Public Document Pack

Adult Health and Social Care Policy Committee

Wednesday 20 September 2023 at 10.00 am

To be held in the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Angela Argenzio
Councillor Sophie Thornton
Councillor Steve Ayris
Councillor Laura McClean
Councillor Ruth Milsom
Councillor Abtisam Mohamed
Councillor Martin Phipps
Councillor Mick Rooney
Councillor Gail Smith

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Adult Health and Social Care Policy Committee discusses and takes decisions on Adult Health and Social Care:

- Adult social work, care and support including specialist social work
- Adult Future Options
- Access, Mental Health and Wellbeing
- Adult Living and Ageing Well
- Care Governance and Financial Inclusion
- Adult Safeguarding

Meetings are chaired by the Committee Chair, Councillor Argenzio.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk . You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Policy Committee meetings and recording is allowed under the direction of the Chair. Please see the Council's democracy webpages or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Policy Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Policy Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website.

If you wish to attend a meeting and ask a question or present a petition, you must submit the question/petition in writing by 9.00 a.m. at least 2 clear working days in advance of the date of the meeting, by email to the following address: committee@sheffield.gov.uk.

In order to ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms.

It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting.

If you require any further information please email committee@sheffield.gov.uk.

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

ADULT HEALTH AND SOCIAL CARE POLICY COMMITTEE AGENDA
20 SEPTEMBER 2023

Order of Business

Welcome and Housekeeping

The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.

1. Apologies for Absence

2. Exclusion of Press and Public
To identify items where resolutions may be moved to exclude the press and public

3. Declarations of Interest (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting

4. Minutes of Previous Meeting (Pages 11 - 18)
To approve the minutes of the last meeting of the Committee held on

5. Public Questions and Petitions
To receive any questions or petitions from members of the public

6. Appointments to Sub-Committees (Pages 19 - 20)

7. Members' Questions
To receive any questions from Members of the committee on issues which are not already the subject of an item of business on the Committee agenda – Council Procedure Rule 16.8.

(NOTE: a period of up to 10 minutes shall be allocated for Members’ supplementary questions).

8. Work Programme (Pages 21 - 48)
Report of the Director of Policy and Engagement

Formal Decisions

9. Adult Working with People Delivery Plan (Pages 49 - 56)

10. Recommissioning of a Number of Services Providing Short Term Housing Related Support to Vulnerable (Pages 57 - 88)

Adults

11.	**Community Infection and Prevention Control Service**	(Pages 89 - 112)
12.	**Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)**	(Pages 113 - 186)
13.	**Advocacy Services - Current and Future**	(Pages 187 - 236)
14.	**Adult Health and Social Care: Financial Recovery Plan Update**	(Pages 237 - 274)

<u>**Items For Noting**</u>

15.	**2023/24 Q1 Budget Monitoring**	(Pages 275 - 288)
16.	**Homecare: Care and Wellbeing Service Contract & Discharge Provision**	(Pages 289 - 336)
17.	**Transitions of Young People to Adult Services**	(Pages 337 - 350)
18.	**Adult Safeguarding Delivery Plan Update**	(Pages 351 - 418)
19.	**Adult Care Strategy Delivery and Service Performance Update**	(Pages 419 - 442)
20.	**Adult Health & Social Care Strategy Refresh and Directorate Plan**	(Pages 443 - 510)

NOTE: The next meeting of Adult Health and Social Care Policy Committee will be held on Wednesday 8 November 2023 at 10.00 am

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, General Counsel by emailing david.hollis@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Adult Health and Social Care Policy Committee

Meeting held 14 June 2023

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

1. APOLOGIES FOR ABSENCE

1.1 Councillor Abtisam Mohammed sent her apologies.

2. EXCLUSION OF PRESS AND PUBLIC

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest made.

4. MINUTES OF PREVIOUS MEETING

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

5. APPOINTMENT TO URGENCY SUB-COMMITTEES

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

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

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

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

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

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

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

6. PUBLIC QUESTIONS AND PETITIONS

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

7. WORK PROGRAMME

7.1 The Committee received a report containing the Committee's Work Programme for consideration and discussion. The aim of the Work Programme was to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this Committee, other committees, officers, partners and the public to plan their work with and for the Committee.

7.2 **RESOLVED UNANIMOUSLY:** That the Committee's work programme, as set out in Appendix 1 of the report, be agreed, including the additions and amendments identified in Part 1 of the report.

8. RECOMMISSIONING OF COMMUNITY BASED ABUSE SUPPORT CONTRACT

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

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

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

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

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

1. Approves the recommission, via a contract with an external provider, of domestic abuse community-based support as outlined in this report.

2. Requests that a report on outcomes and impact of the recommissioning exercise is brought to Committee.

8.3 **Reasons for Decision**

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

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

8.3.3 It is intended that the outcomes will be:

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

8.4 **Alternatives Considered and Rejected**

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

8.4.2 Reducing the funds available for recommissioning would also be inadvisable as demand exceeds the needs in the city already. The capacity of the existing service has also reduced due to cost-of-living issues affecting all employers.

8.4.3 The current contract is working well: promoting safety, addressing trauma and enabling recovery. Partners value the service and feedback is generally good.

9. HOSPITAL DISCHARGE MODEL AND IMPROVEMENT PLAN

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

This report articulated a new model in relation to hospital discharge and avoidable admission as well as a delivery plan so that individuals can return home from hospital when well.

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

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

9.3 **Reasons for Decision**

9.3.1 As a partnership between agencies in Sheffield, we have made a commitment to admission avoidance and the development of a new operating model which focuses on building a partnership between primary and social care will aim in longer term to impact on admission avoidance.

9.3.2 The new discharge model aims to embed an approach where people discharged from an acute hospital bed are assessed at home or in another appropriate community setting where assessments about what care they need can take place. This approach is critical if we are to improve individuals and families experience of discharge, optimise individuals' wellbeing outcomes, maximise our workforce capacity and effectiveness and reduce avoidable demand.

9.5 **Alternatives Considered and Rejected**

9.5.1 Do nothing: It would be possible not to produce a plan in relation to discharge – but it would mean any activity would lack focus, coherence, and public accountability.

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

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

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

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

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

10.3 **Reasons for Decision**

10.3.1 The updated Care Governance Strategy, Performance Management Framework and Cycle of Assurance, will ensure significant further improvements are made in the following areas:
• People who use our services and family members and carers have a voice, are central to the planning and development of adult social care services.

• Improving wellbeing and population outcomes, quality of life and experiences for individuals, their carers, and families remains central to our priorities and focus.

• Our supports and services are high performing, compliant with legislation, of excellent quality and are positively received by individuals and families.

• Our workforce is valued, engaged, and feels empowered to continuously develop practice and delivery of social care services.

• Our resources are used effectively and efficiently across Adult Social Care.

• We are prepared for pending CQC assessment which is being introduced in 2023

10.4 **Alternatives Considered and Rejected**

10.4.1 Alternative options have been considered and the options are:

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

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

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

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

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

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

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

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

1. Notes progress made in relation to providing support in the City and delivering a stable care market.

2. Approves Adult Commissioning Plan for 2023 – 2025 attached at Appendix 1.

3. Approves process for Care Fees business planning and process for consultation on care fees for residential services for financial year 2024/ 2025.

4. Notes the extension of current care at night service until March 2024.

11.3 **Reasons for Decision**

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

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

11.4 **Alternatives Considered and Rejected**

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

12. ADULT CARE AND WELLBEING DIRECTORATE PLAN

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

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

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

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

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

14. 2022/23 FINAL OUTTURN

14.1 The Committee considered a report of the Interim Director of Finance and Commercial Services which brought the Committee up to date with the Council’s final revenue outturn position for 2022/23.

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

15. DASS HIGHLIGHT REPORT

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

delivering on the area's statutory requirements.

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

Agenda Item 6

To note that, on 1 September 2023, the Monitoring Officer, in consultation with the relevant political group whip, has authorised the appointment of Councillor Maleiki Haybe as substitute Member of the Health Scrutiny Sub-Committee.

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Agenda Item 8

Report to Adult Health and Social Care Policy Committee

20th September 2023

Report of: Director of Policy and Democratic Engagement

Subject: Committee Work Programme

Author of Report: Fiona Martinez, Principal Democratic Services Officer

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Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;
2. That consideration be given to the further additions or adjustments to the work programme presented at Part 2 of Appendix 1;
3. That Members give consideration to any further issues to be explored by officers for inclusion in Part 2 of Appendix 1 of the next work programme report, for potential addition to the work programme; and
4. If items are referred from LACs, these should be highlighted to the Principal Democratic Services Officer to ensure they are dealt with appropriately

Background Papers: None

Category of Report: Open

COMMITTEE WORK PROGRAMME

1.0 Prioritisation

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	None reported
Referred from	
Details	
Commentary/ Action Proposed	

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example ‘menu’ of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date
	None	

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

New Items	Proposed Date	Note	Lead
NEW: Overnight Short Breaks	November 23	Awaiting Form 1	Rachel Baig
NEW: 2024 to 2027 Revenue & Capital Budget	November 23	A joint report with the DoF and Executive/Strategic Directors	Liz Gough
NEW: Endorsement of: 'Sheffield Physical Health Improvement Strategy for People Living with Severe Mental Illness, People with Learning Disabilities and Autistic People – 2023-2028'	September 23	People living with Severe Mental Illness, People with Learning Disabilities and Autistic People are three different groups of people, but they share inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy. Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. "Diagnostic over shadowing" can be a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person's learning disability, autism or mental illness. The average life expectancy for someone with a long-term mental health illness is at 15 - 25 years shorter than for someone without and it is estimated that for people with severe mental illness, 2 in 3 deaths are from physical illnesses that can be prevented. On average men with a learning disability die 23 years earlier than men without a learning disability and for women it's 27 years earlier. Autistic people die on average 16 years earlier than the general population (and more than that for people who have a learning disability). Research through the LEDER programme has also shown that people with a learning disability and people who are autistic do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death.	Liz Tooke

		Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.	
NEW: Domestic and Sexual Abuse Annual Report	November 23	Report of the work of the DACT team, others across the council and partners on domestic and sexual abuse.	Sam Martin
NEW: Homecare: Care and Wellbeing Contract	September 23	Permission to award contracts for the provision of our new model of homecare in the City	Catherine Bunten
NEW: New Violence against Women and Girls, Domestic and Sexual Abuse Strategy	March 24	Our strategy covering this area was agreed in 2018 and was due to expire in 2022. In the meantime, a statutory duty under the Domestic Abuse Act 2021 required us to produce a Safe Accommodation and Domestic Abuse Strategy which runs until 2024.	Alison Higgins
Rescheduled Items	**Proposed Date**	**Note**	
MOVED: DASS Local Account and Annual Performance Report	November 23	Item moved from September's Committee to November's Committee	Liam Duggan/Jonathan McKenna-Moore
MOVED: Adult Care Budget Programme 2024/25	November 23	Item moved from September's Committee to November's Committee	Liam Duggan/Liz Gough
MOVED: Domestic Abuse Annual Report	November 23	Item moved from September's Committee to November's Committee	Joe Horobin/Sam Martin
MOVED: Adults with a Learning Disability Strategy and Delivery Plan and Adults future options (Inc Day service and Respite/ Short Breaks)	November 23	Item moved from September's Committee to November's Committee	Andrew Wheawall/ Christine Anderson

Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee's next meeting, at the discretion of the Chair.

Topic	
Description	
Lead Officer/s	
Item suggested by	*Officer, Member, Committee, partners, public question, petition etc*
Type of item	*Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)*
Prior member engagement/ development required *(with reference to options in Appendix 2)*	
Public Participation/ Engagement approach *(with reference to toolkit in Appendix 3)*	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 2	**September 20th, 2023**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy*	**Prior member engagement/ development required**	**Public Participation/ Engagement approach**	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer

			development)/Post-decision (service performance/ monitoring)	*(with reference to options in Appendix 1)*	*(with reference to toolkit in Appendix 2)*	
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Alexis Chappell	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
Adult Working with People Delivery Plan	Adult Care and Wellbeing will be subject to a CQC Assurance process. Theme One of that process is Working with People and this report covers what will be involved in that.	Janet Kerr	Decision	Member Briefing	Included in Report	Adult Health and Social Care
Transitions of young people to Adult Services	Endorsement of model and programme to ensuring effective transition of young people to adult services	Tony Middleton/Andrew Whewall	Decision	Member briefing – 23.8.23 and 6.9.23	Included in Report	Adult Health and Social Care NOTE: Cross Cutting issue requiring briefings for ECF
Adult Safeguarding and Ensuring Safety Delivery Plan Update and Safeguarding Board Annual Report	Endorsement of Safeguarding Board Annual Report and six-monthly update on Adult Safeguarding and Ensuring Safety Delivery Plan	Dawn Bassinder/Janet Kerr/Jenna Tait	Post Decision – Assurance and Scrutiny	Member Briefing	Included in report	Adult Health and Social Care

Adult Care and Wellbeing Budget, Risk and Financial Governance	Adult Care Budget and Financial Governance. Financial Thematic Update on Purchasing, Reviews and Contract Register	Liam Duggan/ Jonathan McKenna-Moore	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
DASS highlight report	This paper provides the Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements. It also provides an update regards Adult Care & Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.	Alexis Chappell	Strategy/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Recommissioning of a number of Services providing short term housing	The contracts for several services that provide accommodation and support to vulnerable people who are at risk of	Tony Ellingham	Decision	Member Briefing	A strategic review has invited a wide variety of stakeholders to submit evidence.	Adult Health and Social Care Note: Briefing also required for Housing

related support to vulnerable adults	homelessness and other poor health and wellbeing outcomes come to an end in 2024. Some contracts have run the full contractual term. Some other contracts need to have extensions agreed because of unforeseen developments. These developments mean there is not time to reprocure the contract with a new provider and the only option to avoid leaving people without service is to extend the contracts. Following the Review of Housing Related Support. Report, approved by Adult Health and Social Care Committee on 15th March 2023, responsibility for commissioning and contract managing these services is going to change before any of the newly commissioned services start. Decisions need to be				Workshops with people who have complex and multiple needs. In person service design workshops directly with people experiencing multiple disadvantages as experts by experiences to discuss key aspects of the design of each service. Online consultation events with professional stakeholders. Online and paper surveys and a variety of ways to complete the surveys such as pop up events at venues where recipients of surveys are likely to visit and help to	

	made about the services in the report before the organisational changes are completed.				complete surveys if t is required. Synthesising learning from events and using the learning to inform service design.	
2023/24 Q1 Budget Monitoring	Budget Monitoring report	Jane Wilby	Monitoring			Adult Health and Social Care
Adult Care and Wellbeing Directorate Plan	Summary plan for the Adult Care & Wellbeing Directorate setting out priorities, objectives and measures across the service for 2023/24	Alexis Chappell	Decision	Member briefing	The plan is informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Commissioning a Community Infection Prevention and Control Service	A key learning from Covid was that a range of settings lacked consistent confidence or skills in Infection Prevention and Control as they could be. This affected services ability to provide safe care and reduce the risk of infectious diseases and outbreaks. A number of settings particularly need to be the	Ruth Granger	Decision	Members would require briefing on this work. It has been referenced at the Health and Well Being Board as an issue emerging from Covid debrief but this specific proposal has not been discussed there because it is	Providers sought Infection Prevention and Control support, good practice and advice during the Covid pandemic so there is a broad understanding of the operational issues based on recent feedback.	Adult Health and Social Care

	focus of support to deliver good practice. These are settings where the users of the service are vulnerable to serious effects of poor infection control because of their own health or ability to take action such as effectively washing hands. These settings include: care homes, supported living, domiciliary care, nurseries and early years settings, special schools, children's residential homes and homelessness settings. Sheffield City Council could be accountable and liable (i.e. legal action be taken) in the event of a critical incident resulting from poor IPC, where the organisation had a direct contracting or purchasing arrangement.			not a decision-making Board.	This is not a public facing service but we know from debriefs of serious incidents/outbreaks that the public are affected when Infection Prevention and Control practice is poor. We have sought advice from our IPC working group on consultation with stakeholders from different settings. We plan to discuss what the service will offer, with providers, when we have plans in a more developed form.	
NEW: Endorsement of: *Sheffield Physical Health Improvement Strategy for*	People living with Severe Mental Illness, People with Learning Disabilities and Autistic People are three different groups of people, but they share	Liz Tooke	Strategic/Policy Devlopment	This is scheduled to go to Children, Education and Families Members Briefing on 01/08/2023 and	In 2022 we started the process of reviewing and updating the strategy. This included asking	Adult Health and Social Care, with briefing for Education, Children and Families

People Living with Severe Mental Illness, People with Learning Disabilities and Autistic People – 2023-2028	inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy. Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. " Diagnostic over shadowing" can be a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person's learning disability, autism or mental illness. The average life expectancy for someone with a long term mental health illness is at 15 - 25 years shorter than for someone without and it is estimated that for people with severe mental illness, 2 in 3 deaths are from			Adults Members Briefing 16/08/23	people with lived experience and their carers for their views about what has helped with their physical health over the last three years, what the challenges have been, and what the priorities for action over the next three years should be. This feedback has been through a survey on the strategy, review of recent consultations such as the Autism Strategy engagement, the Health Experiences engagement by Disability Sheffield, the "What Matters to You" engagement, and feedback from providers. It has helped to shape the ambitions in this 2023 - 28 Strategy.	

	physical illnesses that can be prevented. On average men with a learning disability die 23 years earlier than men without a learning disability and for women it’s 27 years earlier. Autistic people die on average 16 years earlier than the general population (and more than that for people who have a learning disability). Research through the LEDER programme has also shown that people with a learning disability and people who are autistic do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death. Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.					

Advocacy – Permission to go out to tender	The current advocacy contract has recently been extended by 12 months and is due to expire on the 1st of April 2024. The current advocacy contract has run since 2017 and has been extended twice already due to new LPS legislation requirements but it has recently been announced that LPS will be delayed beyond the life of current parliament.	Avi Derei	Decision	May 2023 Committee attendance. June 2023 member briefings	Advocacy hub staff survey Health and social care staff survey Feedback interviews in care homes (RPR advocacy) Engagement session at Sheaf College (Care Act Advocacy + Non statutory LD Advocacy) Engagement session at Mental Health Unit (IMHA, IMCA advocacy)	Adult Health and Social Care
NEW: Homecare: Care and Wellbeing Contract	Permission to award contracts for the provision of our new model of homecare in the City	Catherine Bunten	Decision	Previous committee reports in 2019 and 2022, plus members briefings	Engagement informed service design and specification	Adult Health and Social Care
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 3	**November 8th, 2023**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-*	**Prior member engagement/ development required**	**Public Participation/ Engagement approach**	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer

			decision (service performance/ monitoring)	*(with reference to options in Appendix 1)*	*(with reference to toolkit in Appendix 2)*	
Adult Early Intervention Strategy and improving Wellbeing outcome and tackling inequalities.	Approval of Adult Early Intervention Strategy and progress made in improving wellbeing outcomes following decisions at Committee in 22/23.	Sandie Buchan Lorraine Wood Tim Gollins	Decision	Member Briefing	Included in report and development of strategy	Adult Health and Social Care and Communities, Parks and Leisure Member Briefing
Recommissioning of Early Intervention Services	Proposal for retender of Live Well at Home Services following the report presented in September 22 and Early Intervention Strategy	Sam Martin Tim Gollins	Decision	Member Briefing	Included in Proposal	Adult Health and Social Care
Adult Care Mental Health and AMHP Service Annual Report	Adult Care Mental Health Service update and approval of AMHP Annual Report.	Tim Gollins Sid Fletcher	Decision	Member Briefing	N/A	Adult Health and Social Care
Changing Futures Delivery Plan update and Annual Report	Annual Report on Changing Futures Programme for approval and update regards programme future.	Michael Corbishley Sam Martin	Decision	Member Briefing	Included as part of development	Adult Health and Social Care

Approval of Care Fees 24/25	Approval of Care Fees for 24/25	Catherine Bunten	Decision	Member Briefing	N/A	Adult Health and Social Care
Residential Commissioning Strategy and Delivery Plan	Approval of recommissioning plans to ensure a stable residential market following agreement to review model in February 23.	Catherine Bunten	Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
All Age Mental Health and Emotional wellbeing Strategy	Update on strategy and delivery plan following approval at S & R Committee in March 23.	Steve Thomas Tim Gollins	Post Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
Technology and Digital Commissioning Strategy and Delivery Model	Technology and Digital Commissioning Strategy, update on progress since approval of Strategies and update regards information and advice offer	Paul Higginbottom Catherine Bunten	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care
DASS Local Account and Annual Performance report	Approval of Local Account and annual performance report	Liam Duggan/ Jonathan McKenna-Moore	Decision	Member Briefing	As part of development of the account	Adult Health and Social Care

Adult Care Budget Programme 2024/ 2025	Endorsement of budget proposals 2024/ 2025	Liam Duggan Liz Gough	Decision	Member Briefing	N/A	Adult Health and Social Care
NEW: Overnight Short Breaks	Awaiting Form 1	Rachel Baig	TBC	TBC	TBC	Adult Health and Social Care
NEW: 2024 to 2027 Revenue and Capital Budget	Awaiting Form 1	Philip Gregory	Decision	TBC	TBC	Adult Health and Social Care
NEW: MOVED: Domestic Abuse Annual Report	The annual Domestic Abuse Report will coincide neatly with the recommendation to committee that we engage in the coproduction and consultation on future Domestic Abuse Strategy for the city which we would expect to bring back to committee for final sign off in Spring 2024.	Alison Higgins	Performance/Monitoring	None	Partners and stakeholders will be invited to submit information	Adult Health and Social Care decision maker, item also going to Education, Children and Families

MOVED: Adults with a Learning Disability Strategy and Delivery Plan and Adults future options (Inc Day service and Respite/ Short Breaks)	Approval of Adults with a Learning Disability Strategic Plan, Adult Future Options Recommissioning Update including Day Activities and Respite and Short Breaks	Andrew Wheawall/ Christine Anderson	Decision	Member Briefing	Included in report and development of strategy	Adult Health and Social Care NOTE: Cross Cutting issue requiring briefings for ECF
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 4	**December 13th, 2023**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025. Thematic Review (Outcomes of homecare and working age adults	Catherine Bunten	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care

	recommissioning exercises.)					
Adult Care Strategy Delivery and Service Performance Update.	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care
Autism Partnership Strategy Delivery Update	Six Monthly update on delivery of the Autism Strategy.	Andrew Wheawall and Christine Anderson	Post Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care
Adult Care and Wellbeing Budget, and Financial Governance	Adult Care Budget, Financial Governance and Risk Register Update. Financial Thematic Update (BCF Plan, Joint Efficiencies with Health including s75, Establishment, Discharge, and use of DFG)	Liam Duggan/Jonathan McKenna-Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Adults Equalities, Diversity and Social Justice Delivery Plan	Approval of a delivery plan to promote equality and social justice for Adults in Sheffield	Jon Brenner	Decision	Member Briefing	Included in Proposal	Adult Health and Social Care

DASS Highlight report	This paper provides the Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements. It also provides an update regards Adult Care & Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.	Alexis Chappell	Strategic/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
2023/24 Q2 Budget Monitoring	Awaiting Form 1	Jane Wilby	Monitoring			Adult Health and Social Care
Technology and Digital Commissioning Strategy and Delivery Model	Technology and Digital Commissioning Strategy, update on progress since approval of Strategies and update regards information and advice offer	Paul Higginbottom Catherine Bunten	Decision	Member Briefing	As Part of development of the plan	Adult Health and Social Care

Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 5	**January 31st, 2024**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)	**Prior member engagement/ development required** (with reference to options in Appendix 1)	**Public Participation/ Engagement approach** (with reference to toolkit in Appendix 2)	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Hospital Discharge Model and Improvement Plan Update	Hospital discharge model and performance update	Jo Pass Nicola Afzal	Post Decision – Assurance to Committee	Member Briefing	N/A	Adult Health and Social Care
Adult Care workforce Strategy Update	Workforce Strategy Delivery update regarding implementation following decisions at Committee during 22/23.	Jon Brenner	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Recommissioning of Framework for Rough Sleeper	Proposal for retender of support for Rough Sleepers	Sam Martin	Decision	Member Briefing	Included in report	Adult Health and Social Care
Recommissioning - Alcohol Recovery Hostel	Proposal for retender of Alcohol Recovery Hostel	Sam Martin	Decision	Member Briefing	Included in report	Adult Health and Social Care

Primary and Social Care Neighbourhood Model	Proposals for joint working between health and social care	Alexis Chappell Andy Hilton	Decision	Member Briefing	Included in report	Adult Health and Social Care
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 6	**March 20th, 2024**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update against Council Delivery Plan.	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Budget, Risk Management and Financial Governance	Update on Adult Care Budget, Financial Governance and Risk Register. Thematic Overview (Timeline for 25/26 of business planning, financial risks and challenges)	Liam Duggan and Jonathon McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care

Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	Quarterly update on progress with commissioning plan 2023 – 2025.	Catherine Bunten	Post Decision	Member Briefing	N/A	Adult Health and Social Care
DASS Highlight report	This paper provides the Strategic Director's update regards the performance and governance of Adult Health and Social Care services, including progress in meeting DASS (Director of Adult Social Services) accountabilities and delivering on our statutory requirements. It also provides an update regards Adult Care & Wellbeing progress in relation to the Council's Delivery Plan, key strategic events and issues on the horizon.	Alexis Chappell	Strategic/Policy Development	Regular briefings with both the group leads, and on occasions whole committee, will keep Members informed of progress.	Much of the content of the updates will be informed by wide ranging involvement and co-production across our services.	Adult Health and Social Care
Adult Safeguarding and Ensuring Safety Delivery Plan Update and Safeguarding	Six-monthly update on Adult Safeguarding and Ensuring Safety Delivery Plan	Chief Social Work Officer	Post Decision – Assurance and Scrutiny	Member Briefing	Included in report	Adult Health and Social Care

Board Annual Report						
Adult Care Working with People Delivery Plan	Six Monthly update of Adult Care Working with People Delivery Plan	Janet Kerr	Post Decision – Assurance to Committee	Member Briefing	Included in report	Adult Health and Social Care
Carers Strategy Annual Report	Carers Strategy Annual Report and update on delivery against strategy	Mary Gardner Janet Kerr	Post Decision	Member Briefing	Undertaken as part of development of report	Adult Health and Social Care
Direct Payments and Personalisation Annual Report	Direct Payments and Personalisation Annual Report and delivery against strategy	Mary Gardner Catherine Bunten	Post Decision	Member Briefing	Undertaken as part of development of report	Adult Health and Social Care
2023/24 Q3 Budget Monitoring	Budget monitoring report	Jane Wilby	Monitoring			Adult Health and Social Care
NEW: New Violence against Women and Girls, Domestic and Sexual Abuse Strategy	Our strategy covering this area was agreed in 2018 and was due to expire in 2022. In the meantime a statutory duty under the Domestic Abuse Act 2021 required us to produce a Safe Accommodation and Domestic Abuse Strategy which runs until 2024.	Alison Higgins	Strategy/Policy Development	Political group briefings and committee briefings – in writing then in person if needed.	There will be consultation with stakeholders and the public building on consultation already undertaken this year specifically in relation to domestic abuse.	Adult Health and Social Care and Education, Children and Families

Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its 'menu of options' for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what's worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

a. Public calls for evidence
b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as 'hackathons') led by committees
c. Creative use of online engagement channels
d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
e. Co-design events on specific challenges or to support policy development
f. Citizens assembly style activities
g. Stakeholder reference groups (standing or one-off)
h. Committee / small group visits to services
i. Formal and informal discussion groups
j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick 'how-to' guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee's work programme, with reference to the above list a-k.

