8.4 Improved structures around the treatment of choice and more expensive placements will enhance consistency of outcome and support fair decision making.

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