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Report to Policy Committee

Author/Lead Officer of Report:
Janet Kerr, Operations Director (Deputy DASS)

Report of:	Strategic Director Adult Care and Wellbeing
Report to:	Adult Health & Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Working with People Delivery Plan

	Yes		No	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 2311				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"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)."*

Purpose of Report:

This report provides our approach to the CQC Assurance Theme 1, Working with People.

The aim of the Delivery Plan is to ensure that we have a robust approach towards the three quality statements included in this theme which are, Assessing Needs, Supporting People to live Healthier Lives and Providing Equity in Experiences and Outcomes.

Recommendations:

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

- Endorses the Working with People Delivery Plan.
- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis, including updates made based on ongoing learning.

Background Papers:

<table>
<tr><th colspan="3">Lead Officer to complete: -</th></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Laura Foster</td></tr>
<tr><td>Legal: Patrick Chisholm</td></tr>
<tr><td>Equalities & Consultation: Ed Sexton</td></tr>
<tr><td>Climate: Jessica Rick</td></tr>
<tr><td></td><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>SLB member who approved submission:</td><td>Alexis Chappell</td></tr>
<tr><td>3</td><td>Committee Chair consulted:</td><td>Councillor - Angela Argenzio</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">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.</td></tr>
<tr><td>Lead Officer Name: Janet Kerr</td><td>Job Title: Operations Director (Deputy DASS)</td></tr>
<tr><td colspan="2">Date: 11th September 2023</td></tr>
</table>

1. PROPOSAL

1.1 As part of our preparation for CQC Assurance we are focusing on the requirements and ensuring that we have the correct processes in place to meet the standards of the Working with People theme.

1.2 All the aspects in the Working with People Theme sit squarely within our strategic approach outlined in our document 'Living the Life You want to Live', the Strategy Update at Committee today as well as Strategy Refresh and Directorate Plan. So, although the plan is based on the CQC Assurance theme, it takes us on a positive direction of travel to where we want to be in terms of our performance and the service that we wish to offer the people of Sheffield.

1.3 The aim of the Delivery Plan is to ensure that Sheffield has a robust response towards the Working with People theme and in particular around the Quality Statements of Assessing Needs, Supporting People to Live Healthier Lives and Providing Equity in Experiences and Outcomes. The plan aims to coordinate our activities to ensure that we maximise the effectiveness of people's care by assessing and reviewing their health, care and wellbeing and communication needs with them.

1.4 Our ambition is that we people with care and support needs, unpaid carers, those who fund their own care and communities have the best wellbeing outcomes because their care and support needs are assessed in a timely and consistent way. We want people's care and support to reflect their right to choose, build on their strengths and assets and reflect what they want to achieve and how they wish to live their lives.

1.5 We want assessments and care and support plans to be co-produced, up to date, and reviewed regularly. We want to ensure that support is coordinated across different agencies and services. We also want all decisions and outcomes to be transparent to all those involved.

1.6 We will support people to manage their health and wellbeing so they can maximise their independence, choice, and control and live healthier lives and where possible reduce future needs for care and support. We will ensure that along with our partners we provide quality advice about their health care and support and ensure where possible that we work with people to plan for the important life changes that can be anticipated.

1.7 In addition to that outlined above we want to actively seek out and listen to the people who are most likely to experience inequality in experience and outcomes in order to allow us to tailor their care and support appropriately. We want to see people as unique and allow them to live the life they want to live. To do this we need to understand any barriers, understand what the inequalities are, and by encouraging feedback use this to act and drive improvements.

1.8 In order to improve how we work with people we have over the last two years undertaken work which will underpin our approach in the future. Firstly, we have a strategy, 'Living the Life You Want to Live' which builds on city wide commitments in the Joint Health and Wellbeing Strategy 2019 - 2024 and Shaping Sheffield 2019 - 2024. Shaping Sheffield 2019 - 2024 sets out four clear priorities which align with the adult social care strategy: Promoting Prevention, Ageing Well, All Age Mental Health and Thriving Communities.

1.9 In addition, we have introduced a new Target Operating Model which has reorganised our services to focus on specialist areas. We have a Living and Ageing Well Service which focusses on older people and people with dementia, a Future Options service focussing on working age adults with learning disabilities, physical disabilities and autism, and a Mental Health Access and Wellbeing Service which promotes a first response and support to people experiencing mental ill health.

1.10 We believe this return to specialisms will not only improve the quality of what we offer to the people we work with but will also provide greater job satisfaction to our staff, thereby improving retention. We are undertaking considerable work around the recruitment of staff, but unless we also focus on retention this will not provide the results that we require. Therefore, we have used the restructure to improve our progression offer to staff to align more closely with surrounding Local Authorities which will contribute to both recruitment and retention. This highlights our approach to valuing staff which is central to what we do. In addition, we are focussing on our development offer to ensure that staff are provided the appropriate tools to do their job.

1.11 In order to ensure that we are working as one service and with partners we have introduced Performance Clinics. These take place regularly focussing on the outcomes which are laid out in our strategy. Having undertaken these at an Adult Care and Wellbeing level, which will continue, Assistant Directors are additionally introducing the model locally and involving appropriate staff and managers in them. These will have a broader reach than just considering data, although this will be pivotal. We want to ensure that we do have a focus on outcomes for people, that we are action planning and tracking our improvements and that we understand the relevant CQC regulations.

1.12 We believe that it is important to have the relevant conversations and provide the narrative that will inform conversations across Adult Care and with partners. We need to ensure that we set ourselves robust targets and that we escalate if we are materially above or below target. Most importantly we are ensuring that key messages are communicated to teams and partners to develop a shared position.

1.13 In terms of areas of practice, our priority in line with the phasing of our change programme is to continue to ensure responsivity of Adult Care by addressing waiting times, both in respect of Social Work and Occupational Therapy assessments as well as a provision of support. We have improvement plans in place to do this and move to a model where we can deal with people in real time. It is clearly a positive move to support with people in a timelier way, but it will also prevent deterioration in people's ability to manage and therefore maximise independence, improving outcomes.

1.14 Linked to this are reviews where we have chosen to invest in additional resource to clear our backlog, whilst simultaneously working on a model where reviews become sustainable and undertaken in a proportionate way. Our new Target Operating Model is assisting in this respect. In July 2023 65% (6024 people) of people currently receiving long term support for more than 12 months had had a review. This is an improvement from 42% in April 2022, and is part of an improving trajectory towards a target of 80% annually and sustainably by March 2024.

1.15 We have undertaken considerable work to put in place an improved offer in respect of Direct Payments. This means that people who use our services have the choice that this provides and there is greater clarity for our staff around what is required of them when setting up and then reviewing direct payments. We have a

Personalisation and Direct Payment Strategy. [Direct payments and managing your care | Sheffield City Council] the strategy is on this page and the delivery plan is within the strategy. We have worked with people with lived experience and have developed a Delivery Plan which is regularly monitored and updated. We have a specialist team who are focussing on reviewing people with Direct Payments to ensure that they are dealt with in a timely and appropriate way. There have been 770 reviews completed for people on Direct Payments in the last 12 months. That means we have 64% review performance for people with Direct Payments and on our trajectory to reach 80% annually and sustainably by March 2024.

1.16 In terms of our work with unpaid carers we have a Carers Strategy [Carers' Strategy | Sheffield City Council] and an Implementation Group formed of partners from across the city. In addition, we have an Operational Group comprised of representatives from across Adults Care and Wellbeing and the Carers Centre where issues around practice and operations are discussed. Since broadening the membership of this group, we have been successful in increasing the number of referrals for Carers assessments month by month, thereby supporting more unpaid carers.

1.17 In terms of referrals from Adult Care and Wellbeing to the Carers Centre we have seen a consistent rise. The average for June over the past 4 years has been 31.5. In June 2023 there were 64 referrals evidencing that the message that supporting unpaid carers is vital is reaching staff. In addition to regular information to inform staff of the work of the Carers Centre we held a dedicated event for all staff during Carers Week. In all there were over 30 events for carers over the week with over 200 people attending and dozens more listening and watching recorded event.

1.18 In order to provide an improved service to the people of Sheffield we were aware that our Information, Advice and Guidance offer needed to be improved. Section 4 of the Care Act 2014 required Local Authorities to ensure the coherence, sufficiency, availability and accessibility of information and advice relating to care and support across the local authority area.

1.19 Our new Information and Advice website went live to the citizens of Sheffield at the end of November 2022. The new platform provides greater information and advice about support available and builds a foundation for greater use of digital technology and self-assessment to improve access to social care.

1.20 However, we recognise that access is not just about information and advice. It is also about the way services are designed and how workers support the people they are in contact with. Our new operating model has been designed to reduce handoffs between teams and to provide a more seamless pathway for people. In addition, a co production network has been set up which will review content and develop it on an ongoing basis, making sure we are answering the questions that people who use services and carers have about adult social care, and helping us to keep the site up to date and relevant.

1.21 Underpinning our offer to the people of Sheffield in terms of supporting people to live independently is the use of Technology Enabled Care. We know that TEC can deliver increased quality of life by enabling people to remain or increase independence, live safely and well in their own homes for as long as possible. It can also prevent hospital admissions and the requirement for long term care.

1.22 Our new Digital Strategy Adult Health and Social Care Digital Strategy Delivery Plan.pdf (sheffield.gov.uk) was presented at the Adult Health and Social Care Policy Committee in February 2023 and sets out our ambition and approach. The last twelve months has seen some early key developments which all very much support our future ambitions for TEC across Sheffield. These include;

- Soft Market Testing which involved frontline health and social care professionals and managers, with technology product demonstrations from leading TEC suppliers aimed at understanding the art of the possible and promoting the use of technology in everyday practice.
- City Wide Care Alarms have collaborated with Yorkshire Ambulance Service (YAS) to provide non urgent responses to people who have fallen and do not have TEC equipment. We are keen to expand these types of collaborations.
- Development of a TEC electronic referral form to make referrals for TEC easier and develop additional business intelligence to help inform future developments.
- Establishment of a TEC ID which now provides staff with a chronology detailing the persons history in relation to usage of TEC including the equipment they already have. This then enables gaps in service provision to be identified as part of the review process.
- TEC Learning Webinars have been delivered to over a 100 frontline health and care professionals to improve the knowledge and confidence of workers.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The Working with People Plan is central to the Adult Social Care outcomes as set out in the Adult Social Care Strategy.

2.2 The plan 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.
- *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 that we work in a way that ensures that staff have the skills required to deal with the needs of the people they work with.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 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.

3.2 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.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 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.

4.1.2 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.

4.1.3 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.

4.1.4 Projects covered by the delivery plan are subject to individual EIAs.

4.2 Financial and Commercial Implications

4.2.1 There are no short term financial implications associated with endorsing the delivery plan. Full consideration will be given to the affordability and viability of any proposals arising from this plan.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

4.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

4.3.3 The Care Act Statutory Guidance at paraph 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 There are no climate implications of this report.

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.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternatives options are available due to this.

6. REASONS FOR RECOMMENDATIONS

6.1 An approved delivery plan gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.

6.2 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.

Report to Policy Committee

Author/Lead Officer of Report: Sam Martin

Tel: 0114 2053671

Report of:	*Strategic Director Adult Care and Wellbeing* *Director of Public Health*
Report to:	*Adult Health and Social Care Policy Committee*
Date of Decision:	*20th September 2023*
Subject:	*Recommissioning of a number of services providing housing related support to vulnerable adults.*

Question	Yes		No	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 2301				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

Purpose of Report:

The report seeks approval to re-commission a number of services that provide accommodation and support to vulnerable people who are at risk of homelessness and other poor health and wellbeing outcomes.

Commissioning of the proposed services will enable the council to deliver essential service which support vulnerable people and contribute to statutory duties regarding Care and Support and Preventing Homelessness.

Recommendations:

That the Adult Health and Social Care Policy Committee approves:

1) the re-commissioning of a street outreach service from an external provider for a period of five years and an estimated value of £1,100,015, as set out in this report.

2) the re-commissioning of an accommodation and support service for people with a history of offending from an external provider for a period of five years and an estimated value of £2,008,220, as set out in this report.

3) the commissioning of an abstinence-based accommodation and support service from an external provider for a period of five years and an estimated value of £915,000, as set out in this report.

4) the re-commissioning of a drug and alcohol prevention and recovery support service for people living in the community from an external provider for a period of five years and an estimated value of £1,729,065, as set out in this report.

5) the re-commissioning of 18 units of the Thrive complex needs accommodation and support service from an external provider for a period of 26 months and an estimated value of £418,412, as set out in this report.

6) the commissioning of a service that helps older people (55 plus) who have deteriorating health and to access relevant support so they can continue to live independently for a period of 12 months and an estimated value of £794,233, as set out in this report.

Background Papers:

Appendix 1 – Equality Impact Assessment

Previous Cabinet and Committee Decisions relating to these services have been taken at various points in the last 5 years, including:

Commissioning of Housing Related Support Services, 22 August 2019
Older Person's Prevention Service, 21st September 2022
Updates on review of Housing Related Support, 15 March 2023
Cabinet Report – Commissioning new care and supported services for people with complex needs 23rd September 2020
Executive Director People Services – Procurement of Supported living services for people with complex needs, 30th January 2020

<table>
<tr><th colspan="3">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Anna Beeby</td></tr>
<tr><td>Legal: Richard Marik</td></tr>
<tr><td>Equalities & Consultation: Ed Sexton</td></tr>
<tr><td>Climate: Tony Ellingham</td></tr>
<tr><td></td><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>SLB member who approved submission:</td><td>Greg Fell and Alexis Chappell</td></tr>
<tr><td>3</td><td>Committee Chair consulted:</td><td>Councillor Angela Argenzio</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">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.</td></tr>
<tr><td>Lead Officer Name: Sam Martin</td><td>Job Title: Head of Commissioning Vulnerable People and Communities</td></tr>
<tr><td colspan="2">Date: 8th September 2023</td></tr>
</table>

1. PROPOSAL

1.1 Every year many people in Sheffield require help to maintain an independent life and a stable home or are at risk of becoming homeless. Most people either have help from a landlord or social housing provider, or friends and family, or need temporary accommodation without support. However, a small but significant number of people need more help, due to health or social issues. Some of this help is provided directly by the Council, but we also commission a range of accommodation and support services from external social landlords and charities. Many of these organisations have a particular focus on working with specific groups of vulnerable people, such as young people, families, or people with mental health issues.

1.2 The services outlined are known as housing related support services or supported accommodation. They are commissioned so people can develop the skills and confidence to live independently. The general characteristics of these services are that each person has a support plan that addresses their own goals, and these include things like:

- setting up a stable home
- achieving better health and wellbeing
- developing confidence
- addressing the use of drugs or alcohol
- offending
- re-establishing links with family
- accessing training or education
- accessing or regaining employment

1.3 Generally, access to support is through a housing assessment. People who have additional needs are then placed in a suitable support scheme. In broad terms the services provide:

- Floating support which is delivered to people who have their own home or want to move into their own. This support helps people to sustain independent living.
- Accommodation schemes which provide people with a room on a site or in a large building where there are some communal facilities. This support includes help with developing independent living skills. The support is linked to a plan agreed with the person receiving the support. The support has a target duration date and people are expected to live independently in the community after support ends.

1.4 Dispersed accommodation schemes provide people with a flat or house, some of the accommodation is shared with others and some is single occupancy. People also get support to develop independent living skills. As with the other accommodation schemes, people have a support plan. These schemes usually have a target duration of support, after which people are expected to live

independently in the community. One of the schemes in this report is different as there is no time limit.

1.5 In 2023 and 2024 several of the contracts that provide this type of support will end. For the services and support to continue they will need to be recommissioned. These services have been through recommissioning processes many times before at different times in the last 15 years. This report deals with these contracts and makes recommendations as to the process undertaken to secure the future delivery of each service.

1.6 The proposals will see services continue to be delivered in a similar way to what they are now, but because of a competitive tendering process some of the providers may change. Due to the end date of some of the contracts it will not be possible to commission all the services that are due end through a competitive tender in a timely way before the current contract end. For these services contract extensions are being requested, to ensure stability and no loss of service for people whilst recommissioning processes are undertaken.

1.7 The recommendations are in line with a recent strategic review of housing related support services. The review found that this type of support plays a valuable role in helping people who have accommodation needs and face multiple disadvantages, but that some changes are needed so more people achieve better outcomes. Some core principles have been agreed and the proposals contribute to these principles. This is dealt with in greater detail below in the section that looks at how this decision contributes.

1.8 **Recommendation 1 – Re-Commission a street outreach service to engage rough sleepers into support** for a period of five years from 01/06/2024 to 31/05/2029 and an estimated value of £1,100,015. This service is important because it helps to get people who sleep rough into accommodation, other support services and it reduces anti-social behaviour. On any given night it is not unusual for 20 to 30 people to be sleeping rough. The current service is provided by a charity called Framework and the contract expires on 31/05/2024.

- The service provides outreach support 365 days a year.
- Staff go out and talk to people on the street, telling them about help and support available and build positive relationships.
- The service works closely with a range of agencies such as City Council homeless services, health, and other relevant support services.
- Staff attend meetings with other agencies to plan support for individuals.
- The service provides intelligence about the incidence and nature of rough sleeping.

1.9 **Recommendation 2 – Recommission an Accommodation and support for people with a history of offending** from an external provider for a period of five years from 01/05/2024 to 30/04/2029 and an estimated value of £2,008,320. This service is aimed at people who have an offending history, need accommodation, and need some initial support so they can maintain that accommodation and move on to live independently in the future. Continuing to commission this type of service helps to meet an important demand. Over half

the people who leave prison are officially homeless on their actual release date. In a typical month 88 people who have a housing need have an offending history. The current service is provided by Target and expires on 30/04/2024.

- The current service supports 116 people at any time. The service provides people with their own accommodation and support in a variety of locations across the city, homes are single and shared occupancy.
- People get an average of 4.3 hours support per person every week depending on need. The support helps people to develop a range of independent living skills, such as budgeting, accessing health services, developing confidence, and enjoying better life outcomes.
- The service has strong links with the criminal justice agencies.
- People have a support plan with several goals, support has a target duration and ends when goals are met. This involves moving out of the supported accommodation but includes several other goals linked to sustaining independent living.

1.10 **Recommendation 3 - Recommission an abstinence-based accommodation support service** from an external provider for a period of five years from 07/02/2024 to 06/02/2029 and an estimated value of £915,000. This service is for people who want to be in abstinence-based supported accommodation, to help them address their drink or drugs problem. Problems with drink and or drugs is a common problem of people for people in supported accommodation services and it is important for people to have a choice of a service where they are with other people who are committed to abstinence. The current service is provided by Humankind and expires on 06/02/2024.

- The service provides accommodation, comprising of 16 single rooms in one building and 5 self-contained flats. All the accommodation is on one site. The new service will continue to operate from this building and the commissioning will be for the support.
- The current service is not a specialist rehab facility but does support people leaving rehab or who have had a medical detox.
- The service is similar to other supported accommodation services and provides support for a limited period of time. It offers an average of just over 9 support hours per person per week and aims to help people to become independent by developing a range of life skills and maximising income.
- The service has a focus on helping people to sustain recovery and to live independently.
- People have a support plan with a number of goals, support has a target duration and ends when goals are met. This involves moving out of the supported accommodation but includes a number of other goals linked to sustaining independent living.

1.11 **Recommendation 4 - Recommission a drugs and alcohol prevention and recovery support service for people living in the community** from an external provider for a period of five years from 07/02/2024 to 06/02/2029 and an estimated value of £2,005,000. This service helps people moving from supported accommodation or rough sleeping into their own accommodation, as

well as helping people who are living independently, but at risk of losing their accommodation. It can take people many attempts to change problematic use of drink and or drugs. This type of service helps people to make positive changes and sustain recovery. The current service is provided by Shelter and expires on 02/02/2024.

- The service supports up to 105 people at any time and offers just over 3.5 hours of support a week.
- Support may be provided in one or a combination of people being visited in their own home, over the telephone or virtually.
- People are assisted to access the right support so people can live independently, such as income maximisation, specialist health provision and engagement in community activities. The service has a special focus on helping people access support for their drink or drug problems.
- People have a support plan with a number of goals, support has a target duration and ends when goals are met.

1.12 **Recommendation 5 – Commission 18 units of the Thrive complex needs service** from an external provider for a period of 26 months from 01/04/2024 to 30/05/2026 and an estimated value of £418,411.50 (interim service). The current service is provided by Target and expires on 31/03/2024. The service provides accommodation and support for men and women who have accommodation needs and multiple complex health conditions. The service addresses an important gap for people who have previously had poor life outcomes. This service has been delivered successfully since 2021. It is a different model of provision from what used to be commissioned and sees people with multiple and complex needs supported in their own home, rather than a hostel. It is proving successful for the people supported in the service, with no evictions and better life outcomes across a number of measures, such as admissions to Accident and Emergency and reduced anti-social behaviour.

- The service is not time limited. It provides people with a tenancy and average of 8 hours support a week.
- The people supported have accommodation and multiple complex health and social needs, also known as co-morbidity.
- Typically, people in this service have a history of repeated homelessness and unsuccessful outcomes in other services.
- People have a support plan with a number of goals and this is kept under review.

Target also provide a high support service using dispersed accommodation (i.e., flats all over the city not all in one block) for people with complex needs (long-term service). The support is not 24/7 on site but visiting support. This service is separate to the interim service.

1.13 Another separate service to provide sixteen units of accommodation with support for men and women who have complex health needs and are over the age of forty-five was commissioned in 2021 and was to be delivered by St Anne's housing charity. As a new 24/7 staffed block of accommodation for people with complex needs would take 18-24 months for a provider to build, the interim service was also commissioned to provide a short-term service using dispersed accommodation which would accommodate 18-20 people until the block of accommodation was built and opened.

The service delivered by St Anne's ceased early in June 2023 for commercial reasons and will not now be delivered. As mentioned above, the interim service will also expire on 31/04/2024.

It is therefore proposed that the Council commission an additional 18 units as part of the long-term service being delivered by Target.

The cessation of the St Anne's service means the people in the interim service would not have a service to move on to when the interim service ends. As the same provider delivers the long-term service, the best solution is to incorporate the two services, so they have the same end date of 30th May 2026. The 18 people in the interim service are doing well with the current support being given and will benefit from being able to stay at the same address and with the same provider.

1.14 **Recommendation 6 - Commission a service that helps older people (55 plus) who have deteriorating health and to access relevant support so they can continue to live independently** for a period of 12 months and a value of £794,233 from 18/10/2023 to 17/10/2024. This service provides case work to older people, it helps people to quickly adjust to a change in circumstances by putting in the right support quickly, which reduces the pressure placed on housing, health, and social care services. The current service is provided by South Yorkshire Housing and expires on 17/10/2023.

- The service supports up to 299 people at any one time.
- Supports timely hospital discharge and prevent admission to residential care.
- Maximising income and accessing benefits.
- It helps people to continue living in their own home safely through aids, adaptations, or rehousing.
- Building resilience and confidence by helping people to participate in community activities.
- Helping people get the right support from health housing and other services more quickly and reducing repeat presentations.

This service has an impact across different service areas, including housing, public health and adult social care. The review of housing related support, concentrated on accommodation-based services. This service is also linked to early help services. These services are being reviewed as part of an exercise that focuses on prevention and wellbeing services. The service works well with other services such as the Health and Housing Team and the Home First Prevention Service. The review will consider how these services and other

developments such as the Living and Ageing Well Service and Care and Wellbeing Service, may lead to changes in how services are better aligned. The extension of up to twelve months will allow for any new commission to take account of these factors. An extension will ensure that any changes can be planned so the 299 people supported by the service experience a smooth transition to any new arrangements.

1.15 **Cost benefits**

The services in this paper are more cost effective than alternative types of support. Where people are in accommodation and dispersed accommodation schemes the support element is paid for from the Council General Fund and Public Health Grant and in some cases government grants for specific initiatives. The housing costs that people pay are met from housing benefit. The way the council commissions these services means the housing benefits payments are recoverable from government.

For schemes that are not commissioned, the council can't always recover the full housing benefit payment, and this results in additional costs to the council. The support costs of the accommodation schemes vary depending on the service but range from just under £3400 a year to just over £9600 a year. This compares with £42,000 a year for residential care and £150,000 a year for secure hospital care. Some other financial benefits include:

- Having the services in place allows the council to bid for government grants and add value to existing provision.
- Commissioned services have access to charitable funding that is not available to the council, and this has brought in additional resources, recently this has included a women's activity worker

2. HOW DOES THIS DECISION CONTRIBUTE?

The decision will help meet a range of strategic objectives.

2.1 The decision is sought from Adult Health and Social Care Committee, but helping people in Sheffield to maintain an independent life and a stable home meets a range of strategic objectives and joint working protocols across different service areas, these include:

- One Year Delivery Plan priorities such as tackling inequalities, healthy lives and wellbeing.
- Joint Health and Wellbeing Strategy Ambitions such as promoting good health and avoiding social isolation.
- Adult Social Care Vision 2022-2030 – Living the way you want to live.
- Sheffield Drug Strategy
- Homeless Prevention Strategy

- Promoting a Team around the Person approach where professionals work together to find the best solutions when someone's needs have changed, or a situation escalated.
- The Race Equality Commission Report of 2022.

2.2. The decision aligns most closely with the Adult Health and Social care Strategy and the Housing Support Review.

2.3 Our **Adult Social Care 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.* This decision promotes this vision and the commitment to *Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.*

2.4 The model of provision proposed is in line with the principles set out in the **Supported Accommodation Review.** The was undertaken to inform the future commissioning of housing related support. The review sets the following core principles:

- Helping more people earlier and preventing the need for supported accommodation
- Less reliance on large hostels and more choice
- More flexibility about the duration of support for the most complex people
- Less reliance on council housing when people move from supported accommodation.
- Build on existing best practice – such as trauma informed approaches, developing psychologically informed environments and being outcomes focussed.

2.5 People from black and minority ethnic communities are more likely to become homeless and in need of support regarding good quality housing. The Sheffield Race Equality Commission Report found that this is due to long term issues of discrimination, poverty and access to good quality jobs and housing. The services to be commissioned as set out in this report do not provide long term housing, but will provide a safety net and important stepping stone of support for some of the most vulnerable people in our communities. The services will be commissioned from organisations committed to addressing the recommendations in the Race Equality Commission report and who are able to respond effectively to the diverse needs of different communities in the City.

2.6 **The decision will mean some of the most vulnerable people in the city get the support they need.**

2.7 Along with other commissioned services and support directly provided by the Council the services in this paper collectively play an important role in providing

a network of support to prevent poor life outcomes and helping people in crisis to find solutions.

2.8 On a typical day 529 people are being supported by the services outlined in this paper. Services are working at full capacity.

2.9 People supported by the services in this paper two and half times more likely than the general population of Sheffield to have a disability. Typically, they will have multiple health needs such as poor mental health, drug abuse, alcohol abuse and physical health needs. They also have other needs such as being socially isolated, having debts and needing support to develop the skills and confidence to live independently. This places additional challenges to living independently. The people supported are therefore at risk of developing more complex needs without targeted support. The services are therefore delaying or preventing the development of needs, helping people achieve better life outcomes and preventing early death.

2.10 The vulnerable adults supported by these services will often have had multiple childhood traumas that have had a negative impact on their psychological development as adults, such as seeing violence in the home, being the victim of physical, sexual or emotional abuse and being in institutional care. This is known as having had Adverse Childhood Experiences. It often leads to children getting poor educational outcomes and having problems in adult life, such as repeated homelessness and involvement with the criminal justice system.

2.11 People who have experienced repeated homelessness and rough sleeping develop frailty at a much younger age than the general population. Due to transient lifestyles, it is more likely that health conditions will not be diagnosed. This often means that abuse of alcohol, drugs and anti-social behaviour are the only issues most services are aware of, but these mask deeper more complex problems. This often manifests itself as multiple unplanned admissions to hospital. This places people in a very difficult position where they are seen as a problem by mainstream health services and society more generally, making it more difficult for people to get the help they need.

2.12 The starkest illustration of the increased frailty and vulnerability of people with a history of rough sleeping, is that the average life expectancy for men is 47 and the average life expectancy of women is 43.

2.13 Inflation and the cost-of-living crises increases the risks of poor older people who experience a deterioration in health losing their independence.

2.14 People using the services in this paper are much more likely than the general population to be male - 67% compared to 51% for the general population. This will be addressed in the service specifications for all services so the needs of women are better met. Women who require support have often experienced or are at risk of domestic abuse. While there are specific domestic abuse services and some women only services that meet the needs of some of these women, all the services in this paper need to be women friendly by making sure

the way they target provision and offer services provides a safe environment for women.

2.15 The services that will be commissioned will be required to have staff who understand that these challenges are faced by people using services and to help them overcome barriers to accessing other relevant support services.

2.16 People from ethnic minorities are overrepresented in the floating support service for people addressing drug and alcohol problems but underrepresented in the service that support older people. In the other services the number of people from ethnic minorities who are supported is slightly smaller than the general population. We know from the Race Equality Commission report that people from ethnic minorities are more likely to experience deprivation. Service specifications and contract monitoring will address equality of access and outcomes. Excluding the service for older people, the majority of people supported will be middle aged. People are twice as likely to have a disability or long-term illness than the general population of Sheffield.

2.17 The precise needs of people in different service varies, but across all services needs have increased generally during the lifetime of their contracts. It is projected that key needs that contribute to people requiring the services in this paper will increase further. From a baseline of 2020 we can expect to see the following projected increases by 2029 across the city:

- 3.3% (704 people) in domestic abuse cases
- 2.8% (343 people) in problematic drug use
- 5.5% (1069 people) in problematic alcohol use
- 12.8% (12,083 people) aged over 65
- 2.34% (1650) people with a mental health problem, this is likely to be an under estimate due to legacy of increased mental health problems during covid.

2.18 The street outreach service engages people into the range of available support. It operates every day of the year and workers go out early in the morning to identify and engage with rough sleepers. It is key to helping Sheffield fulfil its' commitment in the Homelessness Prevention strategy to eliminate entrenched rough sleeping.

2.19 The accommodation-based services such as the offenders service and the abstinence-based accommodation service provide people with a period of stability and help them build confidence, develop their skills and to access any specialist support that is needed. For many people this is sufficient for them to be able to move on from supported accommodation and live independently in the community.

2.20 The complex needs accommodation service was set up for people who have the most significant health conditions. The people who use this service are at greatest risk of not sustaining independent living and dying prematurely if they do not have long-term accommodation and support. Nearly everybody in this

service (97% of people) are registered disabled, have a physical health condition, have a diagnosed mental health condition and misuse substances. Over half have a learning disability.

2.21 Most of the people who do not need long-term support need some transitionary help to move from supported accommodation. Part of the remit of the drug and alcohol prevention and recovery service is to provide this support. The service also plays an important preventative role in situations where living independently is at risk of breaking down.

2.22 The older person's prevention service has a slightly different remit from the other services in this paper. The focus is very much on keeping people as healthy as possible for as long as possible, maximising income and reducing social isolation. In contrast to the other services very few people have a drink or drug problem, but nearly everyone suffers from mental ill health, is on a low income, needs to develop a healthier lifestyle and feels socially isolated.

2.23 Financial benefits include:

- Commissioned services have developed job opportunities for people who have 'lived experience' and used services, to work with their peers.
- Commissioned services have expertise that increases the knowledge and improves the practice of staff in mainstream services about homeless issues, by providing training and leading some partnership working groups.
- Benefiting the economy by helping people supported to maximise their income. Since it's inception the service that supports older people has for example enabled them to claim over £600,000 in backdated payments.
- Addressing inequality of income, the people that access services that support people in their own home live in the most deprived parts of the city. In any given post code there is almost a direct correlation between the level of deprivation and the number of people accessing the service.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 Consultation with people who use services has influenced the recommendations in this report in a variety of ways. Further work is under way that will influence service design and this includes surveys, focus groups and workshops with people who are experiencing multiple disadvantage.

3.2 Focus groups and questionnaires were used as part of the strategic review of housing related support. Individual reviews of the services in this report have included consultation. Each of the services referred to in this report have their own mechanisms for hearing the views of the people they support and use this to influence service developments, this involves surveys when people leave a service and follow up contact with people who have left services and agree to be contacted.

3.3 Key messages from consultation so far tells us:

- It makes a significant difference to people when they are treated with unconditional positive regard. People have told us that they have had some very bad experiences in the past from mainstream provision and this has made them reluctant to seek support. People tell us than when they are treated with respect by staff they notice this and that it is something they value very much. One person said *My mental health has got better….Nobody expects me to behave in a certain way, they accept me for who I am.*

- People prefer to have consistency of support and work with the same person. This is important in building trust.

- People prefer accommodation support in their own accommodation or in small group settings and they value having a choice about where they live. One person said *"I have my own home. That is just mine. I don't have a time limit. I don't have people expecting things from me I can't do. They have the time for me. They have helped me get extra help I could never have done by myself. I now have hobbies I didn't think I would ever do again"*

- People who are trying to abstain from drinking or drug taking do not want to be around others who are using.

- People feel they have to repeat their story every time they seek support.

- Face to face contact is important

- Give people more choice about where they live

- People who are victims and need help can be blamed as the cause of the problem without the right support, for example when vulnerable people are cuckooed.

- Give people more than one chance, avoid evictions where possible.

- Try to improve information sharing

3.4 Further work has taken place during August and September to build on what we know and this will influence the focus of service specifications and what performance information we measure. This includes:

- Carrying out paper and online surveys with recent recipients of services. There is a general survey that anyone can complete to feed back on the four service pathways. There are also targeted surveys for people who use the Offenders and Rough Sleeper Outreach services to ensure that their distinct experience is considered. We are also engaging with services that support women, LGBTQ+ groups, and minoritized communities to ensure their views are taken into account.

- Carrying out two online consultation sessions with professional stakeholders.
- Undertaking pop up sessions at key services to help recipients complete surveys and give individual feedback.
- Holding focus groups with people who use the Offenders, Rough Sleeper Outreach, SWWOP, and Substance Use Recovery service to gain additional insight.
- Holding in person service design workshops directly with people experiencing multiple disadvantage as experts by experiences to discuss key aspects of the design of each service.
- Carrying out an online meeting with professional stakeholders to look specifically at issues relating to services for offenders.
- Working with Changing Futures to synthesise the learning from these exercise and collaboratively inform the development of the specifications and procurement methodology.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION –

4.1 Equality impacts

4.1.1 The services support people whose accommodation is not stable or have a history of homelessness, along with other needs such as poor health, low income and involvement with the criminal justice system. The services make a positive difference to people's lives by addressing inequality of income and health outcomes. Learning from consultation and contract monitoring demonstrates a need to ensure better equality of outcomes for people from minoritized communities, women, people who are transgender and people who are LGB+. This will be addressed in service specifications and contract monitoring.

4.2 Financial and Commercial Implications

4.2.1 It is proposed to tender services based on the following amounts:

Service	Estimated cost Annually	Estimated total contract cost over it's full life
Street Outreach Service	£220,003	£1,100,015
Offenders accommodation based service	£401,644	£2,008,220
Abstinence based accommodation	£183,000	£915,000
Prevention and recovery support to people in their own home	£345,813	£1,729,065
Complex needs service	£193,113	£418,412
Live Well at Home (older peoples support)	£794,233	£794,233

4.2.2 As shown in the body of the report this is a cost effective way of providing support. The amounts can be met within allocated budgets.

4.3 Legal Implications

4.3.1 The Council has a variety of powers and duties in relation to:

- Preventing and addressing homelessness (Housing Act 1996)
- Taking steps to improve the health of the people who live in their areas, including the provision of alcohol and drug treatment services (Health and Social Care Act 2012)
- Promote the wellbeing of its constituents and provide services to that effect (Care Act 2014).

4.3.2 The Council also has contracting powers under the Local Government (Contracts) Act 1997.

4.3.3 The provision of the services as set out in this report will ensure that the Council meet these statutory duties and the proposal in the report that these duties will be met by way of an extension to existing contracts may be one option (subject to separate Council approval).

4.4 Climate Implications

4.4.1 An initial CIA has been completed and incoming providers will be required to complete a CIA to support the implementation of any new contracts . Providers will be asked to consider how they can support Climate Action targets, including:

- How staff travel around the city;
- How they can be as energy efficient as possible;
- How the use of products can be minimised and lowest impacts products used where possible;
- How waste can be minimised;
- How awareness of climate impacts and what they can do to help can be raised amongst staff

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Bring the services in house – this would be a lengthy process and could not be achieved in a way that would avoid loss of provision. It would be likely to be less cost effective than the current arrangements because income streams that are available to the commissioned services are not available to Sheffield City Council. The providers have access to accommodation which is not available to the Council so the services provider an increase in capacity available to our overall homelessness and housing support system in Sheffield. Accommodation based providers often own or lease their buildings so the Council would need to find ways to buy, build, or take on new leases for suitable properties which would create delay and additional cost.

5.2 End the contracts – This would leave 529 vulnerable people without a service. In view of the range of services and the level of needs of the people it would put pressures on housing and social care budgets. Many of the people using the services would, If not supported, be subject to our duties to rehome under the Homeless Act. It is likely that fewer people overall would get an alternative services and the overall cost would be greater. It is likely:

- Some people would be placed in residential care at a much greater cost than their current provision. Some people in the complex needs service were formally in residential care.
- Some people would be placed in bed and breakfast or costly provision that is not regulated, their needs would not be met as well as they are being under current arrangements.
- Some people would be likely to be left without a service given that 529 people would be negatively impacted.

6. REASONS FOR RECOMMENDATIONS

6.1 The proposals are aligned to a range of strategic objectives and help the council meet statutory duties in relation to social care and homelessness. The proposals mean that services will be in place that meet the needs of some of the most vulnerable adults in the city in a cost effective way. This will be achieved by:

- Helping people stay in their own home for longer;
- Engaging rough sleepers into services and support;
- Providing a range of specialist supported accommodation types;

- Helping people who are ready to out of supported accommodation to sustain independent living.

6.2 The services meet the needs of people who have multiple needs. Some of these people do not meet social care thresholds, but without a service their needs would deteriorate. Other people with a higher level of need would meet social care thresholds and meeting theses needs would be more costly than the current arrangements.

6.3 As well as providing important elements of support to individuals the services have a wider impact, such as improving joint work across different agencies and bringing a return on investment, such as additional funding and increasing the income of people supported.

Climate Change Impact Assessment Summary

Project/Proposal Name	Recommissioning of housing related support se
Committee	Adult Health and Social Care
Strategic Priority	Tackling Inequalities
Date CIA Completed	18.08.23

Project Description and CIA Assessment Summary	The contracts for several services that provide homelessness and other poor health and wellb to replace them. This will see business continue environmental impact of activities.
Rapid Assessment	Does the project or proposal have an impact i sections you have selected here in the assessm
Buildings and Infrastructure	Yes
Transport	Yes
Energy	Yes
Economy	No

Chesterfield Borough Council Climate Impact Assessment Tool provided inspi

Portfolio	People
Lead Member	Angela Argenzio
Lead Officer	Joe Horrobin
CIA Author	Tony Ellingham
Sign Off/Date	

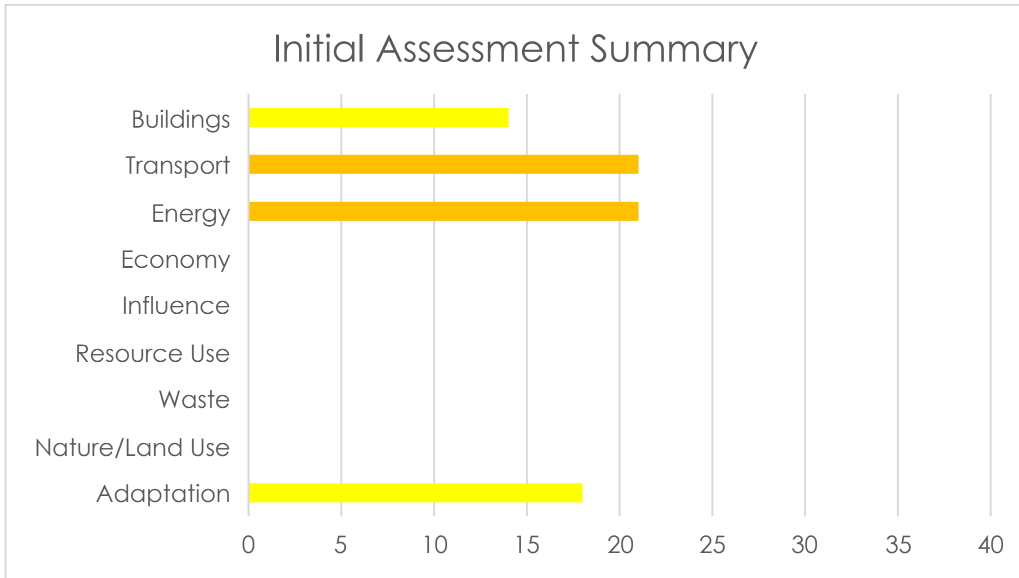
accommodation and support to vulnerable people who are at risk of
›eing outcomes come to an end in 2024. A range of services will be procured
: as usual, but the procurment process means there is scope to reduce the

n the following areas? Select all those that apply. Only complete the
›ent

Influence	No
Resource Use	Yes
Waste	Yes
Nature/Land Use	
Adaptation	Yes

ration for this tool.

Initial Assessment Summary



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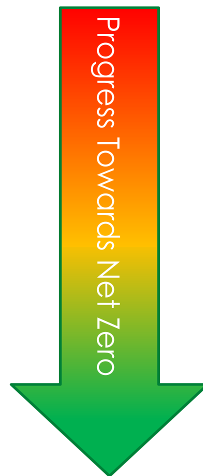

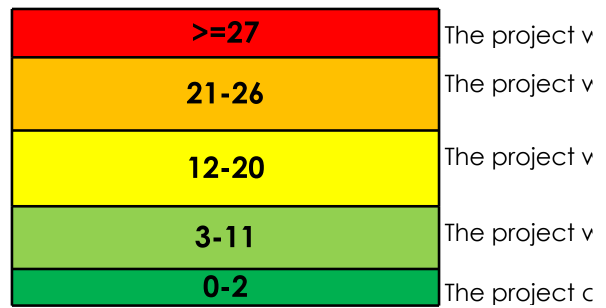

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̶essment Summary

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 before.

will acheve a significant decrease in CO2e emissions compared to before.

can be considered to achieve net zero CO2e emissions.

PART A - Initial Impact Assessment

Proposal Name:	Commissioning of housing related support services
EIA ID:	2301
EIA Author:	Nicola Maskrey
Proposal Outline:	The report seeks approval to recommission through competitive tender process a number of contracts for services that provide accommodation and support to vulnerable people who are at risk of homelessness and other poor health and wellbeing outcomes. It also seeks permission for two contract variations to existing contracts. The contracts to be recommissioned are due to end in the 2023-4 financial year. These services have all been reviewed under the Review of Housing Related Support. A report about the review was brought to the Adult Health and Social Care Committee on 15th March 2023. Recommissioning of the proposed services and the contract variations, will enable the council to deliver essential service which support vulnerable people and contribute to statutory duties regarding Care and Support and Preventing Homelessness.
Proposal Type:	Budget
Entered on QTier:	No
QTier Ref:	#
Year Of Proposal:	23/24
Lead Director for proposal:	Joe Horobin (NCC)
Service Area:	Integrated Commissioning
EIA Start Date:	17/08/2023

Lead Equality Objective:	Break the cycle and improve life chances
Equality Lead Officer:	Ed Sexton

Decision Type

Committees:

Policy Committees

- Adult Health & Social Care

Portfolio

Primary Portfolio:	Integrated Commissioning	
EIA is cross portfolio:	Yes	Housing
EIA is joint with another organisation:		

Overview of Impact

Overview Summery:

The overall impact of these proposals will be positive, particulalrly to people who have a history of homelesssness and underlying health conditions.

Impacted characteristics:

- Age
  Armed Forces
  Carers
  Cohesion
  Disability
  Gender Reassignment
  Health
  Poverty & Financial Inclusion
  Pregnancy/Maternity
  Race
  Religion/Belief
  Sex

Sexual Orientation
Voluntary/Community & Faith Sectors

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact:	Yes
	Consultation was undertaken as part of a strategic review of housing related support services and a varity of methods of engagement were used. This included online surveys, paper surveys and workshops. The views of people who use services were sought as well as those of paid staff who refer to or work in support services. Further specific consultation has begun and is ongoing as part of the recommissioning exercise. This includes workshops with people who have experience of using services. This work will influence the detail of service specifications. https://haveyoursay.sheffield.gov.uk/your-views-on-housing-related-support-for-multiple-disadvantage

Impact areas:

Initial Sign-Off

Full impact assessment required:	Yes
Review Date:	02/10/2023

PART B - Full Impact Assessment

Health

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	The services support people who have complex and multiple needs. The nature of the work can place staff under stress and it is important that they have good workplace support to help maintain their resiliance. The impact of the proposals are positive on individuals. People who have a history of repeated homelessness experience poor health at a much younger age. This is most starkly illustrated by the life expectancy of people with a history of rough sleeping, which is 47 for a man and 43 for a woman. The services that will be commissions will help people make healthy lifestyle choices and support people to access specialist health services to meet their needs. One of the services has a specific focus on supporting people who have a history of problems with drink and or drugs. One of the other service commissioned specilises in providing accommodation and support to people with complex and multiple long term health needs. One of the other services supports older people who have accommodation, but who are at risk of losing their independence because of a deteriorating health condition. Our analysis shows that this service has been effective at targeting support to people in the most deprived parts of the city and helping to address health inequalities.
Name of Lead Health Officer:	
Comprehensive Assessment Being Completed:	No
Public Health Lead signed off health impact(s):	

Age

Staff Impacted:	Yes

Customers Impacted:	Yes
Description of Impact:	One of the services to be commissioned is specific to people who are 55 and above and have deteroriating health; the average age of people using the service is 75.

Armed Forces

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	People in the armed forces who are homless are likely to be suffering from trauma. The services that are commissionined are required to be trauma informed. Staff have access to a specialist psychology support service that helps them with case formualtions and reflective practice.

Carers

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Overall the services do not have a significant impact on carers. The service for older people who are 55 plus and have a deteriorating health condition, will have some inderect benfits for carers, but most of the people supported, tend to be quite isolated and not to have informal carers.

Cohesion

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	The services help people have more stable lives. In particular the rough sleeper outreach service and the

offender service have a positive impact on reducing the risk of antisocial behaviour.

Disability

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Disabled people are disproptionately represented among the people who use homeless services. Nealry 50% of the people who use the range of service has a disability, which is twice the prevalence for the population in general. This is more moarked in cetain services, for example everyon in the complex needs service has a disability. People who have a history of homlessness experience frailty at an early age than the population at large and because of this can appear much older than they actually are. People are more likely to have undiagnosed disabilities because of not getting equal access to health services. The services that are being commissioned will collectivekly help to address these inequalities.

Gender Reassignment

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	The new service will be required to promote the service to people who have undergone gender reassignment. Staff will be required to be aware of the needs of people, such as increased risk of suicide and use speicialist risk assessments to ensure safe and tailored support. The service will be required to work with partners to provide a holistic service.

Poverty & Financial Inclusion

Staff Impacted:	Yes

Customers Impacted: Yes

Description of Impact: The service have apostive impact on finacial inclusion because a requirement of all services is to help people maximise their income. Contract monitoring informaiton shows us that services are having a positive impact in terms of generting extra income for individuals. For example, the Live Well At Home Service supported client to access £189,997.01 in one off grants and backdated benefits payments during 2022-23, plus a projected £335,111.18 in ongoing benefits payments. Services also support residents by sourcing Foodworks meals for clients, linking them up with community food projects, accessing donated Tablets and supporting clients to develop IT skills, organising wellbeing activity days and accessing opportunities for those who want to develop skills towards volunteering or employment. Going forward services are going to be asked to demonstrate income maximisation in contract monitoring.

Pregnancy / Maternity

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: Pregancy is not common among the people supported by the services that are being commissioned, but it does occur. When this is the case support has a positive impact in terms of helping women make safe choices, get the support they need and have a successful pregnancy.

Race

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: People from ethnic minorities are over represented in the floating support service for people addressing drug and alcohol problems, but under represented in the service that supports older people. In the other services the number of people from ethnic minorities who are

	supported is slightly smaller than the general population. As part of the consultation exercise we have asked people for their views on how services can better achieve equality of outcomes. We are organising a workshop for services and groups that support people from Black and ethnic minority communities to look at this more closely; this will inform the service specifications and contract monitoring. The service specifications will require providers to demonstrate how they will seek to become an anti-racist organisation, including ensuring that services are culturally appropriate and accessible. This will be monitored through contract monitoring, where we will look at race equality outcomes in detail.

Religion / Belief

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Overall the services do not have a significant impact on carers. The service for older people who are 55 plus and have a deteriorating health condition, will have some inderect benfits for carers, but most of the people supported, tend to be quite isolated and not to have informal carers.

Sexual Orientation

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Sexual orientation is not consistently captured by support staff in services. LGBTQ+ people supported by services can experience bullying from other people or feel unsfe. The new service will be required to promote the service to people who are LGBTQ+people, use speicialist risk assessments to ensure safe and tailored support and to work with partners to improve understanding and awareness.

Voluntary / Community & Faith Sectors

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	The new service will be required to work in partnership with VCF services and organisations who identify people who are homeless.

Action Plan & Supporting Evidence

Outline of action plan:	The actions identified above will inform the development of service speficiations and contract monitoring.
Action plan evidence:	Information from contract management. The Review of Housing Related Support. https://democracy.sheffield.gov.uk/mgAi.aspx?ID=3046
Changes made as a result of action plan:	

Mitigation

Significant risk after mitigation measures:	No
Outline of impact and risks:	

Review Date

Review Date:	02/10/2023

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Report to Policy Committee

Author/Lead Officer of Report: Ruth Granger

Tel: 0114 273 5093

Report of:	*Director of Public Health*
Report to:	*Adult Health and Social Care Policy Committee*
Date of Decision:	*20th September 2023*
Subject:	*Community Infection Prevention and Control Service*

	Yes		No	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? 2267				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"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)."*

Purpose of Report:

Good Infection Prevention and Control (IPC) is a foundation for good care. This report recommends putting in place a Community Infection Prevention and Control service to support providers and ensure that the city has adequate measures in place to support infection prevention and control across a number of service areas.

This paper outlines why the service is needed, the proposed model, costs and funding source for this service with an aim to put it in place in the 23/24 financial year.

Recommendations:

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

- Approve the allocation of £250,000 (maximum) per year for three years with an overall allocation of £750,000 from the Public Health Grant reserve for the purpose of increasing capacity for Infection Prevention and Control and agree to commission a Community Infection Prevention and Control Service, as set out in this report.

Background Papers:

None

<table>
<tr><td colspan="3">Lead Officer to complete:-</td></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Anna Beeby (Finance)

Adam Elwis (Procurement and Supply Chain)</td></tr>
<tr><td>Legal: Patrick Chisolm</td></tr>
<tr><td>Equalities & Consultation: Ed Sexton</td></tr>
<tr><td>Climate: signed off by Susan Hird Assistant Director of Public Health</td></tr>
<tr><td></td><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>SLB member who approved submission:</td><td>Greg Fell
Director of Public Health</td></tr>
<tr><td>3</td><td>Committee Chair consulted:</td><td>Angela Argenzio Chair Health and Social Care Committee</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">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.</td></tr>
<tr><td>Lead Officer Name:
Ruth Granger</td><td>Job Title:
Consultant in Public Health, Public Health Team, Sheffield City Council</td></tr>
<tr><td colspan="2">Date: August 2023</td></tr>
</table>

1. *Current position, need for change and evidence considered.*

1.1 Infection Prevention and Control (IPC) is an important part of daily life in all settings and is a foundation for protecting the health of the population. Handwashing, appropriate disposal of waste, wearing Personal Protective Equipment (PPE), and vaccination are all fundamental components of prevention, provision of quality care and reducing the spread of infectious diseases.

1.2 Poor IPC practice leads to harm for service users and staff through catching infectious diseases and also brings reputational and litigation risks for providers. The Infection Prevention and Control 10 point code of practice sets out what all providers of health and social care should follow. The law states that the code is to be taken into account by the CQC when it makes decisions about registration against the IPC (cleanliness) requirements.

1.2.0 *Learning from the Covid 19 Pandemic*

1.2.1 Prior to the Covid-19 pandemic Sheffield had been identified as having a low level of IPC support in community settings through audits conducted by Public Health England (now UK Health Security Agency). Benchmarking by Directors of Public Health has shown Sheffield to spend a low level of Public Health Grant on community infection prevention and control compared to other areas in Yorkshire and the Humber.

1.2.2 During the Covid pandemic we saw the vital importance and effectiveness of good infection prevention and control practice in protecting those who were vulnerable and were receiving services from Local Authorities, private providers, NHS providers and in a range of other settings such as nurseries.

1.2.3 Outbreaks provide important insights into the effectiveness of systems to protect health. During the Covid 19 Pandemic and with other infectious diseases we have seen examples of outbreaks where poor Infection Prevention and Control practice has been implicated in the spread of disease. For example in outbreaks of Covid in care homes and in cases of E-Coli in early years settings.

1.2.4 During the pandemic we put temporary arrangements in place to increase IPC support and we now need to consider a longer-term sustainable model of delivery. A range of providers need support to ensure that they are following good practice with Infection Prevention and Control to prevent infection and reduce risks. This is needed to provide assurance to the Council that we are meeting our obligations for duty of care and the assurance responsibilities of the Director of Public Health.

1.2.5 Our assessment is that while some settings have good knowledge and practice of effective infection prevention and control (IPC), there are a significant proportion with poor knowledge and practice who need to be supported to follow good practice. We are not assured there is currently sufficient skills and capacity within providers or within existing support systems to enable good IPC practice across the system.

1.3.0 *Legal requirements of the council*

1.3.1 There are a number of responsibilities and accountabilities that relate to this proposal.

1.3.2 Section 2B(1) of the National Health Service Act 2006 Act places a duty on local authorities to take such steps as they consider appropriate to improve the health of people in their area, which includes providing services or facilities for the prevention, diagnosis or treatment of illness.

1.3.3 The Director for Public Health has a duty to be assured that services that prevent and control infectious disease are in place.

1.3.4 Directors in Children's Services, Adults Services, Housing Services and the ICB have accountabilities for the services commissioned.

1.3.5 Although direct responsibility for the health and safety of people placed in a setting by the service will lie with the provider, Directors can encourage and promote good IPC practice through commissioning and purchasing arrangements.

1.3.6 Sheffield City Council could be at risk of being the subject of Civil Court claims in the event of a critical incident resulting from poor IPC, where the organisation had a direct contracting or purchasing arrangement. Examples of a purchasing arrangement could include where we provide a 'grant' to a provider to provide child care or provide funding to an adult care organisation based on individual placements. Even if claimants were unable to establish that in a particular case any duty of care to the claimant had not been made out or breached, there would still be costs arising from the litigation, which in the case of a major incident could be very large.

1.3.7 In addition there are risks faced by Sheffield City Council if a provider is deemed by a regulator to have poor infection prevention and control practice and there are limits placed on the provider on for example receiving new referrals. This would have implications for Sheffield City Council and/or ICB commissioners in needing to find alternative provision.

1.3.8 Sheffield City Council receives a ring fenced Public Health Grant to deliver functions and contribute to public health outcomes. The criteria of the grant and how this proposal meets these criteria is detailed in the section about how this proposal will be funded.

1.4.0 PROPOSAL

1.4.1 We propose to make a provision of funding from within the Public Health Grant Reserves in order to create a dedicated specialist Community Infection Prevention and Control team. This team of specialist nurses would join the existing two nurses within the Integrated Care Board to provide expertise, advice and interventions under the following core principles:

a) To build expertise and knowledge that supports good practice in infection, prevention and control across priority service areas.
b) To ensure settings have tailored and targeted guidance and support that meets their specific needs in relation to infection prevention and control.
c) To ensure the LA and ICB have the right information and advice to support commissioning arrangements and management of risk in relation to infection prevention and control.
d) To support settings with advice to prevent and manage outbreaks of infectious disease

1.4.2 Currently Sheffield has two Infection Prevention and Control nurses who work in community settings and are based in the ICB. One predominantly works with primary care and the other with adult care homes. This is insufficient in the context of the broader range of settings that hold risks in terms of infection. It is comparatively low in resource and scope compared to neighbouring areas.

1.4.3 It is intended that the additional proposed resource would add to the existing team to create one Community Infection Prevention and Control Service that is and able to reach the range of providers that have been identified. Additional capacity in the team would also help maintain business continuity and resilience.

1.5.0 Range of provider areas to be included in the Community IPC service

1.5.1 The table below outlines the service areas that would be covered within the proposed service. These services are prioritised based on the severity of impact of infection for these groups.

Service Areas covered within the current delivery model	Additional service areas that will be covered in the proposed Community Infection Prevention and Control Service delivery model
-Adult Care Homes -Primary Care (GP practices)	-Domiciliary Care -Supported Living and Extra Care -Early Years Child Care Settings -Special Schools -Children's Care Homes

	-Places of supported accommodation for vulnerable people (includng homeless provision)

1.6.0 Functions of a Community Infection Prevention and Control service

1.6.1 Through consultation with service leads and commissioners of the above service areas we have devised the following service principles and functions:

- Provide guidance and expertise on Infection Prevention and Control that is appropriately tailored to each type of setting.
- Provide training and audit/quality measurements to support improved quality and the measurement of improvement.
- Work with commissioners of services to feedback risks and ways that commissioners can support good practice in Infection Prevention and Control
- Provide reactive support to settings experiencing cases of infectious diseases to minimise risk and spread of infection. This will substantially increase the support available to manage outbreaks of disease.

1.7.0 Additional Capacity Proposed

1.7.1 In order to create the level of capacity required to carry out the functions above, there will need to be an addition of four Infection Prevention and Control nurses plus administration support to the existing two members of staff. Each Nurse will have a lead area and will be connected to the service in their day to day work to ensure there is join up, shared priority setting, and communication. The nurses will be managed within one team to ensure there is robust clinical supervision and oversight.

1.8.0 Hosting arrangements

1.8.1 Our preferred option and intention would be for the team to be hosted within the NHS in the Integrated Care Board. This is in order to meet the following requirements:

- To have a team hosted in one place to provide professional support, resilience and business continuity in the team
- To ensure that Infection Prevention and Control nurses could be provided with appropriate clinical supervision and support
- To ensure that the team are hosted by an organisation who commission at least one of the services that the Community Infection Prevention and Control team are supporting. (for example - the ICB commission Care Homes)

1.8.2 The proposal to host this Community Infection Prevention and Control Service is currently being considered by the ICB. If this is not possible then alternative hosting or procurement options would be considered.

1.9.0 Costs

1.9.1 The anticipated costs are to include 4 additional Infection Prevention and Control Nurses at an NHS pay band and an administrator at an NHS pay band. There is also the potential need for increases in management time to manage the team. The anticipated cost is between £220,000 - £250,000 per year. A range is proposed due to potential increases in nationally agreed pay increases and awaiting decision by the Integrated Care Board about their ability to host and the costs related to this.

2.0 HOW DOES THIS DECISION CONTRIBUTE ?

2.1 This work is part of the following goal in the corporate plan:
Healthy lives and wellbeing for all: Sheffielders all have the opportunity to lead long, healthy, active and happy lives and can connect to the right health and wellbeing support at the right time.

Supporting good practice in Infection Prevention and Control supports good quality service provision and healthy lives for the vulnerable people who use those services.

2.2 This work is part of the Sheffield Health and Well Being Strategy objective which is *'everyone has equitable access to care and support shaped round them'* as we are committed to care being of a good standard with the fundamentals like good infection prevention and control done well.

2.3 This work contributes to improvements in the following Public Health Outcomes Framework measures : E08 'mortality rate form a range of communicable diseases including influenza'.

2.4 Our internal council debriefs from our learning in the Covid pandemic highlighted that Sheffield has limited Infection Prevention and Control capacity to support providers with good practice. In addition we also expect that the UK Covid-19 Public Enquiry will make recommendations in relation to Infection Prevention and Control.

2.5 It is also support's delivery upon the safe and well outcome of the Adult Care Strategy Living the Life You Want to Live.

3.0 HAS THERE BEEN ANY CONSULTATION?

3.1 There is not a requirement to consult with individuals on this proposed service. This is because the public would expect that infection prevention and control risks are being managed by settings. This service is to support services with good practice so they can run services in a safe way.

3.2 We have consulted with range of commissioners within Sheffield City Council and the Integrated Care Board who commission services where IPC is important.

3.3 We have consulted with staff who delivered IPC support to providers during Covid to hear and learn from their insights into which services need ongoing support to improve IPC practice.

3.4 We will consult with commissioned providers of services once we are clearer the service can be provided so that they can influence and shape the service to ensure good practice can be supported.

3.5 The new Community Infection Prevention and Control Service will work with staff, service users and their families to learn and develop effective ways to improve Infection Prevention and Control practice in their areas. Behavioural insights learning will be used with stakeholders to identify the barriers to good IPC practice and how best to improve practice.

4.0 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.2 The people of Sheffield who use the priority services we have identified are the groups in the city who are the most vulnerable to infection. They have health needs or long term health conditions (such as residents of supported living or users of domiciliary care) and may also be more vulnerable to the serious effects of catching an infectious disease (such as young children using early years settings).

4.1.3 Supporting services which are being provided to the most vulnerable to follow good practice in infection prevention and control is an important part of protecting their health and contributes to reducing health inequalities in ensuring those who are most vulnerable don't face additional risks from infectious diseases.

4.1.4 We saw through the Covid pandemic that those with protected characteristics under the Equality Act (including those from minoritized ethnic groups and those with disabilities) can be disproportionately impacted by the effects of infectious diseases. Therefore a service to support improved service provision will support addressing health inequalities.

4.1.5 The new service will work with staff, service users and their families to tailor advice on good Infection Prevention and Control to meet their needs.

4.2 Financial and Commercial Implications

4.2.1 Local authorities receive an annual ringfenced public health grant from the Department of Health. The core condition of this grant is that it should be used only for the purposes of the public health functions of local

authorities. The key mandated functions are defined in Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

4.2.2 One of the mandated functions of the grant is 'protecting the health of the local population'. The Grant is required to be spent to address the outcomes in the Public Health Outcomes Framework and those detailed in the Local Health and Well Being Strategy.

4.2.3 This work is part of the Sheffield Health and Well Being Strategy objective which is *'everyone has equitable access to care and support shaped round them'* as we are committed to care being of a good standard with the fundamentals like good infection prevention and control done well.

4.2.4 It is part of work to improve the measure in the Public Health Outcomes Framework which is E08 'mortality rate from a range of communicable diseases including influenza'

4.3.0 **Commercial and procurement implications**

4.3.1 If this commissioning strategy is agreed officer will then look to determine a final procurement strategy. At present the intention is to work with the ICB with additional funding for a Community Infection Prevention and Control Service to be allocated using existing arrangements for transfer of funds from the Public Health Grant to the ICB for Infection Prevention and Control. A workplan is set for the delivery of the existing work by the 2 existing IPC nurses. This work is paid for quarterly in arrears and is governed by quarterly performance management meeting and annual reports to the Health Protection Committee.

4.4.0 **Legal Implications**

4.4.1 Please see section 1.3 for details of the responsibilities and accountabilities that relate to this proposal and the accompanying risks associating with a lack of emphasis on Infection Prevention and Control within the contracting or purchasing process.

4.4.2 This proposal therefore seeks to mitigate these risks by providing a Community Infection Prevention and Control service that supports providers to have good practice in Infection Prevention and Control.

4.5.0 Climate Change Impacts

4.5.1 The provision of the service will result in small scale office based impacts such as energy and water use, use of products and equipment and staff travel.

4.6.0 Other Implications

4.6.1 The Community Infection Prevention and Control Service would support commissioners and providers across a range of services. The decision on this service has been delegated from Strategy and Resources Committee to the Adult Health and Care Committee. This paper is also being briefed to two other committees who have services that will be impacted by this increased support: Education Children and Families and the Housing Policy Committee.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 The following options have been considered:

	Description	Financial implications	Recommendation
1	Maintain current service level only	0	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities
2	Increase by two members of staff	£121,000-138,000	It is not recommended to follow this option as the LA and ICB will not be able to be assured of meeting statutory responsibilities to the range of services detailed in this paper
3	Increase by four members of staff and integrate with existing team in ICB.	£210-250	Recommended option to enable support to range of providers detailed in this paper and integration with existing commissioners in SCC and the ICM.

6.0 Reasons for recommendation

1. To put in place a Community Infection Prevention and Control service to support providers and ensure that the city has adequate measures in place to support infection prevention and control across key service areas.
2. To improve the levels of good practice in Infection Prevention and Control by providers of services commissioned by Sheffield City Council and the Integrated Care Board
3. To fund this service using the Public Health Grant which is provided to Local Authorities to ensure that the objectives of the Health and Wellbeing Strategy are met and the Public Health Outcomes Framework measures are improved.

Climate Change Impact Assessment Summary

Project/Proposal Name	Community IPC service
Committee	Adult Health and Social Care
Strategic Priority	
Date CIA Completed	Jul-23

Project Description and CIA Assessment Summary	This proposal is to increase funding for a commu
Rapid Assessment	Does the project or proposal have an impact ir sections you have selected here in the assessm
Buildings and Infrastructure	no
Transport	no
Energy	No
Economy	

Chesterfield Borough Council Climate Impact Assessment Tool provided inspi

Portfolio	Resources
Lead Member	
Lead Officer	Ruth Granger
CIA Author	Ruth Granger
Sign Off/Date	27th July 23

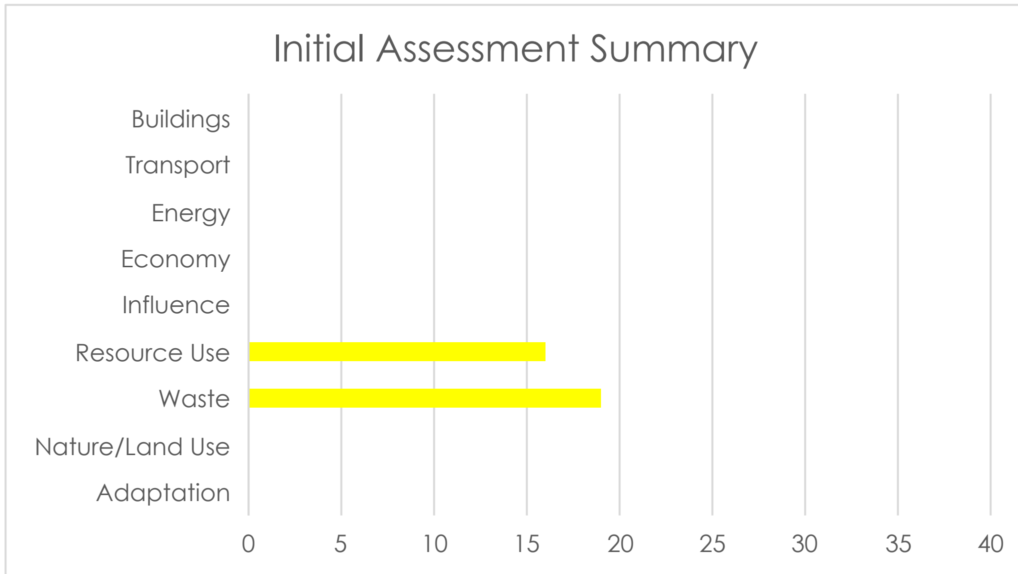
ıunity Infection Prevention and Control Team to support providers with good IP

n the following areas? Select all those that apply. Only complete the
ɔent

Influence	No
Resource Use	yes
Waste	Yes
Nature/Land Use	No
Adaptation	No

ıration for this tool.

Initial Assessment Summary



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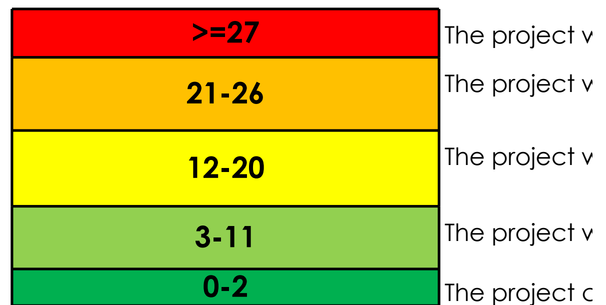

essment Summary

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 before.

will acheve a significant decrease in CO2e emissions compared to before.

can be considered to achieve net zero CO2e emissions.

PART A - Initial Impact Assessment

Proposal Name:	Community Infection Prevention and Control Service
EIA ID:	2267
EIA Author:	Ruth Granger (Public Health)

Proposal Outline:

To increase the provision of Infection Prevention and Control support to services to improve good practice and reduce spread of infectious diseases. The need for increased provision to support settings with reducing the spread of infection has been highlighted through national reports on Covid (ref 1 Beyond the Data PHE report), local debriefs from the Covid Pandemic (ref 2 and 3) discussions with staff delivering services (ref 5 and 6) and learning from outbreaks post covid (ref 6) The following services support service users who have either the highest risk of the serious consequences of catching an infectious disease (e.g. older people with health conditions) OR who are least able to adopt good Infection Prevention and Control practices (very young children). The services which will be supported with this expanded service include: Care homes, Domicilliary Care, Supported Living, Early Years provision, housing provision for hte most vulnerable including homelessness provision, special schools and childrens residential settings. The nature of these services in supporting those with health needs, disabiltities and vulnerabilities means that services in these settings are disproportionately delivered to people with protected characteristics (particularly age, disability and health) and therefore this proposal will have a positive impact on addressing inequalities,

Proposal Type:	Budget
Entered on QTier:	No
QTier Ref:	#

Year Of Proposal: 23/24

Lead Director for proposal: Greg Fell

Service Area:	Health Protection
EIA Start Date:	27/07/2023
Lead Equality Objective:	Break the cycle and improve life chances
Equality Lead Officer:	Ed Sexton

Decision Type

Committees:

Policy Committees

- Adult Health & Social Care

Portfolio

Primary Portfolio:	Public Health and Integrated Commissioning
EIA is cross portfolio:	Yes work overlaps with Adult Social Care, Childrens Social Care and Housing
EIA is joint with another organisation:	No

Overview of Impact

Overview Summery:

Infectious diseases are the most serious for those who have medical vulnerabilities who use services provided or commissioned by Sheffield City Council and ICB services. This will particularly affect staff and service users of those with the following protected characterisics: -age -disability -health -BAME groups Infectious diseases can spread between staff and

service users so those with protected characteristics who are staff and users will both benefit from good practice in improved infection prevention and control. Increased capactiy through establishing a Community Infection Prevention and Control Service will allow staff and settings to be supported with tailored advice and support to help them improve practice. Improved quality of these services will reduce the risks to service users year on year. As improved quality will happen over time there will be a year on year improvement.

Impacted characteristics:

- Age
  Disability
  Carers
  Health
  Race

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact: Yes

There has been consultation with staff delivering Infection Prevention and Control support about the needs of providers of services (ref 4 and 5). This showed that more capactiy is needed to provide support to the range of services listed. Local behavioural insights research in Sheffield (ref 7) showed that further work is needed with the social care sector to support staff and organisations to maintain good practice in Infection Prevention and Control. When the increased capactiy in this service is put in place a key early role will be consulting with staff working in services and providers to ensure that IPC support is tailored to the needs of the service users they are serving and the needs of staff. It is aimed that staff in the new Community Infection Prevention and Control service will develop specialisms in service areas. For example staff supporting older people with health conditions in care homes face different challenges than staff supporting 2 year olds in a nursery setting.

Impact areas:	Year on Year

Initial Sign-Off

Full impact assessment required:	Yes
Review Date:	27/01/2024

PART B - Full Impact Assessment

Health

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Infection Prevention and Control aims to reduce the spread of infection to service users and staff. Those with underlying health conditions or less mature immune systems (e.g. children) are more succeptible to infections. This service will aim to reduce the spread of infections by providing tailored guidance to support good practice, providing trailing and quality audit and providing support where settings have cases of infectious disease or outbreaks. There are challenges to staff, service users and their families in maintaining good practice in infection prevention and control -for example being able to wash hands effectively due to health conditions or access to appropriate handwashing facilities if they are not very mobile or with wearing face coverings if the cared for person is hard of hearing and needs to lip read. The aims of the Community Infection Prevention and Control team is to work with service providers and service users and their families to tailor support to help address some of these barriers. It will also build on our local behavioural insights research (ref 7) on how to support staff to maintain good practice in IPC. This will impact on

health by reducing the additional health impacts of infectious disease on those who already have underlying health conditions. This includes staff and customers.

Name of Lead Health Officer:	
Comprehensive Assessment Being Completed:	No
Public Health Lead signed off health impact(s):	

Age

Staff Impacted:	No
Customers Impacted:	Yes
Description of Impact:	The Community Infection Prevention and Control Service will support services which are provided to some older customers (e.g. those in care homes), some who are a range of ages (supported living) and some who are young children (early years). Each of these groups have risks for serious effects from infection because of their health condition or age. This service will provide tailored guidance to support providers to deliver safe services to different age groups. For examplefor young children - how to support them to wash hands properly or for babies, how to make sure change mats are cleaned approrpriately. Training will be provided by the Community Infection Prevention and Control Service to support staff to support service users appropriately to maintain good IPC. While some of this training will be on generic topics (like the importance of effective handwashing and disposal of waste) both the method of delivery and the needs of specific groups of staff and service users will be considered. The aim of staff members developing a specialism and also being part of a team is that expertise will develop with staff and service users on the best way to meet diverse needs.

Carers

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Carers can be exposed to the same risks as their cared-for person particularly in the case of domicilliary care where they are often meeting the same staff member and living in the same surroundings as the cared for person. The Community Infection Prevention and Control Service will provide guidance that is suitable for settings like domiciliary care so that appropriate prevention measures can be put in place in people's homes that are suitable for that setting rather than having to try and follow advice for hospital wards which doesn't suit. This will help reduce the risk of infections for the cared for person and the carer. Examples of this include disposing of waste safely so that risk of infection is reducede.g. what is or is not appropriate to put in a home kitchen bin. There are likely to be circumstances where staff, carers and the cared for ae resitant to advice and we will learn from some of the research work on behavioural insights into promoting IPC in social care settings (ref 7) and expand this work to learn what is effective in promoting good IPC.

Disability

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Staff and customers with some disabilties may be more likely to experience the serious impacts of infectious diseases so reducing the spread of these diseases by preventing them with good infection prevention and control measures will reduce the impact of infections. A range of disabilities in staff, service users and their families will affect how good infection prevention and control can be delivered with them. For example in supporting domicilliary care services the Commmunty IPC team will be very aware that each home will be different and therefore how you ensure environments are clean and appropriate will need to be approached with general principles then adapted to specific circumstances. An aim of the service will be to produce guidance for settings that is more appropriate for their

settings. For example IPC advice often relates to hospital settings and is not wholely relevent for homelessness provision or a nursery setting. The community IPC service will consider the accessabilty needs of those with a cognitive impairment or a learning disability when they are using customer facing resources for example making sure information for people with learning disabiliities is easy read and contains pictures which add to understanding. The Community IPC team will also use behavioural science approaches to make sure information is easy to understand and implement.

Race

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	The PHE report (ref 1) 'Beyond the data: Understanding the impact of COVID-19 on BAME groups' and independent SAGE report (ref 8) showed that Covid as an infectious disease disproportionately affected BAME communities becuase as staff their living and working conditions meant they were more likely to work in occupations where they were exposed to people and could potentially catch an infection. This Community Infection Prevention and Control service will provide training to staff to help them reduce the risk of infection to themselves and service users. This is recommended in the PHE report 'Key actions recommended by stakeholders included the importance of valuing and respecting the work of key workers; provision of adequate protective equipment; stronger arrangements for workplace wellbeing and risk assessments; ' The Community Infection Prevention and Control Service will work with staff in settings to develop risk assessments and tailor guidance to their needs. For a number of settings this guidance will also include advice on providing support to families of service users for example how to advice familieis to keep their chidlren off nursery if they have diarrhoea. As well as being clear on the best advice on good IPC practice the staff in the service will also use behavioural insights methodology to ensure that staff, service users and their famililies are supported to maintain good practice. Some service users or famlies might be resistent to advice because for example it relates to how they live in their own home and this will be

expereince that the service will learn from over time. This will support Public Health and Sheffield meeting the recommendations in the Sheffield Race Equality Commi sion report (ref 9) in section 3 on health.

Action Plan & Supporting Evidence

Outline of action plan:

This EIA highlights the importance of the Community Infect range of needs of staff, service users carers and their familie appropriately to the setting training and support takes an a sure that good practice can be put in place in an appropriat culture of learning and developing with staff and service us

Action plan evidence:

1. Beyond the Data: Understanding the impact of COVID 19 https://assets.publishing.service.gov.uk/government/uploac 2.Covid debrief report - Adult Social Care Settings Sheffield Council Public Health team 2022. 4. consultation with staff c Infection Prevention and Control support to supporting livi Taking a behavioural science approach to IPC in the Social C Behavioural Science and Applied Psychology 8. Independen file:///C:/Users/RG028232/AppData/Local/Microsoft/Windo Race Equality Commission (2022) file:///C:/Users/RG028232

Changes made as a result of action plan:

Mitigation

Significant risk after mitigation measures: Yes

Outline of impact and risks:

Infectious diseases will always present a risk to the health and well being of the people of Sheffield particularly those with underlying health conditions and those with protected characteristics. This is due to the nature of infectious diseases changing and potentially being challenging to prevent. It is also due to the living and working conditions of some people with protected characteristics (for example work in lower paid jobs in care sector being disproportionately held by people from BAME communitites). The Community Infection Prevention and Control Service aims to reduce those risks as far as possible and put training and guidance in place working with staff and service users.

Review Date

Review Date:	27/01/2024

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Report to Policy Committee

Author/Lead Officer of Report:
Liz Tooke, Head of Commissioning MHLDA (job share), NHS South Yorkshire Integrated Care Board (Sheffield Place)

Report of:	Strategic Director of Adult Care and Wellbeing
Report to:	Adult Health & Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2023-2028)

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 2341				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

Purpose of Report:

Our Vision for Sheffield is that people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives, because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.

The Sheffield All Age Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People aims to improve individuals' physical health through enabling people to have equitable and easy access to the activities and care they need. Key to the strategy is a partnership approach across the City.

The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will together deliver the strategy's objectives.

Approval of the Strategy is sought from Committee.

Recommendations:

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

1. Approves and adopts the jointly developed and refreshed Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People.
2. Requests that the Strategic Director Adult Care and Wellbeing provide annual updates as to implementation of the Strategy to Committee.

Background Papers:

Appendix 1 - Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People 2023-2028

Appendix 2 - Equalities Impact Statement

Appendix 3 – Highlights of achievements from the 2019/2022 strategy

Appendix 4 – Engagement on the refresh of the strategy

Appendix 5 – High level delivery plan for the 2023-2028 strategy

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: Laura Foster Legal: Equalities & Consultation: Ed Sexton Climate:
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**SLB member who approved submission:**	*Alexis Chappell*
3	**Committee Chair consulted:**	*Councillor Angela Argenzio*
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: Liz Tooke	**Job Title:** Liz Tooke, Head of Commissioning MHLDA (job share), NHS South Yorkshire Integrated Care Board (Sheffield Place)
	Date: 31st August 2023	

1 PROPOSAL

1.1 People living with severe mental illness, people with learning disabilities and autistic people are three different groups of people, but they share inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.

1.2 Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. “Diagnostic over shadowing” can be a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person’s learning disability, autism, or mental illness. The average life expectancy for someone with a long-term mental health illness is at 15 - 25 years shorter than for someone without and it is estimated that for people with severe mental illness, 2 in 3 deaths are from physical illnesses that can be prevented. On average men with a learning disability die 23 years earlier than men without a learning disability and for women it’s 27 years earlier. Autistic people die on average 16 years earlier than the general population (and more than that for people who have a learning disability).

1.3 Research through the LEDER (Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People) programme has also shown that people with a learning disability and people who are autistic do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death.

1.4 In 2019 Sheffield’s NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council agreed our first citywide *Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People* through which we have worked together and helped people to live longer and healthier lives.

1.5 In terms of populations affected by the Strategy:

- There are 4,714 patients of all ages with a Learning Disability diagnosis recorded on Sheffield GP registers. However, the actual number will significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- There are approx. 5,540 people diagnosed with a severe mental illness in Sheffield (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)
- The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown and could be between 8,500 to 20,000 people (all ages).

1.6 In 2022 we started the process of reviewing and updating the citywide Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People. The refreshed Strategy (2023-2028) (appendix 1) outlines:

- Our shared vision for Sheffield – people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.

- How NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions to achieve this vision.

1.7 The three key ambitions of the strategy are:

1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health.

1.8 The review and update of the strategy has included asking people with lived experience and their carers for their views about what has helped with their physical health over the last three years, what the challenges have been, and what the priorities for action over the next three years should be. Feedback has helped to shape the ambitions in this 2023-28 Strategy.

1.9 One of the main areas that the consultation has helped to influence is the extension of the Strategy to cover all ages. The 2019-2022 strategy was primarily an adult's strategy, but we received feedback about the importance of taking an all-age approach to these areas of work. As a result, we are extending the 2023-2028 Strategy to cover children and young people as well as adults.

1.10 The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will continue together to the delivery of the strategy's objectives. **The high-level delivery plan** (appendix 5) summarises key deliverables for the strategy, that partner organisations have committed to either within their organisations or working in partnership.

1.11 Our partnership approach since 2019 has led to tangible improvements for people living with severe mental illness, people with learning disabilities, and autistic people. An **achievements report** (appendix 3) summarises progress against our 2019-2022 strategy and delivery plan. We build on these improvements over the next five years.

Examples of outcomes include:

- Annual Health Checks - Dedicated work within Primary Care, Secondary Care and supported by Social Care providers, alongside new ICB commissioned health check posts/services, has helped to achieve improved access to focussed annual health checks for people with learning disabilities and severe mental illness, vaccinations, and national screening. Annual health checks enable early identification of life-threatening illness and other health problems and the production of Health Improvement Action Plans. For example:
    - Between Mar 2022 to Apr 2023, 79% of people in Sheffield with a Learning Disability received their annual health check (85% excluded declines) - a total of 3,382 people. Only 1,440 had their health check in 2018/19, so this is an increase of 1,978 people.
    - Between Mar 2022 to Apr 2023, 79% of people in Sheffield with a LD received their annual health check (85% excluded declines) - a total of 3,382 people. Only 1,440 had their health check in 2018/19, so this is an increase of 1,978 people.

    - Sheffield was one of only 5 places nationally to be successful in being awarded a place on the NHSE national project to pilot annual health checks with Autistic adults. 95 autism specific health checks have been completed in 2023 in Sheffield as part of the project.

- Equalities - Significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.

- Smoking - Smoking rates for people with a severe mental illness remain (in Sheffield and nationally higher than the general population smoking rates which are currently about 13% in Sheffield. However there have been significant decreases in smoking rates for people with severe mental illness over recent years:
    - Amongst service users on Sheffield Health and Social Care's Acute Mental Health Wards, smoking prevalence has reduced from 66% in 2016/17 to 55% in 2022.
    - Primary Care data shows smoking rates for patients aged 18+ with severe mental illness has reduced from 37.9% (2018) to 35.8% (May 2023).

- Bowel and Breast Screening - As part of the Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People Programme, more people with a learning disability have been helped to take part in the NHS bowel and breast screening, which will reduce the risk of dying from bowel and breast cancer. Outcomes included an increase (of 29%) in the percentage of people with learning disability who completed and sent back the FIT kits for the first time, having been sent a Fit kit before but had never previously completed and returned.

- Mental Health - Sheffield City Council's new Mental Health Independence and Support Framework providers are now asked through quality quarterly monitoring about how they support clients with severe mental illness with visits to GPs (including for Annual Physical Health Checks).

- Adults with Disabilities - Sheffield City Council's Adults with Disabilities Framework and Enhanced Supported Living Framework specifications now includes a requirement for providers to consider physical and mental health, and health and wellbeing as part of their contracted support planning with each individual they support.

- Organisational Support - Sheffield Teaching Hospital Foundation Trust now has Learning Disability and Autism Leads and Mental Health Leads, who can coordinate support for patients, training/awareness raising for staff, and support improvement activity to improve care and access.

- Workforce - Hundreds of health and care staff have received additional training to help them to better support the physical health of their clients and patients (e.g. through the LEDER ECHO programmes (e.g. Health Passport Awareness Training for hospital staff; NHS Cancer Screening Awareness Training) and Training for Providers in Recognising the Deteriorating Patient; LDA Speak Up training and SMI health check training for GP surgeries).

4 HAS THERE BEEN ANY CONSULTATION?

4.1 The review of the strategy is a "refresh" rather than a full "re-write" of the strategy. However, partners involved in the Strategy still wanted to ensure that we took this opportunity to gain feedback from people with lived experience and their carer's, and from organisations working to support them, to identify any ways in which we needed to refresh and update the strategy going forward and to influence high level delivery plans.

4.2 The engagement activity has enabled a range of individuals and organisations to contribute to the refresh and has helped to shape the ambitions in the 2023 - 28 Strategy. **An Engagement Report** summarises the engagement on the refresh of the strategy. Key themes that we heard from the engagement were:

- The work of the 2019-2022 Physical Health Strategy (and its associated workstreams and projects led by partners) has made a positive difference to people – but there is still lots more to do.
- Many people told us that they had good experiences of healthcare and that they had been treated well by services. However, quite a lot of people told us that they were not happy and that they are not having good experiences.
- The strategy should be extended to include the physical health of children and young people as well adults.
- Financial challenges and lack of practical support to access appointments and take part in physical activity make it harder for people to improve their physical health.
- Health and care staff need to be better at making Reasonable Adjustments.
- Supporting the physical health of people of people with learning disabilities, people with severe mental illness, and autistic people needs to be "everyone's business" across health, social care, and key VCSE services.
- More staff training, education and awareness (about supporting people with learning disabilities, people with severe mental illness, and autistic people) is needed.
- (Informal/unpaid) carers play a crucial role in helping their cared for ones maintain and improve their physical health.
- The significance of the contribution made by the voluntary, community, social enterprise sector and faith and community groups in helping people to improve their physical health.
- We need to better understand and meet the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to "get the basics right" was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups. Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback – this is not an area that the strategy has focussed on specifically during 2019-2022.

4.3 A crucial element in the successful delivery of the strategy going forward 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 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

5.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.

5.1.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.

5.1.3 The EIA covering this report is attached as at Appendix 2 to ensure all available equality and demographic information has been used to assess whether (or not) there are any additional inequalities, which need to be addressed as part of the strategy.

5.1.4 The EIA has advised that: -

- Overall the refresh of the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
- The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.
- There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.
- We do not anticipate any negative impacts from the 2023-2028 strategy but plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.
- For example, our engagement on the strategy highlighted opportunities for how (through the strategy and it's delivery plans) we could work to embed more culturally competent services and have more inclusive engagement and collaboration with community organisations that support and advocate for diverse groups (in doing this we will also ensure we respond to the **Sheffield Race Equality Commission finding**s). Gaps in understanding support needs for people from LGBTQ+ communities was also highlighted in feedback, which is not an area that the strategy has focussed on specifically during 2019-2022.

- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy. This will include continuing to consider the impact of poverty and cost of living challenges on healthcare and healthy living.

5.2 Financial and Commercial Implications

5.2.1 There are no short term financial and commercial implications associated with endorsing this strategy. All individual projects will be assessed for their affordability and viability, and financial and commercial implications will be reported and recorded as part of the approval process.

5.3 Legal Implications

5.3.1 There are no direct legal implications associated with endorsing this strategy. Clearly, partner organisations when making decisions in this field will need to give due consideration of legal implications, and these will be reported and recorded as part of the approval process by partner organisations.

5.3.2 However, it is to be noted that 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.

5.3.3 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.

5.4 Climate Implications

5.4.1 There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its 10 Point Plan for Climate Action – is a partner in the Mental Health, Learning Disability Partnership Board.

5.4.2 We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

5.4.3 Many other partner organisations on the board will also have their own climate strategies. The role of large organisations – who form a big plank of the delivery of this strategy – is important in Sheffield tackling the effects of climate change.

5.5 Other Implications

5.5.1 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.

6 ALTERNATIVE OPTIONS CONSIDERED

6.1 **Do nothing:** It would be possible not to update the strategy for this area – but it would mean any plans would lack focus, coherence, and public accountability.

7 REASONS FOR RECOMMENDATIONS

7.1 Reasons for Recommendations

7.1 People living with severe mental illness, people with learning disabilities and autistic people face inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.

7.2 Our shared vision for Sheffield is people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.

7.3 Endorsement of the strategy will help NHS organisations, Sheffield City Council, and community and voluntary sector partners to work together to achieve this vision.

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Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People

2023 - 2028

Contents

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2. Vision
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5. Some examples of progress so far (see also appendix one)
6. Our ambitions for 2023-2026 (see also appendix two)
7. Plan on a page
8. How will we monitor our strategy?

To note:

There are 4,714 patients of all ages with a Learning Disability diagnosis *recorded* on Sheffield GP registers. However the actual number will significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.

There are approx. 5,540 people diagnosed with a severe mental illness in Sheffield (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)*

The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown, and could be between 8,500 to 20,000 people (all ages).

Introduction

- In 2019 Sheffield's NHS organisations, Voluntary and Community Sector partners, and Sheffield City Council agreed our first citywide Sheffield Physical Health Improvement Strategy, through which we have worked together to help people living with severe mental illness, people with learning disabilities, and autistic people to live longer and to have healthier lives.
- In 2022, we started the process of reviewing and updating the strategy. This included asking people with lived experience and their carers for their views about what has helped with their physical health over the last three years, what the challenges have been, and what the priorities for action over the next three years should be. This feedback has been through a survey on the strategy, review of recent consultations such as the Autism Strategy engagement, the Health Experiences engagement by Disability Sheffield, the "What Matters to You" engagement, and feedback from providers. It has helped to shape the ambitions in this 2023-28 Strategy.
- This document outlines our shared vision and ambitions for the next five years.
- It also includes appendices which show highlights of what has been achieved in the last three years (2019-2022) through working together across our organisations and most importantly with people with lived experience, and also our high level delivery plan.
- This strategy sits alongside a range of other related strategies and plans, including:
  - The Sheffield Mental Health and Emotional Wellbeing Strategy
  - Sheffield's Joint Health and Wellbeing Strategy
  - Sheffield's Joint Strategic Needs Assessment
  - Sheffield's Autism Strategy
  - Sheffield Learning Disability Strategy
  - Sheffield Adult Social Care Strategy
  - Learning from the Lives and Deaths of People with Learning Disabilities and Autistic People Programme
  - Start for Life Sheffield Early Years Strategy 2023-2028
  - Sheffield Special Educational Needs and Disabilities Inclusion Strategy 2020-2025
  - SCH Learning Disability and Autism (LDA) Strategy
  - NHS South Yorkshire Five Year Joint Forward Plan
  - SCH clinical strategy 2022-2027
  - The internal workplans and strategies of all partner organisations (relating to physical health for people living with severe mental illness, people with learning disabilities, and autistic people)
  - NHS England's Five Year Forward View for Mental Health

Vision

Our Vision for Sheffield is that people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives, because of improvements in their physical health and reduction (or early identification) of avoidable physical illness.

How will we achieve the vision?

- NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions (see later in document).
- At the heart of our work will be a focus on: Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and, Living Well. We want to help the people of Sheffield live long, healthy and fulfilled lives.
- We will recognise that (as set out in Sheffield's Joint Health and Wellbeing Strategy) that poor health and wellbeing are inequitably distributed across our city. We also know that most of the solutions are not to be found within NHS and social care services alone.
- We will involve and listen to people with lived experience and their family carers, to ensure that their expertise and experiences influence the work that we do.
- We will connect to wider programmes and public policy which tackle poverty and inequity, such as housing, education and skills.
- We will recognise the value of the contribution made by the voluntary, community, social enterprise sector and faith and community groups.
- We will look at ways to increase opportunities for person centred care, so people will get more control over their own health and more personalised care when they need it.

Why do we need a Physical Health Strategy for people living with severe mental illness, people with learning disabilities, and autistic People?

Please note: some of the information on this page may be distressing

- These are three different groups of people, but they share inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long-term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.
- Deaths are mostly from preventable causes and in part due to physical health needs being overlooked. "Diagnostic over-shadowing" can be a contributing factor through which symptoms of physical ill health are mistakenly attributed to the person's learning disability, autism or mental illness.
- The average life expectancy for someone with a long-term mental health illness is at least 15-25 years shorter than for someone without and it is estimated that for people with severe mental illness, 2 in 3 deaths are from physical illnesses that can be prevented.
- On average men with a learning disability die 23 years earlier than men without a learning disability and for women it's 27 years earlier.
- Autistic people die on average 16 years earlier than the general population (and more than that for people who have a learning disability).
- Research through the LEDER programme has also shown that people with a learning disability and people who are autistic do not always receive the same quality of care as people without a learning disability or who are not autistic, and that this can contribute to health inequalities and early death.
- Many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.
- Due to the combination of lifestyle factors and side effects of antipsychotic medication, there is a high incidence of cardiovascular disease causing premature death in people with severe mental illness (15-25 years).
- Over-prescribing of psychotropic medicines for adults and children with learning disabilities and autism leads to serious problems with physical health.
- There are higher rates of respiratory disease linked to eating and swallowing problems for people with learning disabilities, and to increased smoking rates for people living with severe mental illness. Smoking is the leading preventable cause of early death and health disparities among people with mental illnesses.

Why do we need a Physical Health Strategy for people living with severe mental illness, people with learning disabilities, and autistic People? (continued)

Please note: some of the information on this page may be distressing

- People living with severe mental illness in the UK are more likely to have common risk factors for being overweight, such as reduced access to healthy food, lower incomes and health conditions that limit their mobility. In addition, they have risk factors not typically faced by the general population, such as weight gain related to psychiatric medication and admission to inpatient wards with few opportunities to be physically active. For example, diabetes is 2–3 times more common among people with Severe Mental Illness than the general population.
- Autistic adults are more likely to have chronic physical health conditions, particularly heart, lung, and diabetic conditions, however lifestyle factors (which increase the risk of chronic physical health problems in the general population) do not account for the heightened risk among autistic adults.
- Diagnosis of dementia, hypertension and cancer is a priority within NHS South Yorkshire Integrated Care Board Five Year Plan, and the plan highlights that because people with serious mental illness and people with learning disabilities are more likely to have physical ill health, this means that early detection and prevention are key for these groups of people.
- Gastrointestinal disorders are nearly eight times more common among children with autism than other children.
- Epilepsy is more common in people with a learning disability and with autistic people than in the general population. Autistic adults who also have a learning disability have been found to be almost 40 times more likely to die from a neurological disorder relative to the general population – with the leading cause being epilepsy

- 78.5% of people on the Sheffield Severe Mental Illness register (4,348 people) had a measurement of weight/BMI in 2022/23. 80% of these (3,041 people) were identified as needing weight management support/intervention due to a high BMI.
- The prevalence of epilepsy in Sheffield is at least 2x higher for patients with autism (and no Learning Disability) than the general population, and more than 17x higher for patients with Learning Disability.
- Approx. 9.6% of people aged 14+ on GP Learning Disability registers also have a diagnosis of diabetes. 11% have a diagnosis of hypertension.

What have people with lived experience of learning disabilities, severe mental illness and autism told us?

These quotes are from people with lived experience and their family carers, shared with us through:

- Responses to our 2023 physical health survey
- The Health Experiences for people with learning disabilities and autism report (Disability Sheffield, 2022)
- Sheffield Autism Strategy consultation (2022-23)

Thank you to everyone who has contributed their views and experiences, which have helped to inform this strategy

Still particularly in the primary care sector there is poor understanding of the impact of mental illness on physical health - often things get missed because of this.

What do we need? Proactively doing a physical health MOT on those with SMI - twice a year - and chasing up those who do not come in for them. We are often too mentally ill to self-care.

Carers and family members need support and should be valued as experts and partners.

Adequate mental health care would go a long way towards improving our physical health too. Same goes for social care - e.g. forcing people to live on microwave meals of course leads to worse physical health, as does lack of support to access sport and leisure activities

I need support with exercise, like someone to go with me the first time

I need help and encouragement to go to my appointments

I have to remind people a lot that I have Autism, especially at hospital

I need targeted friendly sessions and more disabled changing facilities.

What would help me is for doctors and nurses to be trained how to cope with people with learning disabilities and autism; it would be good for doctors and nurses to know what it's like in our shoes

My daughter has not experienced any good examples of health care. She is 16 years old, has autism and it feels like the services are waiting for her to turn 18

I have no access to subsidised gyms, pools, supervised walks or anything else which is what is needed to improve my physical health, on top of my SMI and to keep my weight down.

There is an inability or unwillingness of NHS services to make reasonable adjustments for accessing medical care - e.g., long waits in intolerable environments when attending appointments, important information provided verbally only and rushed

Some examples of progress to date (and what we still need to achieve)

See appendix one for more details of progress against the 2019-2022 strategy

New health and outreach roles are providing practical support for people to receive and access health checks and support with healthy living activities (including with Sheffield Mind, Primary Care Sheffield, Disability Sheffield, Sheffield Mencap and Gateway, Sheffield Teaching Hospitals, SHSC).

Between Mar 2022 to Apr 2023, 79% of people in Sheffield with a LD received their annual health check (85% excluded declines) - a total of 3,382 people. Only 1,440 had their health check in 2018/19, so this is an increase of 1,978 people.

The percentage of people with LD aged 14+ with a Health Action Plan recorded following their health check has more than doubled over the last year. This was 84% in 2022/23 compared to 41% in 2021/22.

As at the end of March 2023, 61% of people with SMI had received their Annual Physical Health Check in the previous 12 months – a total of 3,367 people; more than three times the number of people who had their check in 2018/2019 (1,102 checks; 18.5%).

75% of people with LD had their flu vaccination in 2022-23 – compared to 58% of people vaccinated (or exempted) in 2021-22.

Approx. one third of people on SMI registers are eligible for a flu vaccination due to long term health conditions – in 2022-23, 72% received their flu vac in Sheffield - compared to approx. 63% vaccinated (or exempted) in 2021-22)

Amongst service users on SHSC's Acute Mental Health Wards, smoking prevalence has reduced from 66% in 2016/17 to 55% in 2022. *(Citywide smoking rate: 13.3%, 2022).*

Primary Care data shows smoking rates for patients aged 18+ with severe mental illness has reduced from 37.9% (2018) to 35.8% (May 2023). However, this is still much higher than the average Citywide smoking rates (13.3%, 2022).

Sheffield was successful in being awarded a place on the NHSE national project to pilot annual health checks to autistic adults. 100 health checks are being completed in 2023 in Sheffield as part of the project.

More people with a learning disability have been helped to take part in the NHS bowel and breast screening, which will reduce the risk of dying from bowel and breast cancer.

Hundreds of health and care staff have received additional training (e.g. Training for Providers in Recognising the Deteriorating Patient; LDA Speak Up training and SMI health check training for GP surgeries; Health Passport Awareness Training for hospital staff; NHS Cancer Screening Awareness Training).

Our three key ambitions (or commitments) for 2023-2028

1. People will have equitable access to healthy living and wellbeing activities and support in their community.

This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well

2. People will have equitable access to the physical health care and interventions that they need.

This includes GP and hospital appointments/care, national screening, dental care, pregnancy/maternity care, and vaccinations.

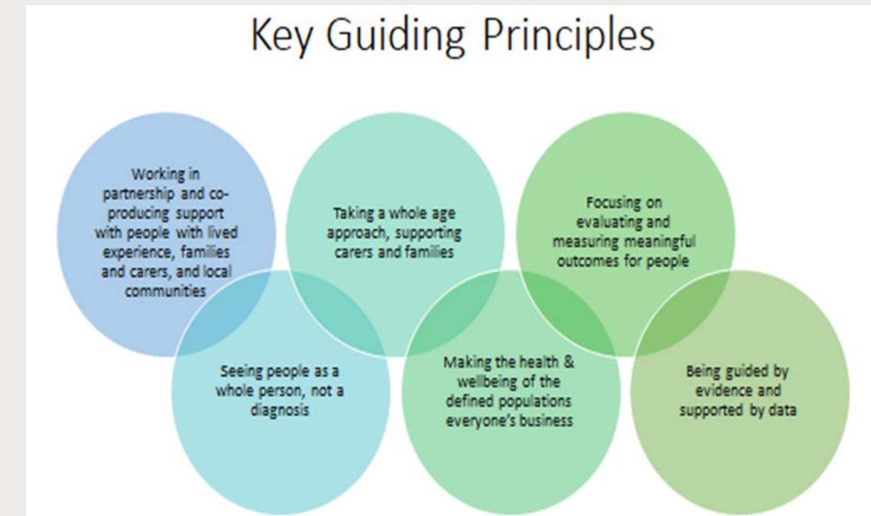
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health.

See APPENDIX TWO for more details about the three ambitions

Cross-cutting considerations that we will work towards across the three ambitions…

As partners we will -

- Extend our strategy to encompass all ages (recognising that the 2019-22 strategy was adults focused) and that we will need additional work to ensure that Delivery Plans are consistently all age. We will also ensure that there is sufficient focus on supporting older people.
- Consider and raise awareness about the appropriate use of the Mental Capacity Act to support good decision making where people are not able to make decisions themselves.
- Recognise that family carers need support to and that their role and expertise should be valued.
- Identify opportunities to embed good practice about personalised care across the services and projects relevant to the strategy.
- Consider opportunities for working across South Yorkshire, where this will add value to our work.
- Build on the progress achieved in our 2019-2022 Strategy, which will include that where we have already delivered projects that have improved outcomes for one of our populations (e.g. people with Learning Disability), we will now consider if this can be extended to our other populations (e.g. people with Severe Mental Illness).
- Better understand and meet the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional health inequalities. Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.
- Work with professionals to support the recognition of, responding to and learning from safeguarding incidents and reviews which involve people with SMI, Learning Disabilities and Autism to ensure inequalities in provision of services are addressed appropriately
- Continue to consider the impact of poverty and cost of living challenges on healthcare and healthy living.
- Align Physical Health Strategy activity with our citywide focus on prevention of admission to hospital.
- Improve information sharing and good communication between services.
- Share learning where health inequalities are being addressed, providing examples and tools to support changes of approach and adjustments made.
- Deliver our ambitions in the context of our shared **guiding principles (opposite).**



Sheffield Physical Health Strategy (SMI, LD, Autism), 2023-2028
Plan on a Page

1. Children, young people, and adults (including older adults) will have equitable access to healthy living and wellbeing activities and support in their community. We will -

1.1 Improve access to community healthy living and physical activity opportunities, groups and facilities

1.2 Reduce smoking; Improve oral health; Improve access to nutritious food and reduce obesity

1.3 Increase recognition and referral for support for (unpaid/informal) carers and [parent carers

1.4 Improve how the needs of different communities are understood and met (Across all Protected Characteristics and across Geographical Area)

2. Children, young people, and adults (including older adults) will have equitable access to the physical health care and interventions that they need. We will -

2.1 Improve reasonable adjustments and Accessibility of Information across health providers

2.2 Increase prevention, identification and support (management) of long term health conditions

2.3 Improve skills/awareness/training of health and care staff

2.4 Increase quantity and quality of annual health checks and health action plans (including through better information sharing between organisations)

2.5 Improve accuracy of patient registers and flagging to health services (and the additional support this enables)

2.6 Increase National Cancer Screening

2.7 Increase adult and childhood vaccination rates

2.8 Provide better mental health, learning disability and autism care when people visit hospital for a physical health cause, including through the use of Health Passports

2.9 Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing pregnancy/maternity physical health care

3. Children, young people, and adults (including older adults) who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health. We will -

3.1 Support care staff to detect (and respond to) when people's physical health is deteriorating

3.2 Ensure young people receive good physical health support during the move from children's to adults services.

3.3 Support the physical health of people receiving support from social care services, working with partners to promote physical health.

3.4 Continue to develop physical health offer of the Primary Community Mental Health Service

3.5 Improve the physical health for patients within community and inpatient mental health and learning disability services

How will we will monitor our strategy?

- We will have a **delivery plan** which will be overseen by **our cross organisational Physical Health Improvement Group.** The delivery plan will include key actions from the Equality Impact Assessment and themes arising from the engagement on the refresh of the strategy.
- This group will report to the **Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Delivery Group**. These groups have a range of partners on them, working together and these partners will help to progress and monitor delivery plans.
- Some actions and projects will be **monitored directly by the organisations involved in the strategy**.
- Some actions and projects will be **monitored by boards and groups that have cross organisation oversight for particular citywide areas of interest** (for example smoking cessation).
- We will gain assurance and feedback from **people with lived experience and their (informal/family) carers** on the progress that the strategy is making and to guide next steps.
- We will gain assurance and feedback from the **organisations and networks that work with and support people** of all ages with severe mental illness, people with a learning disability and people who are autistic on the progress that the strategy is making and to guide next steps.

Equality Impact Assessment No. 2314

Date of latest update | 31.08.23

Commented [ES1]: Please add date of most recent changes and save each update with the new date included

Part A

Initial Impact Assessment

Proposal name | **Physical Health Strategy 2023/28** – people living with Severe Mental Illness, Learning Disabilities and/or Autism

Commented [ES2]: Slightly tweaked title if OK

Commented [TL(SYI03R2]: Yes that's fine

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

In 2022 we started the process of reviewing and updating the citywide Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2019-2022).

The refreshed Strategy (2023-2028) outlines:

- Our shared vision for Sheffield – people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness
- How NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions to achieve this vision.

The three key ambitions of the strategy are:

1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health

Key to the strategy is a partnership approach across the City and the strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will together deliver the strategy's objectives.

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 *Councillor Angela Argenzio*

Lead Director for Proposal
Alexis Chappell

Person filling in this EIA form	**SCC officer contact**
Liz Tooke (NHS SY ICB, Sheffield)	Christine Anderson

Commented [ES4]: EIA app needs an SCC officer name who could be named as author and have editorial rights
Commented [TL(SYI05R4]: I will check this

EIA start date 18/08/2023

Equality Lead Officer

○ Adele Robinson	○ Beverley Law
○ Annemarie Johnston	● Ed Sexton
○ Bashir Khan	○ Louise Nunn

Lead Equality Objective (see for detail)

○ Understanding Communities	○ Workforce Diversity	○ Leading the city in celebrating & promoting inclusion	● Break the cycle and improve life chances

Directorate, Service and Team

Is this Cross-Directorate
● Yes ○ No

Directorate

Is the EIA joint with another organisation (eg NHS)?
● Yes ○ No Please specify

The Strategy is cross-organisational: Sheffield's NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council

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

Some staff and individuals will be aware of the existing 2019-2022 strategy and the refresh of the strategy. The strategy has been developed in partnership across key organisations (and in consultation with people with lived experience and their carers) and it builds on the publicly available 2019-2022 strategy (including an easy read version).
It is however primarily a document to help organisations improve their service delivery rather than a document for members of the public – so it is likely that many people will not be aware of it (and that they probably don't need to be, as long as they are aware of the initiatives relevant to them). The revised strategy will however continue to be in the public domain though (including an easy read version).

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

● Health	● Transgender
● Age	● Carers
● Disability	● Voluntary/Community & Faith Sectors
○ Pregnancy/Maternity	○ Cohesion
● Race	● Partners
● Religion/Belief	● Poverty & Financial Inclusion
○ Sex	○ Armed Forces
● Sexual Orientation	○ Other
● Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

● Yes ○ No

● Year on Year	○ Across a Community of Identity/Interest
○ Geographical Area	○ Other

If yes, details of impact

POSITIVE IMPACT
The Strategy recognises (as set out in Sheffield's Joint Health and Wellbeing Strategy) that People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People will face a range of barriers and inequities in terms of health, disability, poverty etc and that this will have a cumulative negative impact on them – the strategy will aim to mitigate some of these barriers.

Proposal has geographical impact across Sheffield

● Yes ○ No

If Yes, details of geographical impact across Sheffield

POSITIVE IMPACT
The strategy recognises that People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People will face a range of cumulative barriers and inequities and that poor health and wellbeing are inequitably distributed across our city.

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?

- Overall the refresh of the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
- The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.

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	31/08/2023	Name of EIA lead officer	Ed Sexton

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

People living with severe mental illness, people with learning disabilities and autistic people face inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.

Our shared vision for Sheffield is people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness

Comprehensive Health Impact Assessment being completed

○ Yes ● No *Confirmed by Ruth Grainger 31/08/23*

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

Name of Health Lead Officer

Confirmed by Ruth Granger 31/08/23

Commented [ES6]: I'd guess a HIA isn't required as, although there'll be clear impacts for people, the overall scale/reach may be limited - but you could check with public health (e.g. Ruth Grainger)

Commented [TL(SYI07R6]: Thanks - I'll check

Age

Impact on Staff
○ **Yes** ● No

Impact on Customers
● **Yes** ○ **No**

Details of impact

POSITIVE IMPACT

The 2019-2022 strategy was primarily an adults strategy, but we received feedback as part of our engagement on the refresh of the strategy about the importance of taking an all age approach. As a result, we are extending the 2023-2028 Strategy to cover children and young people as well as adults. The detail of this will be covered within our delivery plans.

This will help to improve outcomes across all ages.

Further focus will also be addressed in the detailed delivery plans about the support needed by older adults (this was an area highlighted through our engagement on the refresh of the strategy).

Data tells us:

- There are 4,000 patients aged 18+ with a Learning Disability diagnosis recorded on Sheffield GP registers, and about 720 children or young people recorded. However the actual number will be significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- The majority of the approx. 5,540 people diagnosed with a severe mental illness in Sheffield will be adults, however we do know that many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.
- The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown, and could be between 8,500 to 20,000 people (all ages).
- Whilst 5% of the general population die under the age of 50, this is 30% for the learning disability population (of mostly preventable causes).
- The average life expectancy of women with a learning disability is 18 years younger than for women in the general population (men with a learning disability have a life expectancy 14 years shorter than men in the general population).

Disability

Impact on Staff		**Impact on Customers**	
○ Yes	● No	● Yes	○ No

Details of impact

POSITIVE IMPACT

- The focus of the strategy is on addressing health inequalities for people of all ages with learning disabilities, living with severe mental illness, and autistic people – therefore the strategy and delivery plans will have a positive impact for these groups of people.
- The three key ambitions of the strategy are:

1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health

Data tells us:

- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities.
- There are 4,714 patients of all ages with a Learning Disability diagnosis recorded on Sheffield GP registers. However the actual number will significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- There are approx. 5,540 people diagnosed with a severe mental illness in Sheffield (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)
- The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown, and could be between 8,500 to 20,000 people (all ages).

Pregnancy/Maternity

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

POSITIVE IMPACT
There will be people experiencing pregnancy/maternity who have severe mental illness, who have a learning disability, and who are autistic.
The strategy aims that people will have equitable access to the physical health care and interventions that they need. This should include when accessing physical health care related to pregnancy/maternity. Actions in the delivery plan relating to this aim includes planned work of Sheffield Teaching Hospitals Learning Disability and Autism service to better support patients; train staff; improve Accessible Information Standards; respond to patient experience and feedback; increase use of Health Passports; and develop how Electronic Patient Record are used to better flag care needs.

However as a result of the EIA, we have highlighted pregnancy/maternity as one of the areas for specific review during the work of the strategy. We have included a partnership action to:
Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing physical health care related to pregnancy/maternity.

Race

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

POSITIVE IMPACT

- There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects commissioned by the NHS.
-
- However gaps in diversity monitoring in NHS services is a barrier to monitoring impact.

- The revised Strategy commits to strengthening its approach to better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identifying ways to improve care and outcomes and address additional health inequalities faced by individual groups. This will include building this in to commissioning and contract monitoring activity. It will also include work to strengthening links between the strategy/delivery plans, and community groups/partnerships/services supporting people – this has already started with a programme of engagement between the LEDER steering group and Sheffield organisations that support diverse communities and we need to consider how to extend this to mental health workstreams. The practical actions associated with this commitment need to be included in detailed delivery plans.

    - We received feedback through our engagement on the refresh of the strategy, which highlighted opportunities for the refresh of the strategy to focus on better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to "get the basics right" was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups.

- Evidence shows:
    - Sheffield Race Equality Commission (2020) highlighted concerns regarding healthcare:
        - The need to ensure allocation to GP services reflects health inequalities within communities; cultural competence and Eurocentric Diagnoses; over reliance on compulsory routes into services e.g. detention for mental health;; culturally appropriate health care and availability of interpreters/translation; health environment factors such as availability of halal food in hospitals; disproportionate impact of poverty on non White British communities; experience of racism;
    - In 2014, a higher percentage of Black men than White men had experienced a psychotic disorder in the year before they were surveyed (Gov.uk).
    - Black Caribbean people had the highest rate of detention under the Mental Health Act out of all ethnic groups, at 254 detentions per 100,000 people. This was 3.7 times as high as the rate for White British people (69 per 100,000 people). Black Caribbean adults were the most likely to use mental health and learning disability services out of all ethnic groups where the data was reliable. Nearly 4,800 adults per 100,000 of the Black Caribbean population did so, compared with just over 3,600 per 100,000 White British people (Race Disparity Unit).
    - Those identifying as Asian or Asian British are one-third less likely to be in contact with mental health or learning disability services. (MH foundation)

Religion/Belief

Impact on Staff
○ Yes ○ No

Impact on Customers
○ Yes ○ No

Details of impact

- As recognised by the RCP: *Spirituality can be an important – sometimes a central - part of someone's life. It can offer real benefits for mental health. People who use mental health services appreciate it when this part of their lives is taken seriously.*

- Religious belief can also influence the understanding and beliefs around mental illness, which can impact on accessing services and treatment. For example BMJ points to: *Differences have also been reported in areas such as engaging with, and access to, mental health services. When accessing mental health services, Muslims experience a lower recovery rate (40.3%), compared with Christians (54.5%) and Jews (49.5%).* Commissioned projects as part of the 2019-22 Physical Health Strategy have supported a significant proportion of clients from non-white backgrounds, and although monitoring has not specifically included religion/belief, case studies have evidenced the challenges that people from different faith groups have experienced and how culturally competent approaches to care have helped to address these.

- There is similar evidence regarding understanding around autism, for example as highlighted by the National Autistic Society/University of Bedfordshire: While it is clear that autism stigma may exist across all socio-cultural contexts (Obeid et al, 2015), it is also reasonable to argue that the severity and means to which autism stigma occurs varies across different cultures. There are a range of practical measures that the autism community can employ that are likely to have an immediate positive effect. Some of these are described by Bankole (2016), such as professionals familiarising themselves with different cultures before meeting families and viewing themselves as partners who care.

- The strategy highlights that the delivery plans must: *Improve how the needs of different communities are understood and met (in relation to both different local areas and Protected Characteristics). This will include responding to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including provision of culturally competent care/reasonable adjustments (**including how this relates to religion and faith); further consideration of older adults needs; consideration of pregnancy and maternity services/care; barrier experienced by LGBTQ+ people***.

- We received feedback through our engagement on the refresh of the strategy, which highlighted opportunities for the refresh of the strategy to focus on better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to "get the basics right" was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups.

- The significance of the contribution made by the voluntary, community, social enterprise sector and faith and community groups in helping people to improve their physical health is also recognised.

Sex

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

Positive impact
Positive impact for men and women.

Evidence shows:
- There are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder that affect less than 2% of the population. (MH Foundation UK / WHO, gender & MH).
- On average men with Learning Disability die 23 years earlier than men without a Learning Disability and for women it's 27 years earlier.
- In 2017, the Royal Mencap Society reported that cervical cancer screening is much lower for women with a learning disability (30%) than in the general population (70%). According to Public Health England, breast screening uptake is also much lower for women with learning disabilities.
- Men may be less likely to disclose their mental health issues to family members or friends, and more likely to use potentially harmful coping methods such as drugs or alcohol in response to distress. 75% of suicides are men. (MH Foundation UK / WHO, gender & MH).Men are nearly 50% more likely than women to be detained and treated compulsorily as psychiatric inpatients. (Men's Health forum). A significantly higher percentage of Black men (3.2%) experienced a psychotic disorder in the past year than did White men (0.3%) (Gov.uk). All these factors have physical health implications.
- The impact of menopause on women with learning disabilities is not always full recognised by services and this is something the Physical Health Strategy has raised awareness and produced resources regarding.

Sexual Orientation

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

Positive impact

People living with mental illness, people with Learning Disabilities , and autistic adults, who are also LGB are likely to face additional health inequalities due to discrimination and barriers experience by LCB people in accessing health care.

Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback on the refresh of the strategy– this is not an area that the strategy has focussed on specifically during 2019-2022, however we have highlighted a need to do this in the refresh of the strategy.

- *Rethink Mental Illness highlights:*
    - LGBT+ people are at more risk of suicidal behaviour and self-harm than non-LGBT+ people. LGBT+ people are 1½ times more likely to develop depression and anxiety compared to the rest of the population. The reasons why there are mental health issues among

LGBT+ people are complex. LGBT+ people, especially trans people, can experience more social isolation than the general population. This could make it harder for LGBT+ people who have mental health problems to get support and treatment. A survey found that in gay and bisexual men who have accessed healthcare services in the last year 34% have had a negative experience related to their sexual orientation. In a survey of lesbian and bisexual women half reported a negative experience of healthcare in the last year.

- In a survey of lesbian and bisexual women half reported a negative experience of healthcare. (Rethink Mental Illness).

Gender Reassignment (Transgender)

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

POSITIVE IMPACT

People living with mental illness, people with LD, and autistic adults, who are also transgender are likely to face additional health inequalities. For example, a transgender mental health study showed that 88% of transgender people had experienced depression and 84% had thought of ending their life. (Rethink Mental Illness).

Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback on the refresh of the strategy– this is not an area that the strategy has focussed on specifically during 2019-2022, however we have highlighted a need to do this in the refresh of the strategy.

Carers

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Details of impact

POSITIVE IMPACT
(Informal/unpaid) carers, and parent carers, play a crucial role in helping their cared for ones maintain and improve their physical health. The refresh of the strategy recognises this.

Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Our Strategy implementation group includes representation from family carers and (from autumn 2023) Sheffield Parent Carer Forum.

Poverty & Financial Inclusion

Impact on Staff
○ Yes ● No

Impact on Customers
● Yes ○ No

Please explain the impact

POSITIVE IMPACT

Financial challenges and lack of practical support to access appointments and take part in physical activity make it harder for people to improve their physical health, was highlighted in engagement feedback on the refresh of the strategy.

The strategy commits to as partners that we will continue to consider the impact of poverty and the cost of living challenge on healthcare and healthy living.

Financial Inclusion/Poverty issues for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Cohesion

Staff
○ Yes ● No

Customers
○ Yes ● No

Details of impact

Partners

Impact on Staff
● Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

The Strategy is cross-organisational: Sheffield's NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council.

How will we monitor the strategy:

- We will have a delivery plan which will be overseen by our cross organisational Physical Health Improvement Group. **The delivery plan will include key actions from the Equality Impact Assessment and themes arising from the engagement on the refresh of the strategy.**
- This group will report to the Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Delivery Group. These groups have a range of partners on them, working together and these partners will help to progress and monitor delivery plans.
- Some actions and projects will be monitored directly by the organisations involved in the strategy.
- Some actions and projects will be monitored by boards and groups that have cross organisation oversight for particular citywide areas of interest (for example smoking cessation).
- We will gain assurance and feedback from people with lived experience and their (informal/family) carers on the progress that the strategy is making and to guide next steps.
- We will gain assurance and feedback from the organisations and networks that work with and support people of all ages with severe mental illness, people with a learning disability and people who are autistic on the progress that the strategy is making and to guide next steps.

Armed Forces

Impact on Staff
○ Yes ● No

Impact on Customers
○ Yes ● No

Details of impact

No specific impact identified

Other

Please specify

No specific impact identified

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

We have added specific points in the refreshed strategy / high level delivery plan that have been prompted through completion of the EIA regarding:

- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.
- The strategy high level delivery plan commits to respond to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including:
  - extension of the strategy to include children and young people;
  - further consideration of older adults needs;
  - further work to embed provision of culturally competent care/reasonable adjustments (including how this relates to religion and faith; and ensuring we respond to the Sheffield Race Equality Commission findings);
  - consideration of pregnancy and maternity services/care;
  - consideration of barriers to healthcare experienced by LGBTQ+ people
  - to continue to consider the impact of poverty and the cost of living challenge on healthcare and healthy living.
- We will gain assurance and feedback from people with lived experience and their (informal/family) carers on the progress that the strategy is making and to guide next steps.

Timescales: Added to strategy documents by end of August 2023 (Complete)

Review: As part of quarterly review of the strategy

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

See within EIA document

Risk

Commented [ES8]: Expanded area on new EIA - probably not risk associated with this but to consider

Commented [TL(SYI09R8]: done

After the actions and mitigations you have outlined above, is there still significant impact or risk?

No.

- Overall the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- We do not anticipate any negative impacts from the 2023-2028 strategy and plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.

Please outline this impact and risk

N/A

Are further mitigations, changes or considerations possible that could reduce this impact or risk?

N/A

Summary

Commented [ES10]: Please complete this summary - brief recap of potential areas of impact for different PCs

Commented [TL(SYI011R10]: Done and added to committee report

You need to provide a summary of this EIA for any decision-making report (e.g. Policy Committee) that it relates to. Use the box below to create the summary and copy and paste the wording into the report.

- Overall the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
- The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.
- There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.
- We do not anticipate any negative impacts from the 2023-2028 strategy but plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.
- For example, our engagement on the strategy highlighted opportunities for how (through the strategy and it's delivery plans) we could work to embed more culturally competent services and have more inclusive engagement and collaboration with community organisations that support and advocate for diverse groups (in doing this we will also ensure we respond to the Sheffield Race Equality Commission findings). Gaps in understanding support needs for people from LGBTQ+ communities was also highlighted in feedback, which is not an area that the strategy has focussed on specifically during 2019-2022.
- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy. This will include continuing to consider the impact of poverty and cost of living challenges on healthcare and healthy living.

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: 31/08/2023 Name of EIA lead officer: Ed Sexton

Review Date

Sept 2024

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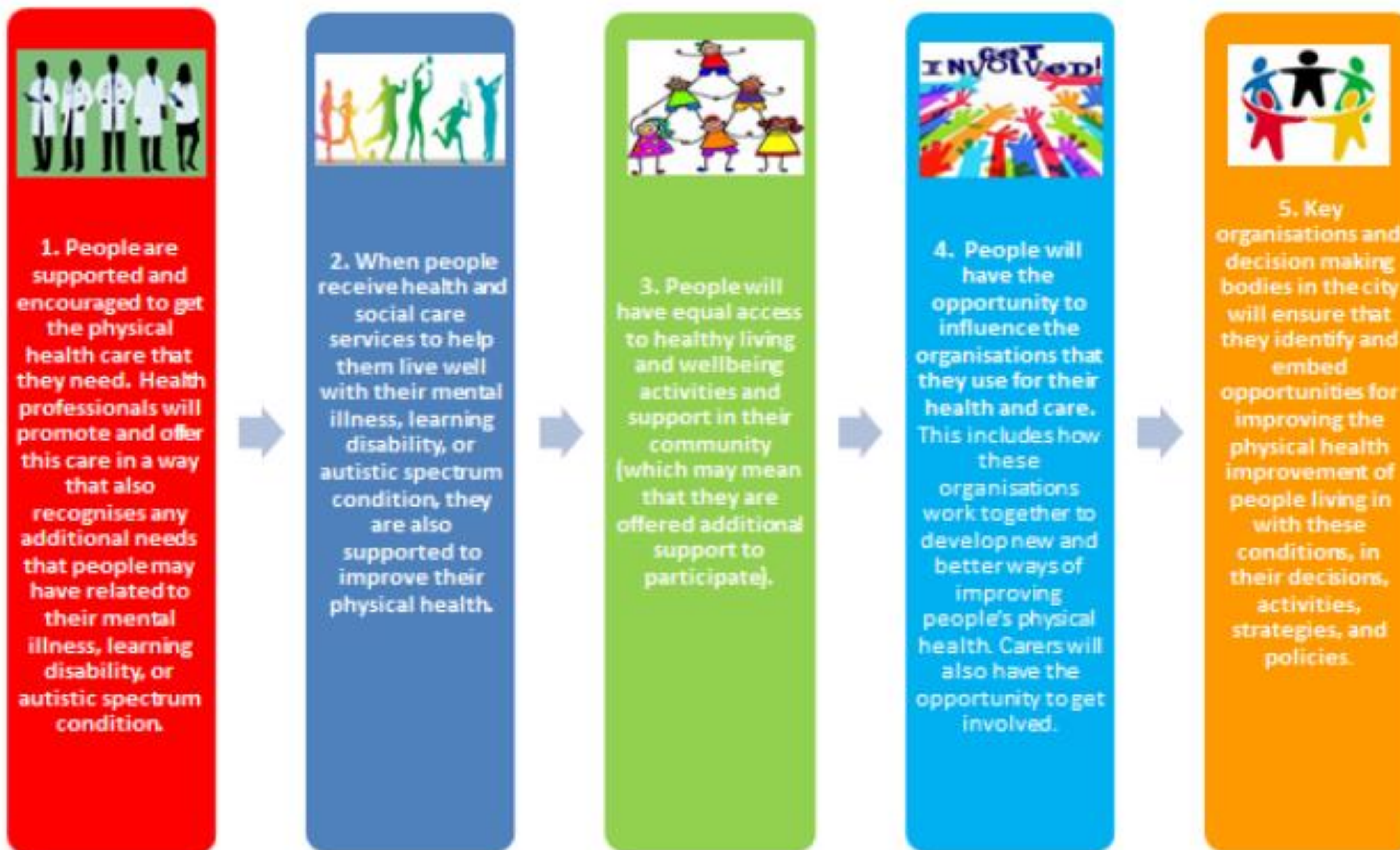
Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People

APPENDIX: *Highlights of our 2019-2022 Strategy Achievements*

To note –

When we refer to 'people' in this document this means people of all ages in Sheffield:

- *with a learning disability*
- *living with severe mental illness*
- *who are autistic.*


Improving physical health for people with severe mental illness, learning disabilities, and autistic spectrum condition – A Citywide Strategy for Sheffield 2019-2022
The 5 key Commitments for the Strategy:
GET INVOLVED!
1. People are supported and encouraged to get the physical health care that they need. Health professionals will promote and offer this care in a way that also recognises any additional needs that people may have related to their mental illness, learning disability, or autistic spectrum condition.
2. When people receive health and social care services to help them live well with their mental illness, learning disability, or autistic spectrum condition, they are also supported to improve their physical health.
3. People will have equal access to healthy living and wellbeing activities and support in their community (which may mean that they are offered additional support to participate).
4. People will have the opportunity to influence the organisations that they use for their health and care. This includes how these organisations work together to develop new and better ways of improving people's physical health. Carers will also have the opportunity to get involved.
5. Key organisations and decision making bodies in the city will ensure that they identify and embed opportunities for improving the physical health improvement of people living in with these conditions, in their decisions, activities, strategies, and policies.

Achievements 1

- ✓ Dedicated work in Primary and Secondary Care, alongside side new ICB commissioned health check posts/services, has helped to achieve improved access to annual health checks, vaccinations and screening:
    - Sheffield Mind's Severe Mental Illness Physical Health Outcomes Service (Health Checks, Vaccinations, Cost-of-Living Support, National Screening)
    - Primary Care Sheffield's Physical Health Check Team (embedded in PCMH Service) - Supporting practices to complete checks and have meaningful conversations which lead to change. The Health coach roles are in place to improve patient activation in addressing Long Term Conditions and making healthier lifestyle choices. There has been improved access for people with Severe Mental Illness in residential care homes to Annual Health checks (including ensuring that they are on the GP Severe Mental Illness register to people)
    - Sheffield Mencap's Learning Disability Physical Health Outcomes Service (Health Checks, Vaccinations, Learning Disability Physical Health Improvement Nurse project)
    - There are 3 new Severe Mental Illness physical health support worker posts funded within the Sheffield Community Mental Health Recovery Teams and Early Intervention Service (SHSC) to provide additional capacity to support physical health checks as part of clozapine/depot clinics and for people within the first 12 months of being prescribed antipsychotics.

- ✓ There has been engagement and consultation (e.g. co-production of physical health webpages; Disability Sheffield project working with Sheffield Voices; links with Learning Disability and autism partnership boards) which has influenced the improvement we carried out

Achievements 2

- ✓ Annual health check completion rates have improved significantly :
  - For people with Severe Mental Illness, from 18.5% in 2018/19 to 61% in 2022/23 (from 1,102 people to 3,367 people having all six core elements of their physical health check – an increase of 2,265)
  - For people with Learning Disability from approx. 35% of people estimated to be eligible for a check in 2018/19 to 85% in 2022/23 (from 1,978 to 3,382 people having their annual check – an increase of 1,978)
  - The percentage of people with Learning Disability aged 14+ with a Health Action Plan recorded following their health check has more than doubled over the last year. This was 84% in 2022/23 compared to 41% in 2021/22

- ✓ Sheffield was successful in being awarded a place on the NHSE national project to pilot annual health checks to autistic adults. 95 autism specific health checks have been completed in 2023 in Sheffield as part of the project. Following completion of the pilot, we will feed learning into the national evaluation which will contribute to the development of the national proposals for a physical health check model for autistic adults
- ✓ 75% of people with a Learning Disability had their flu vaccination (or were clinically exempted) in 2022-23 – compared to 58% of people vaccinated in 2021-22.
- ✓ Approx. one third of people on Severe Mental Illness registers are eligible for a flu vaccination due to long term health conditions – in 2022-23, 72% received their flu vaccination (or were clinically exempted) in Sheffield - compared to approx. 63% in 2021-22)

Achievements 3

- ✓ Covid responses – e.g. prioritisation of vaccination for people with Learning Disability living in Care Homes and Supported Living; SHSC's CLDT Learning Disability swabbing and reasonable adjustments support to living/extra care housing provider; support and information.
- ✓ SHSC physical strategy and associated workstreams – improving physical health in secondary care.

There has been integrated activity between the Physical Health Strategy and LeDeR programme, e.g.

- ✓ We have worked with people with lived experience to make web pages and videos to help people understand more about their own health, as well as help staff be more aware of how they can best help (e.g. Flourish webpages; Autism videos; pneumonia and shingles vaccination resources produced)
- ✓ More health and care staff have been given training to help them understand the needs of people living with severe mental illness, people with learning disabilities, and autistic people, and to spot health problems more quicky (e.g. Training for Providers in Recognising the Deteriorating Patient; LDA Speak Up training and Severe Mental Illness health check training for GP surgeries; Health Passport Awareness Training for hospital staff; NHS Cancer Screening Awareness Training).
- ✓ More people with a learning disability have been helped to take part in the NHS bowel and breast screening, which will reduce the risk of dying from bowel and breast cancer. There was an increase (of 29%) in the percentage of people with learning disability who completed and sent back the FIT kits for the first time, having been sent a Fit kit before but had never previously completed and returned.

Achievements 4

- ✓ Disability Sheffield Healthy Living and Physical Activity project – starting to improve access to healthy living and wellbeing activities and support in people's community.
- ✓ Sheffield Children's Hospital is an integrated physical and mental health provider meaning that physical health checks and access to physical health specialties is available for all Learning Disability and autism and mental health admissions.
- ✓ The citywide priorities in the Sheffield *All Age Autism Strategy* has been finalised and includes priorities to make health and care services equitable for autistic people.
- ✓ Close links with public health strategies – two way process to influence commissioning decisions and improved promotion of health messages to people with Learning Disability, Severe Mental Illness, autism. For example, this has resulted in specific healthy living and weight management programmes for people with learning disabilities and autism.
- ✓ Oral health priorities have been integrated into Physical Health Strategy work, initially focusing on support for people with Learning Disabilities, via the provision of training to carers and development of information materials for patients and carers.
- ✓ Amongst service users on SHSC's Acute Mental Health Wards, smoking prevalence has reduced from 66% in 2016/17 to 55% in 2022. *(Citywide smoking rate: 13.3%, 2022)*
- ✓ Primary Care data shows smoking rates for patients aged 18+ with severe mental illness has reduced from 37.9% (2018) to 35.8% (May 2023). However, this is still much higher than the average Citywide smoking rates (13.3%, 2022).

Achievements 5

- ✓ Within Sheffield City Council's new *Mental Health Independence and Support Framework* providers are asked through quality quarterly monitoring about supporting clients with severe mental illness with visits to GPs (including for Annual Health Checks).
- ✓ Sheffield City Council's Adults with Disabilities Framework and Enhanced Supported Living Framework specifications now include a requirement for providers to consider physical and mental health, and health and wellbeing as part of their contracted support planning with each individual they support.
- ✓ Sheffield Teaching Hospitals now have a 'Learning Disability and Autism' (LDA) service. The team can support patients with a learning disability and/ or autism. The LDA team also provide training and guidance to STH staff. STH are in the process of developing a strategy for supporting autistic patients and patients with a learning disability. The STH Learning Disability and Autism task and finish group are involved in a number of workstreams such as the Accessible Information Standards, patient experience and feedback and developing the Electronic Patient Record. The LDA team continue to provide monthly health passport training sessions to STH staff using the LeDeR ECHO platform.
- ✓ Sheffield Teaching Hospitals have a 'Core Mental Health Team'. The team working closely with Mental Health Liaison Team (Sheffield Health and Social Care) to support and care for mental health patients in the trust. The Mental health Lead provides leadership, training, and guidance to STH staff. STH have also appointed a Mental Health Programme Manager to support with making improvements to our mental health pathways.

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Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People

APPENDIX: Summary of engagement and feedback on the refresh of the Strategy for 2023-2028

To note –

When we refer to 'people' in this document this means people of all ages in Sheffield:

- *with a learning disability*
- *living with severe mental illness*
- *who are autistic.*

Engagement plan summary

Aims of the engagement:

- The aim of the review of the *Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2019-22)* is to refresh and update the strategy with a plan to extend it to run from 2023-2028.
- The overarching vision and aims of the 2019-2022 remain relevant to the city and to people living with severe mental illness, people with learning disabilities, and autistic people - and so the review is a "refresh" rather than a full "re-write" of the strategy.
- However partners involved in the Strategy still wanted to ensure that we took this opportunity to gain feedback from people with lived experience and their carers, and from organisations working to support them, to identify any ways in which we needed to refresh and update the strategy and influence the strategy's high level delivery plans going forward. The engagement activity has enabled a range of individuals and organisations to contribute to the refresh.
- We are committed to continuing and increasing the ways that we engage and identify opportunities for co-production as part of the implementation of the 2023-2028 Delivery Plans for the Strategy.

Key themes from our engagement on the refresh of the Strategy:

- The work of the 2019-2022 Physical Health Strategy (and its associated workstreams and projects led by partners) has made a positive difference to people – but there is still lots more to do.
- Many people told us that they had good experiences of healthcare and that they had been treated well by services. However, quite a lot of people told us that they were not happy and that they are not having good experiences.
- The strategy should be extended to include the physical health of children and young people as well adults.
- Financial challenges and lack of practical support to access appointments and take part in physical activity make it harder for people to improve their physical health.
- Health and care staff need to be more consistent in making Reasonable Adjustments.
- Supporting the physical health of people of people with learning disabilities, people with severe mental illness, and autistic people needs to be "everyone's business" across health, social care, and key VCSE services.
- More staff training, education and awareness (about supporting people with learning disabilities, people with severe mental illness, and autistic people) is needed
- (Informal/unpaid) carers, and parent carers, play a crucial role in helping their cared for ones maintain and improve their physical health
- The contribution made by the voluntary, community, social enterprise sector and faith and community groups in helping people to improve their physical health is significant.
- We need to better understand and meet the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to "get the basics right" was highlighted - in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups. Gaps in understanding support needs for people from LGBTQ+ communities was also highlighted in feedback – this is not an area that the strategy has focussed on specifically during 2019-2022.

The following pages include more details about what we heard from people with lived experiences and their family/carers

Listed below are the main ways that we engaged:

- Citywide Survey on the refresh of the strategy
  - Survey ran from 03/01/2023 - 10/03/2023
  - Online and paper based, incl. Easy Read and PHIG partners asked to share/support completion
  - 31 responses
- Physical Health Implementation Group - Focused Review Session (NHS organisations, Sheffield City Council, VCSE partner organisations)
- LEDER (Learning from the Lives and Deaths of people with Learning Disabilities and Autistic People) Steering Group - Focused Review Session
- Health experiences report (Disability Sheffield) (2022)
- MHLDDA Delivery Group Planning session workshop (Nov 2022)
- Related feedback from Sheffield Autism Strategy consultation (2022-23)
- Related feedback from the development of the Sheffield Learning Disability Strategy
- Feedback from commissioned physical health services for people with severe mental illness, learning disabilities, autism
- Feedback from Sheffield Parent Carer Forum
- Relevant feedback from the South Yorkshire ICB “What Matters to You” engagement
- Disability Sheffield *Healthy Living and Physical Activity for people living with severe mental illness, people with learning disabilities, and autistic people Project – Consultation* 2022

SURVEY: What do you think has helped to improve the physical health of people living with severe mental illness, people with learning disabilities, and autistic people in Sheffield over the *last* three years?

Support in the community was a key theme, including VCS services and work primary care networks…

Examples from people with lived experience and family carers

- “Community mental health intervention, helping people with there physical and mental health. Support from community services and voluntary organisations has helped so many people”.
- “I was diagnosed with autism 3 yrs ago after a lifetime of MH issues. Being diagnosed has been massively helpful, though the lack of support for dealing with the diagnosis isn’t… A short term art group funded by NAS was good, hoping they can continue funding something. A group for women with autism has met couple of times and that was good”
- “The groups and activities run by Flourish and the activity co-ordinators make a big difference to people's live and really help people with being isolated.”
- ““Many sport spaces not accessible and still not running disability aimed sessions. It's great people are welcome at any session, but to build confidence they need safe spaces”

Examples from people working with people with SMI/LD/Autism

- “Focus on local level support - primary care network teams - well supported and with enough capacity. also focus on tailored physical health support”
- “Projects like Safe Places are helpful in giving people a back up plan if they are out and feel unsafe for whatever reason. I think this can help people become part of their community, access health services and be mobile.”
- “Organisations working together eg Mencap working with GP practices… GP groups that have dedicated care co-ordinators who work with practices, share knowledge and monitor access to health checks”

SURVEY: What do you think has helped to improve the physical health of people living with severe mental illness, people with learning disabilities, and autistic people in Sheffield over the last three years? **#2**

Some people either gave no response to this question or responded negatively…

For example

- “Not much my support as been cut I am devastated”
- “In relation to my family member, nothing I can think of”
- “Nothing. I have no access to subsidised gyms, pools, supervised walks or anything else which is what is needed to improve my physical health, on top of my SMI and to keep my weight down. The same as for the last 15 years. Nor does my GP Practice have any access or even to know about Green Social Prescribing available in the south. In addition there is an inverted snobbery approach to delivery and strategy with everything focussed in the "deprived areas" showing a complete misunderstanding of how SMIs shorten people's lives REGARDLESS OF POSTCODE.”
- “I have seen nothing. I moved here from hospital in Oct 2020, to start life as a wheelchair user. I feel abandoned, hopeless, unfit and like I have no options. I haven't received mental or physical health support. I am broke.”
- “Nothing for us”
- “Nothing”

SURVEY: What have been the challenges in improving the physical health of people living with severe mental illness, people with learning disabilities, and autistic people in Sheffield over the last three years? #1

Key theme 1: Financial challenges and practical lack of support to access appointments and take part in physical activity make it harder for people to improve their physical health

- "A major problem is not getting to see a doctor, the lack of appointments..."
- "There is no access to NHS services for people who can't use a phone (e.g. autistic people with auditory processing disorder)"
- "Having to pay for a support worker to take me to appointments. Trying to get appointments when/if support worker available. Rarely getting to all essential appointments."
- "Cost of Living increases have made things more challenging re heating, appropriate housing and having a healthy diet"
- "I need money for transport so I can access sports facilities that are otherwise inaccessible to me."
- "I need mental health and practical support to get my life in order so I can go back to work and be more physically active".
- "I have no access to subsidised gyms, pools, supervised walks or anything else which is what is needed to improve my physical health, on top of my SMI and to keep my weight down. The same as for the last 15 years. Nor does my GP Practice have any access or even to know about Green Social Prescribing available in the south. In addition there is an inverted snobbery approach to delivery and strategy with everything focussed in the "deprived areas" showing a complete misunderstanding of how SMIs shorten people's lives REGARDLESS OF POSTCODE."
- "I moved here from hospital in Oct 2020, to start life as a wheelchair user. I feel abandoned, hopeless, unfit and like I have no options. I haven't received mental or physical health support. I am broke."
- "More money could be spent on transport options, so we can get out and be active and socialise. There used to be lots of community stuff for the older generation, but not much now".
- "Subsidised access to gyms, pools, walks, animal therapy, and more"

SURVEY: What have been the challenges in improving the physical health of people living with severe mental illness, people with learning disabilities, and autistic people in Sheffield over the last three years? **#2**

Key Theme 2: There need to be more Reasonable Adjustments and more staff training, education and awareness to help people improve their physical health

- "More awareness of the connection between mental and physical health."
- "You are only allowed to discuss one problem at each appointment, it is unacceptable."
- "Lack of specially trained staff, lack of general training"
- "A major problem is … the way people are treated by the reception staff."
- "Receptionists need education regarding annual health checks for people with SMI"
- "People with serious mental health problems are also more likely to miss appointments and be late for appointments and be registered as a DNA. Flexibility in this regard would be appreciated"
- "Still particularly in the primary care sector there is poor understanding of the impact of mental illness on physical health - often things get missed because of this. A personal example is being in A&E with low heart rate/blood pressure, it says on my records that I have an eating disorder yet doctors dismissed it as me being physically very fit...until I collapsed and needed the crash team as I was going into cardiac arrest, then they made the connection between my eating disorder and my low heart rate"
- "Inability or unwillingness of NHS services to make reasonable adjustments for accessing medical care - e.g. no alternatives to phone calls for making appointments, long hold times before phone is answered, or cutting off without even answering, long waits in intolerable environments when attending appointments, important information provided verbally only and rushed, phone calls without warning from withheld numbers leaving no voicemail message".
- "Stop putting everything online; e.g., physio seems to be all done online. It assumes that those with SMI are well enough and motivated enough to carry it out - and that they have access to and can use IT."
- "Many sport spaces not accessible and still not running disability aimed sessions. It's great people are welcome at any session, but to build confidence they need safe spaces. There are still most disabled changing paired with baby/family changing for swimming sessions which is not acceptable."

Other areas of feedback from the survey:

We specifically asked for feedback on ways to make our delivering plans for equitable and effective in supporting our diverse communities across Sheffield to be healthier – feedback included how we could use the refreshed strategy to help provide opportunities to:

- **Embed more culturally competent care**: "Availability of interpreters, information in other community languages, training for staff re cultural perspectives (professionals still making unnecessary appointments on Eid for Muslim families)." "Sources of material/different platforms in different languages"
- **Ensure engagement is inclusive:** "Co production of services, including these people's voices in decision making. Utilising less formal approaches to engagement and creative ideas to collect information." "Make sure that EbyE are included in the work"
- **Work more closely with organisations that represent diverse groups**: "Working with established organisations who have record of delivering" "Using existing groups like Sheffield Voices, LGBTQ cafe, Say it, Disability Sheffield" "Work with community leaders, organisations within communities and those with lived experience."
- **Become all age -** the strategy plans should include the physical health of children and young people as well adults. There should be more in the delivery plan about helping older people with their physical health
- **Address gaps in supporting and engaging LGBTQ+ communities:** "I don't think we really know the experience of some groups because we don't collect the data (e.g. sexual orientation data is very poorly collected in general). I therefore think it is especially important to ask people how we can include them more in the plan". "LGBTQIA+ is rarely asked about or taken into account from either physical health services or mental health services" "Use the names and pronouns we ask you to use, consistently across services, and if you aren't sure don't just guess"
- **Recognise with higher levels of need and cumulative impact:** "Certain communities have far more people struggling to manage their mental health i.e Lowedges, Southey, Pitsmoor. Focus funding on areas with higher deprivation and hold clinics, wellbeing sessions in these areas"

Feedback relating to physical health that was received as part of the development of the Learning Disabilities Strategy

This feedback supported the key themes coming out of the Physical Health Strategy Survey, in particular relating to reasonable adjustments, staff training, and accessibility in the community:

- Most people said that their GP knew they had a learning disability but not that many workers in hospitals had taken time to find out
- People said there are a lack of reasonable adjustments in hospitals and doctor's surgeries such as easy read, extra time for appointments, quiet spaces, etc.
- Many people and staff find it difficult to go out in the community due to a lack of accessible toilets and changing rooms, as well as not knowing where they are.
- Some people stop going to services altogether when their buses are removed or the times are changed, and they don't have money for a taxi or their service doesn't have a minibus.
- People feel there is a lack of disability awareness in the public and spaces they visit while using services. They don't always feel safe because of this.

Disability Sheffield *Health Experiences report for people with learning disability and autism* (2022) highlighted similar issues around reasonable adjustments and the need for more staff training and awareness. Headlines from the engagement were:

- Many people told us that they had good experiences of healthcare and that they had been treated well by services.
- However, quite a lot of people told us that they were not happy and that they are not having good experiences.
- People told us that there is a lack of reasonable adjustments such as easy read, extra time for appointments, quiet spaces
- Most people we spoke to said people working in the hospitals don't know they have autism or a learning disability
- People told us that information about them is often not passed on
- Autistic people appear to be having a more difficult time in accessing healthcare then other groups
- There is a lack of understanding about learning disabilities and autism and a lack of understanding about what reasonable adjustments need to be put in place
- The booking of appointments on the telephone was very difficult for a lot of people but it was especially difficult for autistic people

Examples of feedback from the Disability Sheffield Health Experiences report for people with learning disability and autism (2022):

- “I have to remind people a lot that I have Autism, especially at hospital”
- ‘What I don't like is when the receptionist doesn't know that I have autism even after I've communicated this to them on many occasions’
- ‘I’ve been in hospital and being Autistic it’s not a fun time. The only time it was acknowledge when I was asked whether I have other health issues’
- “I have had so many bad experiences I don’t know where to start. It’s hard to separate what is because of Autism and what is because of my gender history or other things”.
- “More training around autism and learning disabilities needed”
- ‘What would help me is for doctors and nurses to be trained how to cope with people with learning disabilities and autism it would be good for doctors and nurses to know what it's like in our shoes’
- ‘Just very disappointed that there seems to be a lack of support for children with Autism’
- ‘My daughter has not experienced any good examples of health care. She is 16 years old, has autism and it feels like the services are waiting for her to turn 18’
- ‘My daughter has autism and the Psychiatrist will not engage with her until she has attended CAHMS on six occasions. Social Care have now discharged her. She is currently managing her heightened anxiety by going to a dealer and purchasing weed . Nothing has really changed for my daughter apart from the injuries caused by her self harm has intensified when she does do this behaviour’
- ‘People don’t read my hospital passport’
- ‘I don’t get letters to tell me about changes. Letters I do get are not in easy read. Pictures would be good’
- ‘No reasonable adjustments in place’
- “I tried to ask for a quiet room often I am promised this but when I get there I might not have a quiet room and that upsets me”

Feedback relating to physical health that was received as part of the development of the Autism Strategy

This feedback supported the key themes coming out of the Physical Health Strategy Survey, in particular relating to reasonable adjustments, staff training, and accessibility in the community – for example:

Making health and care services equal for autistic people

What people have told us

Having to fight for a diagnosis of your child so they can get the appropriate support and care should not be that difficult

A lot of GPs still have old fashioned views on Autism

Turn the music off in waiting rooms and bright lights should be dimmable

As family members, we're very skilled people - care providers should ask us, we're the experts

Disability Sheffield Healthy Living and Physical Activity for people living with severe mental illness, people with learning disabilities, and autistic people Project – Consultation:

Parents/Carers:

- 90% carers said that they would only take their son / daughter to a disability specific activity.
- 88% felt that there were not enough suitable physical activities for their son / daughter to access.
- 63% said that they didn't know where to search for information about activities and relied on word of mouth from other parent / carers.

Lived Experience – Autism:

- 87% said they didn't feel confident joining an activity.
- 40% said the professionals who worked with them didn't encourage them to take part in physical activity.
- 89% said they would only access a disability specific activity.
- 67% said they didn't access groups or activities due to travelling a far distance.
- 100% said they are more likely to attend a group or activity knowing the staff have had disability training

Lived Experience – Learning Disability:

- 72% said they were aware of the benefits of physical activity.
- 48% said they had never taken part in a formal physical activity.
- 75% said they didn't know where to search for information about physical activities.
- 79% said they struggled to access public transport without support.

Lived Experience – severe mental illness:

- 66% felt there wasn't any suitable activities for them to participate in.
- 80% felt they were unable to commit to an activity due to their health.
- 69% said that costs of activities were a contributing factor for not participating in physical activities.
- 88% said they didn't feel confident joining a group /activity.

Common Themes:

- Transport
- Money
- Lack of confidence
- Physical environment
- Suitability of activities / groups
- Lack of disability awareness
- Unaware of where to look for activities

We have also drawn upon what people have said as part of wider engagement exercises… for example

"What matters to you" conversations – **key themes coming out of the NHS South Yorkshire wider engagement that are relevant to this strategy…**

- **Accessibility**

  Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing barriers to accessing information, support and services were mentioned by all.

- **Affordability**

  The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally. The cost of living challenge provides the context to these responses.

- **Agency**

  Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

"Don't think that 'Oh no, they have mental health conditions so we can't use shock tactics!' Of course you can! The dangers of smoking don't stop just because you have a mental illness. All patients should be taught about the risks." *Rethink expert by experience, Hannah Moore (Quoted in 7 Tips for helping smokers with MH problems quit, MH & Smoking Partnership)*

"Since starting on antipsychotics I've put on about four stone. It's not the medication's fault per se, but taking them means that I care less about things, while this is good for schizophrenia symptoms, it is not good for losing weight. I find that I am lethargic often, and the weight I've put on doesn't matter to me the way that it would've done before I started taking meds." – Service user (Quoted in More than a Number, Centre for Mental Health).

Examples of feedback on services that have been commissioned by NHS SY ICB (Sheffield) to improve the physical health of people with SMI and LD and autistic people…

- “I usually don’t come for my bloods as I don’t like having my blood taken, you reassured me on the phone and made me feel comfortable so I trusted you that if I came and I didn’t want them then that was also ok.” *Patient who had the full SMI check completed by the PCS SMI Annual Health Check team.*
- “The support to both patients and practice has fantastic. You have been able to provide focused care to a cohort of patients that we are not always able to reach.” *Feedback from a Surgery on the impact of the PCS Annual Health Check team*
- “Sheffield Mind helped me to book my [cancer screening] appointment, helped me get a taxi there and back and even called me to talk me through leaving the house and sitting in the waiting room. If it hadn't been for those phone calls I might have got up and left I was so nervous … It was an easy process, simple and quick. Now I am enjoying a sense of security that I haven't felt in a while, like I just took charge of my life again. It’s my body, I am going to look after it!” *Sheffield Mind SMI Physical Health Outreach Project*
- “Our Women’s mental health football league has a 30% increase in participation due to increased confidence due to networking” *Example of ‘what’s changed’ through the Disability Sheffield SMI, LD, autism Healthy Living and Physical Activity*
- “[Sheffield Mencap staff] made going to the doctors easier for me and I really appreciated her support, understanding and kindness*” Sheffield Mencap Physical Health Outreach Project*

Example of LeDeR Steering Group “Jam board”:

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Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People

APPENDIX: *HIGH LEVEL DELIVERY PLAN FOR 2023-2028*

To note –

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- *with a learning disability*
- *living with severe mental illness*
- *who are autistic.*

Ambition 1: People will have equitable access to healthy living and physical activity opportunities and support in their community

As partner organisations we will:

1. Continue to support community healthy living and physical opportunities, activity groups and facilities to be more accessible for people with a learning disability, people with severe mental illness and autistic adults. Promote ways to also improve accessibility for children and young people. Make sure that people can get physical health support in ways that aren't online.
2. Increase the options (or awareness of options) for people to be able to access community healthy living and physical activity opportunities, groups and facilities (e.g. by increasing the number of 'buddy' or peer support approaches).
3. Increase awareness among health, care and education staff about ways to support and encourage healthy living and physical activity and ensure that we learn together across the Physical Health Improvement Strategy partnership organisations.
4. Increase referrals to Sheffield Carers Centre and Sheffield Young Carers of people who care for an (adult) loved one with severe mental illness, learning disabilities and autism.
5. Increase/support referrals/signposting through Sheffield Parent Carers Forum, to ensure carers of children and young people can access mutual support and information, including access to the Peer Support Service.
6. Improve how the needs of different communities are understood and met (in relation to both different local areas and Protected Characteristics). This will include responding to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including: extension of the strategy to include children and young people; further consideration of older adults needs; further work to embed provision of culturally competent care/reasonable adjustments (including how this relates to religion and faith); consideration of pregnancy and maternity services/care; consideration of barriers to healthcare experienced by LGBTQ+ people. **Note: this cuts across all three Ambitions.**

Ambition 1: People will have equitable access to healthy living and physical activity opportunities and support in their community (continued)

As partner organisations we will:

6. The oral health vision within the S*heffield Oral Health Improvement Strategy 2023 – 2027* is for all Sheffield residents to be able to speak, smile and eat with confidence and without pain or discomfort from their teeth or mouths. As we know that people with a learning disability, mental ill health, or who are autistic are particularly at risk of poor oral health, we will work between the Physical Health Strategy and Oral Health strategies to address this. The Oral Health strategy also includes a particular focus on those children and young people who experience the worst oral health, and so we will ensure that as part of the expansion of the Physical Health Strategy to become all age, we will include a focus on the oral health of young people with a learning disability, mental ill health, or who are autistic.
7. Work alongside the Sheffield Food and Obesity Board, to support our populations (who are more at risk of obesity and limited access to nutritious food): 'To access food all the time that is safe, affordable, culturally appropriate, nutritious and that benefits their health and wellbeing' and to ensure that 'Working with local community groups and organisations to ensure support services, such as those helping people to manage their weight, take a compassionate approach and are suitable for and accessed by under-served populations and/or groups at increased risk of obesity and poor diet'.
8. Work alongside the Sheffield Tobacco Strategy 2022-2027, particularly in relation to aim number 3 of the Tobacco Strategy: Eliminate inequities in smoking rates and smoking-related illnesses: Smoking impoverishes, amplifies, and drives inequalities harming some people more than others. This includes … people with mental health conditions. We need to remove these inequities and prioritise action amongst these groups. The physical health strategy will support this, with an initial focus on maximising opportunities for people with SMI in primary care and community/voluntary settings to receive Very Brief Advice and to access Tobacco Treatment Services (for example as part of their Annual Physical Health Check).

Ambition 2: People will have equitable access to the physical health care and interventions that they need

As partner organisations we will:

1. Improve Reasonable Adjustments for people with learning disabilities, severe mental illness, and autistic people (where possible this will be through contributing to, and influencing, wider citywide work on Reasonable Adjustments and Accessible Information Standards) including through training and awareness raising for staff (including supporting roll-out of the Oliver McGowan Training).
2. Continue to increase the quality and number of Annual Health Checks (and Health Actions Plans) for people with learning disabilities and people living with severe mental illness, to meet/exceed national targets and include those who do not regularly access their checks. We will pilot innovative approaches to learning disability health checks for children and young people, e.g. in community settings through working closely with primary care and the wider system to determine the need in this area.
3. Improve sharing of information on health checks between primary and secondary care services, to reduce duplication and make sure no-one is missed.
4. Continue to improve the accuracy of GP patient registers for people living with severe mental illness and people with learning disabilities. This will include a focus on how we identify children with learning disabilities on registers earlier.
5. Pilot ways to improve how GP surgeries record and flag autism, with the aim of improving care of autistic people. Respond to the recommendations from the NHSE Autism Health Check pilot (when this is published)
6. We will continue to target where people with SMI, people with LD and autistic people are more likely to experience long term health conditions, and will identify ways to make the care for these conditions more accessible (e.g. diabetes; epilepsy; respiratory illness; heart disease) as well as ways to help prevent/manage these conditions.
7. Continue to improve access and equity for childhood and adult vaccinations and National Screening Programmes.
8. Ensure support for parents with SMI, LD and autism in terms of access to local health services for their children to ensure and maintain good health. This will include supporting reasonable adjustments, access to advice and accessible information; Including inclusive practice in clinics and family hubs
9. Ensure support for children with SMI, LD and autism in terms of access to local health services to ensure and maintain good health. This will include supporting reasonable adjustments, access to advice and accessible information; Including inclusive practice in clinics and family hubs

*Ambition 2: People will have equitable access to the physical health care and interventions that they need **(continued)***

As partner organisations we will:

10. Promote physical health care to the full range of services supporting children, young people and their families, including education, care and the voluntary community sector, and these services to be proactive in supporting families to enable young people to access their health care.

11. Ensure that a multiagency delivery group set up through the Autism Partnership Board will focus on the priority in the Autism Strategy about making health and care services equitable for autistic people

12. Continue to oversee the planned work of Sheffield Teaching Hospitals Learning Disability and Autism service to better support patients; train staff; improve Accessible Information Standards; respond to patient experience and feedback; increase use of Health Passports; and develop how Electronic Patient Record are used to better flag care needs.

13. Sheffield Teaching Hospitals Mental Health workstreams will:

- Deliver Emergency Department specific training to include triaging, the use of risk assessments, supporting young people in the emergency department.
- Provide further training and guidance across the trust to support patients with a mental illness.
- Recruit a pool of Mental Health Support Workers through NHSP.
- Offer Safer Space rooms in Emergency Department and Acute Medical Unit.
- Roll out Reducing Restrictive Intervention across the trust.

14. Sheffield Children's Hospital will (as outlined in the SCH Clinical Strategy)l capitalise on the unique opportunity as an integrated Trust to deliver integrated physical, mental health and learning disability services. SCH will work towards three priorities for all services: reasonable adjustments, accessible information, and training. This includes the promotion of health passports to support and improve access to, experience of and outcomes for healthcare.

15. The PAIRS (Parent and Infant Relationship Service) pathway will continue to combine Psychology input, provided by the community CAMHS service, with physical health and development needs, provided by the 0-19 service. This service will also ensure screening, vaccinations and immunisations are up to date.

16. Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing pregnancy/maternity physical health care.

17.Explore the current pathways for learning disability identification in CYP and adults. Looking at how we can improve this locally and working with national NHSE colleagues on this national issue.

Ambition 3: People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health

1. As partner organisations we will do more to support care staff to detect (and respond to) when people's physical health is deteriorating (managing the deteriorating patient).
2. As partner organisations we will do more to ensure young people receive good physical health support during the move from children's to adults services.
3. Sheffield City Council will continue to embed the monitoring of people who have been supported to attend GP physical health checks through the Independence and Support framework providers quarterly monitoring.
4. We ensure close working between the LEDER programme to support STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) (including multicultural STOMP initiatives).
5. We will promote an improved understanding of how menopause may affect people living with severe mental illness, people with learning disabilities and autistic people.
6. The Primary Community Mental Health Service will:
   - Make greater connections with general practice, with two way learning to better understand and treat mental health and physical health.
   - Maximise the opportunities to work across Primary care networks and into community VCSE organisations to invest time and when possible funds to increase the practical offers to address physical health needs
   - Maximise the opportunities to share information via patient administration systems across mental health and wider organisations.

Ambition 3: People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health (continued)

6. Sheffield Health and Social Care will improve physical health for patients within community and inpatient services:

- **Living Well:** We are improving uptake of access to National Screening programmes (for example cervical, bowel, breast screening and screening follow up project alongside Sheffield Flourish, Sheffield Teaching Hospitals and SACHMA). We are supporting service users regarding sexual health, smoking, physical exercise, vaccinations, BMI, diet management, sleep hygiene, Annual Health Reviews, and promoting well-being and lifestyle choices. We are working with people with lived experience and community organisations to help deliver these objectives.
- **Planned care**: We are improving physical health care and monitoring regarding continence care, diabetes, tissue viability, thrombosis, embolisms and epilepsy. Key areas of focus across all areas are diagnostics and monitoring, with an emphasis on self management where appropriate. We are working with Sheffield Teaching Hospitals to support training requirements.
- **Deteriorating patient**: We continue to roll out training for to address where there is an urgent Physical Health deterioration that needs immediate action in order to prevent deterioration, preserve life and promote recovery.
- **Unplanned**: We are improving care and physical health monitoring for service users during any unplanned events that impact on their physical health e.g. seclusion, self-harm, rapid tranquilisation, slips/trips/falls, adverse reaction to medication, wound care, dystonic reactions.
- **Digihealth**: We want to ensure that we can support service users effectively through the use of technology to promote wellbeing, independence and self-care, use of assisted technology to keep people safe and enable them. Collaborative connectivity with external services (e.g., how sharing data could support), improvements with training and experience. Potential for using QR codes on equipment outlining instructions on use. We are improving the ability to report activity and share information through improved interoperability, e.g. better sharing of information with primary care on physical health checks.

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Report to Policy Committee

Author/Lead Officer of Report: Avi Derei, Commissioning Officer

Tel: 07717785123

Report of:	Alexis Chappell
Report to:	Adult Health and Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Advocacy Services – Current and Future

	Yes		No	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? **2304**				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -

*"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)."*

Purpose of Report:

The purpose of the report is to request agreement to the commissioning strategy for the provision of advocacy services.

This report summarises the Council's statutory duties to provide advocacy and sets out the Council's recommendations for the development and delivery of advocacy services through a new contract to be delivered by an external provider.

It also notes the importance of ensuring continuity of advocacy services, and our proposals to delivery these in a way that meets the needs of the people of Sheffield.

Recommendations:

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

1. Approves the commission of advocacy services from an independent external provider, for a period of 7 years and for an estimated annual value of £1.23m as set out in this report.

2. Notes that the Strategic Director for Adult Care and Wellbeing Services provide an annual update on impact of advocacy services to the Committee.

Background Papers:
Appendix 1 – Equality Impact Assessment
Appendix 2 – Engagement Overview

<table>
<tr><th colspan="3">Lead Officer to complete: -</th></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Laura Foster</td></tr>
<tr><td>Legal: Richard Marik</td></tr>
<tr><td>Equalities & Consultation: Ed Sexton</td></tr>
<tr><td>Climate: Catherine Bunten</td></tr>
<tr><td></td><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>SLB member who approved submission:</td><td>Alexis Chappell</td></tr>
<tr><td>3</td><td>Committee Chair consulted:</td><td>Councillor Angela Argenzio</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">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.</td></tr>
<tr><td>Lead Officer Name:
Avi Derei</td><td>Job Title:
Commissioning Officer</td></tr>
<tr><td colspan="2">Date: 21st August 2023</td></tr>
</table>

1. PROPOSAL

1.1 Advocacy services are currently being provided by the Sheffield Advocacy Hub. This arrangement will end on 31 March 2024 with the ending of the Contract.

1.2 The proposal is for the Council to continue to commission Advocacy services for both statutory and non-statutory advocacy, and to do this through seeking an external/independent provider.

1.3 It is proposed that this commissioning will cover a period of up to 7 years of service delivery.

1.4 The commissioned service will be flexible enough to allow for the Council to respond to changes in demand, and changes in legislation; specifically, the possible implementation of the Liberty Protection Safeguards (LPS), Mental Capacity (Amendment) Act 2019.

Background

Statutory Duties

1.5 The Council have statutory duties under the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market.

1.6 The Council also has a duty under the Care Act 2014 to provide an independent advocate for adults, where needed, as part of assessment and care management including safeguarding enquiries.

1.7 The advocacy duty applies from the point of first contact with the local authority and at any subsequent stage of the assessment, planning, care review, safeguarding enquiry, or safeguarding adult review. If it appears to the authority that a person has care and support needs, then a judgement must be made as to:

- whether that person has substantial difficulty in being involved (i.e., difficulty in understanding relevant information; retaining information; using or weighing information; and/or communicating views, wishes and feelings.)

- if there is an absence of an appropriate individual to support them.

1.8 An independent advocate must be appointed to support and represent the person for the purpose of assisting their involvement if these two conditions are met and if the individual is required to take part in one or more of the following processes described in the Care Act:

- Adults - a needs assessment, a carer's assessment, the preparation of a care and support or support plan, a review of a care and support or support plan.
- Safeguarding - a safeguarding enquiry, a safeguarding adult review.

1.9 The advocacy role may also involve assisting a person to challenge a decision or process made by the local authority; and where a person cannot challenge the decision even with assistance, then to challenge it on their behalf.

1.10 In Sheffield, we fulfil these duties currently through a contract with Sheffield Citizens Advice and Law Centre who deliver the Sheffield Advocacy Hub providing Advocacy Services for the Council. The Sheffield Advocacy Hub provides a single point of contact for anyone requiring adult advocacy services. The advocacy services under the current contract include:

- Care Act advocacy
- Independent mental health advocacy (IMHA)
- Independent mental capacity advocacy (IMCA)
- Independent mental capacity advocacy with a focus on deprivation of liberty (DOLS)
- NHS complaints advocacy
- Learning Disabilities Non statutory advocacy

  Relevant person's representative advocacy (RPR)

Current arrangements for the delivery of Advocacy services

1.11 Sheffield Advocacy Hub currently provides advocacy services.

1.12 The service commenced in 2017 for a period of 5 years, and for a value of £4,465,695. A 1-year extension to the service was agreed for periods April 2022-March 2023 (£1.03m) and April 2023- March 2024 (£1.23m).

1.13 The extensions were provided due to the anticipated imminent introduction of Liberty Protection Safeguards (LPS) and the unknown impact this may have on advocacy services and demand. In April 2023, the Department of Health and Social Care announced the implementation of the Liberty Protection Safeguards (LPS), the Mental Capacity (Amendment) Act 2019, would be delayed "beyond the life of this Parliament".

1.14 The failure to provide Advocacy services after expiration of the current service without another arrangement in place to deliver advocacy services would therefore mean that the Council would fail to meet its statutory duty.

Proposed New Service Scope

1.15 The aim of the commissioning strategy is to build on the strong offer currently available in Sheffield, developing a service with increased accessibility to advocacy services through a broader scope and through specified activity to raise the profile and awareness of the advocacy offer.

1.16 Review and evaluation of current delivery and demand has raised some gaps in advocacy provision in Sheffield. The areas of need identified are:

- non-statutory deaf advocacy

1.17 We know that better outcomes for individuals and services are achieved with additional access to advocacy support, and through professional training to increase the awareness and understanding of advocacy services.

1.18 We are therefore broadening the scope of the Advocacy service to include the following in response to our review and learning from Safeguarding, Race Equality Commission, and feedback from Festival of Involvement:

- **Advocacy training for professionals**. This to include social care professionals, health professionals and others. The new service will specify a training offer for social care staff and will allow other services to purchase advocacy training to meet the needs of their workforce.
- **Awareness raising about the role of advocacy to public, local area committees and across Communities**.
- A model to **meet the communication needs of people through the life course and particularly taking into account learning from the Race Equality Commission.**
- Maximising advocacy capacity through developing and embedding a **peer/volunteer advocacy model.**

1.18 Further, it is intended that the commissioned service will ensure delivery of a service which is equitable and takes positive action to address any disproportionality. Advocacy must be accessible to all, and we will monitor both access and impact of Advocacy experience by people who have characteristics of all equality groups.

Rationale for Commissioning Strategy

1.20 There is a need to provide long term stable advocacy services to the population of Sheffield to ensure the Council continues to meet its statutory requirement to provide advocacy services and to support better outcomes for individuals who use services.

1.21 The new service will enable increased access to advocacy and an improved training offer and maximisation of capacity through a peer/volunteering model.

1.22 Should the current arrangement with Sheffield Citizens Advice and Law Centre expire, the Council would be unable to commission any further Advocacy services via the existing arrangements.

1.23 Failure to pro-actively secure alternative provision of Advocacy services following the expiry of the current service provided by Sheffield Citizens Advice and Law Centre would mean that advocacy could only be arranged via:

- a spot purchase of individual advocacy services for each individual - which is not recommended as the most efficient or effective commissioning process and would negatively impact upon the Council's ability to monitor and quality assure provision, or
- a direct payment – which may put unnecessary pressure upon the person in receipt of care to arrange, finance and manage if this is not what they wish to do. We do not feel that this process will be equitable across those in need of advocacy support and will inevitably favour those already in the social care system. This may in turn lead to additional pressure on social care.

- an in-house service – this approach would not adhere to good practice. The Care Act 2014 advises that *providers of advocacy must be independent of the local authority, with their own constitution, code of practice and complaints procedure.* Skills for Care have also advised in recent advocacy commissioning guidance

1.23 It is therefore proposed that Adult Health and Social Care Committee approves the commissioning strategy for the provision of statutory and non-statutory advocacy services. This will enable the Council to continue to provide Advocacy Services and meet its statutory duties under the Care Act 2014, Mental Health Act 2007. This will also support the Council in meeting the needs of vulnerable parts of the population via non-statutory advocacy support.

Future updates to Adult Health and Social Care Policy Committee

The Strategic Director for Adult Care and Wellbeing Services will provide an annual update on impact of advocacy services to the committee.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Sheffield City Council Corporate Delivery Plan outlines six strategic goals for the city. The Current arrangements for the delivery of Advocacy services and the proposal to extend the current contract contributes most significantly to:

- **'Enabling adults to live the life that they want to live':** Advocacy services are essential in providing voice for people and supporting the residents of Sheffield to get the support they want from social care and health services.
- **'Involve our citizens in the decisions that affect them and their communities'** – Advocacy is a key partner supporting the residents of Sheffield to participate in discussions about issues that affect them and their communities.

2.2 We have developed an Adult Health and Social Care Strategy and delivery plan to set out our vision for 2022 to 2030. Called 'Living the life you want to live', it is about how we work together to help the people of Sheffield to live long, healthy and fulfilled lives. Our Adult Social Care 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.

2.3 The proposal supports the delivery of Strategy and can be measured against our key performance indicators, including ASCOF measures, local outcomes and the 'I statements'. Specific performance indicators relevant to this report are provided in the table below:

	Performance Indicator	Target 22/23	Current Position	21/22 Baseline
	National Outcomes			

	People who use services who feel safe. (ASCOF 4A)	**69.3%**	**66.6% (22/23)**	**56.9%**
	People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	**85.6%**	**85.9% (22/23)**	**79.4%**
	Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (CQC)			
	I statements			
	I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.	**New Measure**	**61.9%**	**N/A**
	The system is easy to navigate. I know how and where I can get the support I need when I need it.	**New Measure**	**26.3%**	**N/A**
Connected & Engaged	**I statements**			
	I know what services and opportunities are available in my area.	**New Measure**	**43.4%**	**N/A**
	I am confident to engage with friends/support services.	**New Measure**	**36.4%**	**N/A**
	I am listened to and heard and treated as an individual.	**New Measure**	**50.0%**	**N/A**
Active & Independent	**I statements**			
	I know that I have control over my life, which includes planning ahead.	**n/a**	**60.8%**	**N/A**
	I know that I have some control over my life and that I will be treated with respect	**n/a**	**70.7%**	**N/A**
	When I need support, it looks at my whole situation, not just the one that might be an issue at the time.	**n/a**	**52.5%**	**N/A**
	We start with a positive conversation, whatever my age.	**n/a**	**63.2%**	**N/A**

2.4 The proposals in the report contribute to Adult Social Care performance against the CQC Assessment Framework for Local Authorities, specifically:

- Theme 1: Working with people
- Theme 2: Providing support

2.5 The proposals in the report will support the delivery of Council actions and priorites as they relate to the Race Equality Commission, Climate Action Plan and the development of City Goals as well as learning from our Festival of Involvement which took place during Summer 2023.

2.6 The proposals in the report contribute to wider activity and delivery within Adults Care and Wellbeing, including our Safeguarding Delivery Plan, our Carers Strategy and Delivery plan, our Transitions model, and our partnership work with Health.

2.7 A risk has been identified that the expiration of the current arrangement without a new commission in place to start may impact upon the accessibility of statutory advocacy services.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 Consultation has been completed using a variety of methods including 1:1 interview, group workshops, surveys, and benchmarking.

3.2 Consultation has been carried out with individuals who use advocacy services, individual who may use advocacy services in the future, general public, referrers to

advocacy services, health and social care professionals and advocacy staff who deliver the current service.

3.3 Consultation has also been carried out with national advocacy organisations, other local authorities, health trusts and recognised national specialists.

3.4 Learning has also been taken from the Festival of Involvement which took place during Summer 2023, Race Equality Commission and our Safeguarding review and this identified a need to ensure that the communication needs of people through the life course are recognised and a clear strategy is in place to ensure voices are heard.

3.5 Detailed information regarding the approach taken and draft findings from the consultation can be found in appendix 2.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. 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.

4.1.2 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.

4.1.3 The extension will support people to have a voice in their own health, support, and other matters that they would otherwise be without. In Equality Act terms, beneficiaries share many protected characteristics. The primary characteristic of Disability covers a range of support under Sheffield Advocacy Hub (including mental health and learning disability). Secondary characteristics (e.g. relating to Race or Age) apply). And advocacy is also relevant to the Council's wider consideration of equality interests – e.g., Health, Poverty.

4.1.4 As such, the extension to the framework contract and maintenance of advocacy provision is supportive of the Council's responsibilities under The Duty, namely, to consider ways to improve the experience and outcomes of people who share protected characteristics relative to those who do not.

4.1.5 An Equality Impact Assessment has been completed and is summarised below:

- The extension of the contract will prevent unnecessary disruption to continuity of care, which would have negative impacts upon the people in receipt of services.

- The extension will allow continued equitable access to advocacy services for Sheffield residents.
- Positives impacts upon persons who share protected characteristics would be maintained because of the extension.

4.1.6 The proposals will support to ensure that advocacy support remains stable over the next 7 years and will continue to ensure the availability and quality of advocacy delivered to vulnerable adults in Sheffield. The commission of a new advocacy contract is not likely impact disproportionately on any section of the service user population.

4.2 Financial and Commercial Implications

4.2.1 In March 2023, Adult Health and Social Care Committee agreed to extend the Advocacy contract for one year for 23/24 at a value of £1,230,000.

4.2.2 For 23/24, the gross budget available for the Advocacy contract is £797,200.

4.2.3 Current activity levels show that the Advocacy service is forecast to deliver within the contract value, however, due to the uplift in value for inflationary pressures, there is a forecast overspend for 23/24 of c. £259,000.

4.2.4 At present, the Advocacy service receives grant funding, and recharge income from DOLs. Recharges have been consistently higher than budgeted due to increased demand within the service. This increased income is included within forecasts and mitigates some of the pressure faced. Should there be a reduction in the recharges from the DOLs service, or the grant comes to an end, the level of overspend will further increase. The proposed increase in scope of the contract may also attract additional recharge income based on demand.

4.2.5 Any pressures arising from the new contract will need mitigating or addressing through Business Planning.

4.3 Legal Implications

4.3.1 The Council have statutory duties under the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market.

4.3.2 The Council also has a duty under the Care Act 2014 to provide an independent advocate for adults, where needed, as part of assessment and care management including safeguarding enquiries.

4.3.3 The contracting arrangements in this report are permitted by the Local Government (Contracts) Act 1997.

4.4 Climate Implications

4.4.1 A Climate Impact Assessment has been completed and is attached at Appendix 3.

4.4.2 The assessment has considered how the Working Age Framework providers can have a focus on the impact of climate change and contribute to mitigate against these changes, thereby aligning with Sheffield's aim to become a net zero carbon city by 2030.

4.4.3 Provision of a more sustainable and flexible suite of services over a longer contract term will enable the local authority and all stakeholders to explore and develop opportunities to collaborate, share resources and reduce carbon emissions. Framework providers will be in a unique position to influence people they support by raising awareness of climate impact and encouraging them to make changes in their everyday lives that will reduce carbon emissions.

4.4.4 We expect all providers to appoint Climate Impact Champions and complete an annual self-assessment to evidence how they are working towards the reduction of carbon emissions.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1

Options	Risks	Mitigation
Option 1 - Allow service to lapse	SCC would not meet statutory responsibilities SCC would not have an overview on quality SCC would have reduced influence in the hourly rate / cost of provision and value for money SCC would not have an overview of referral rates SCC would not have an overview of spend SCC would not have an overview on throughput SCC would not have an overview on waiting lists	SCC could spot purchase advocacy services
Option 2 - Offer a 12 further extension at current hourly rate	The Council would be at risk of a breach of procurement regulations The provider may not accept this proposal.	SCC could spot purchase advocacy services
Option 3 – deliver service in-house	The Council would be at risk of a breach of Care Act 2014 guidance. The Council would not adhere to best practice approach in commissioning advocacy services	No mitigation

6. REASONS FOR RECOMMENDATIONS

6.1 Should service provision cease, the Council will be unable to apply in an equitable manner our Statutory duty under the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. We would also be unable to meet the needs vulnerable adults identified as benefiting from non-statutory advocacy.

PART A - Initial Impact Assessment

Proposal Name:	Advocacy – Permission to go out to tender - April 2024
EIA ID:	2304
EIA Author:	Avi Derei (NCC)

Proposal Outline:

The purpose of the report is to request permission to go out to tender for the advocacy services contract, which is due to expire March 31st, 2024. This report highlights the importance of ensuring continuity of advocacy services in a way that meets the needs of the people of Sheffield. This report also emphasises the Council's statutory duties to provide advocacy and sets out the Council's proposal for the development of advocacy services within the new contract. The proposals will support to ensure that advocacy support remains stable over the next 7 years and will continue to ensure the availability and quality of advocacy delivered to vulnerable adults in Sheffield. New Service Scope The aim of the commission is to build on the current, strong advocacy offer in Sheffield, increasing accessibility to advocacy services through an increased service scope, geographical reach and profile raising. Alongside the current areas of advocacy identified above, it has been recognised throughout the current arrangement that there are some advocacy gaps in Sheffield at the moment. The immediate areas of need identified are non-statutory deaf advocacy and parental advocacy for parents of children subject to a child protection plan and have a substantial difficulty participating in the child protection process. Another area identified is advocacy training for professionals, this includes, social care professionals, health professionals and others. The new service will specify a training offer for social care staff and will allow other services to purchase advocacy training to meet the needs of their workforce. Based on good practice guidance and information from other authorities we know that better outcomes for individuals and services are achieved with additional access to advocacy support and professional training to increase the awareness and understanding of advocacy services. The new service specification will require the successful provider to increase accessibility by offering a modernised service that will better meet the communication needs of younger adults as well as

maintaining traditional communication methods.

Proposal Type:	Non-Budget
Year Of Proposal:	24/25, 25/26
Lead Director for proposal:	Alexis Chappell
Service Area:	Social CAre
EIA Start Date:	01/04/2024
Lead Equality Objective:	
Equality Lead Officer:	Ed Sexton

Decision Type

Committees:

Policy Committees

- Adult Health & Social Care

Portfolio

Primary Portfolio:	People
EIA is cross portfolio:	No
EIA is joint with another organisation:	No

Overview of Impact

Overview Summery:

We view advocacy as a fundamental step in bridging the gap and amplifying the voices of marginalised populations in Sheffield. SCC currently have a Statutory duty under the Care Act 2014, Mental Capacity Act 2005, The Health and Social Care Act 2012 and the Mental Health Act 2007 to maintain a stable and sustainable care market. The local authority also has a duty under the Care Act 2014 to arrange an independent advocate for adults as part of assessment and care management including safeguarding enquiries. The expiration of the contract without another in place to follow will mean that we fail to meet our Statutory duty Advocacy helps people with disability facing complex challenges, people who cannot advocate for themselves, or don't have family, friends or peers who can support them in an informal capacity. Advocacy supports people from BME community to access appropriate high-quality services as early as possible. This need is clearly recognised within the Department of Health action plan Delivering Race Equality in Mental Health Care. Advocacy services in Sheffield offer vital support in preserving older people rights during decision making and is especially relevant in the decision making for older people to move into residential environments. Currently approx. 45% of the referrals to the service are for over 65s with the main criteria being RPR advocacy. The role of a Relevant Person's Representative (RPR) is to maintain contact with the person and to represent and support them in all matters relating to the deprivation of liberty safeguards (DoLS). Advocacy offer essential support to LGBTIQ+ and non-male Sheffield residents, especially in mental health which disproportionally affects this section of the population and in turn increases referrals to mental health services in the city. We are aware from national statistics that In England, in 2014, one in six adults had a common mental health problem: about one in five women and one in eight men. From 2000 to 2014, rates of common mental health problems in England steadily increased in women. According to a research project conducted by Youth Chances, 52% of LGBTQ people reported self-harming, compared to 35% of heterosexual non-trans young people. Furthermore, 44% of the LGBTQ people reported suicidal thoughts, compared to 26% of heterosexual non-trans respondents. Our current advocacy contract offers support in the areas of independent mental health advocacy, independent mental capacity advocacy, independent mental capacity advocacy with

a focus on deprivation of liberty and NHS complaints, amongst other areas. The current Advocacy contract has been awarded to Sheffield Advocacy Hub who are non profit organisation and part of Citizens Advice Sheffield. The organisation sets itself a priority of reducing and eliminating inequality in society via their helpline, advocacy services and other social right campaigning.

Impacted characteristics:

- Health
  Age
  Disability
  Pregnancy/Maternity
  Race
  Sex
  Sexual Orientation
  Gender Reassignment
  Carers
  Voluntary/Community & Faith Sectors
  Poverty & Financial Inclusion

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact: Yes

Consultation is in the process of being completed using a variety of methods including 1:1 interviews, group workshops, surveys and benchmarking. Consultation has been carried out with individuals who use advocacy services, individual who will be using advocacy services in the future, general public, referrers to advocacy services, health and social care professionals and advocacy staff who deliver the service current. Consultation has also been carried out with national advocacy organisations, other local authorities, health trusts and recognised national specialists. Consultation has been completed with the contracts team regarding the performance of the provider. Contracts officers have reported that the relationship with the provider is excellent, quality of the advocacy provided is high and that they are receptive

to feedback and take actions in a timely manner. While the volume of the work is much higher than initially anticipated, the provider has implemented a robust triage system to enable the urgent cases to be accommodated. Commissioning officers have stated that the current provider has been forthcoming in engaging with a variety of activities outside of the scope of the contract such as training requests from social care, participation in a provider selection process for a new supported living development and taking on focused work to support social care in resolving complaints. It is clear that the residents of Sheffield are at the heart of the provider's operation and that they are dedicated in improving both user experience of advocacy services and generally social care services across the city.

Impact areas: Year on Year

Initial Sign-Off

Full impact assessment required: Yes

Review Date: 01/04/2026

PART B - Full Impact Assessment

Health

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: Staff - We feel that the retender will have a positive impact on staff at the Advocacy Hub as it will give them further consistency around their employment. MIND research suggests a link between clarity on employment future and well-being. Customers - We

feel that the proposed retender will benefit the health and wellbeing of Sheffield residents who are currently in receipt of or that may access advocacy services in the future. The consistency and availability of advocacy support will remove barriers and enable the voice of the individual to be consistently heard through the decision-making process. We know from information that Advocacy Hub collect that a large proportion of the individuals who access the service see themselves as having a health difficulty or challenge. The annual reporting shows that 42% of the individuals accessing the service see themselves as having mental health difficulties at the point of referral, 16% of the individuals accessing the services have a learning disability and that 24% have a cognitive impairment, such as dementia, stroke, brain injury.

Name of Lead Health Officer:

Comprehensive Assessment Being Completed: No

Public Health Lead signed off health impact(s):

Age

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: Staff - We feel that the retender will have a positive impact on staff at the Advocacy Hub as it will give them further consistency around their employment. This is particularly important to those with protective characteristics approaching retirement age. The University of Hull research via UK government, European Commission, Trades Union Congress comments on the difficulties of those aged 50-69 to find employment in new sectors. Customers - We feel that the proposed retender will benefit the Sheffield residents who are currently in receipt of or that may access advocacy services in the future. From the Advocacy Hub statistics, we can gather that 41% of the individuals who access the hub are over the age of 65, which is far higher than their representation in the

general populi of 18.9%. Peter Scourfield highlights in The British Journal of Social Work that advocacy plays a part in helping older people in residential care remain full citizens.

Carers

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Staff - We feel that the retender will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment. As much of the hub staff are part time employees, they may have additional caring roles. Any disruption to their employment may have an impact on their caring role. Customers – We feel that the proposed retender will benefit carers, who are currently in receipt of care themselves to be supported in decision making in relation to health and social care. It would further benefit carers who are caring for individuals known to social care and health services already by supporting to alleviate the weight of sole decision making for the future of the individuals they are caring for. Advocacy support would be of particular benefit for both young carers and older carers. Both groups are more likely to have more barriers to engagement with health and social care such as ill health, education commitments, multiple caring roles, etc.

Disability

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Staff - We feel that the retender will have a positive impact on staff with disabilities at the Advocacy Hub as it will give them further consistency around their employment. We are aware from the Office of National Statistics that employment within the disabled population of a working age in UK stands at 52% on comparison with a general population which is 76%

which highlights the need around job security for those with disabilities. Customers - We feel that the proposed retender will benefit Sheffield's' disabled population who are currently in receipt of or that may access advocacy services in the future. A large proportion of advocacy commissioned through this framework has direct links to the disabled population of the city, other services have an indirect links. Over the past year Advocacy Hub have reported 12% of referrals are from individuals with a learning disability and 22% had a cognitive impairment. There is a specific section of the framework that is classed as generic LD advocacy and other types of advocacies such are Independent Mental Health Advocacy, DOLs and Independent Mental Capacity Advocacy, traditionally have some very strong links to individual with disabilities. We are also looking at extending the scope of the current contract to include non-statutory advocacy support for the deaf community. Which will likely lead to better health and wellbeing outcomes for the community.

Gender Reassignment

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: Staff - We feel that the retender will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment. Customers - We feel that the proposed retender will benefit individuals with protected characteristics who are currently in receipt of or that may access advocacy services in the future. We are aware that from the Advocacy Hub referral information that 0.6% of individuals referred, identified as transgender and 0.5% of individuals referred identified as non-binary. Any negative impacts due to changes will affect these individuals disproportionately.

Poverty & Financial Inclusion

Staff Impacted: Yes

Customers Impacted: No

Description of Impact: Staff - We feel that the retender will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment. As much of the hub staff are part time employees, there is a risk to those individuals who fall into low-income bracket. Any negative impacts due to changes to the Advocacy framework may affect them disproportionately.

Pregnancy / Maternity

Staff Impacted: Yes

Customers Impacted: No

Description of Impact: Staff - We feel that the retender will have a positive impact on pregnant staff at the Advocacy Hub as it will give them further job security. A study conducted by IFF Research on behalf of the Department for Business, Innovation and Skills and the Equality and Human Rights Commission comments on the difficulty for pregnant individuals in seeking employment once made redundant from their current roles.

Race

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: We feel that the retender will have a positive impact on staff from BAME backgrounds at the Advocacy Hub as it will give them further consistency around their employment. As seen from the table below, overall there is more BAME representation in Sheffield Advocacy Hub's workforce than in the population of Sheffield. We are aware from Office for National Statistics that employment rate for the BAME community stand nationally at 66% in comparison with White British at 78%. It would be correct to assume on that basis that the risk is higher around regaining employment for BAME workers if Sheffield Advocacy Hub were to give notice to their workforce. Sheffield advocacy hub staff 2023 Sheffield 2011 population census Caribbean 6% 1% Black African 3% 2.60% Other 4% 4.40% Asian 13% 8% Prefer not to say 8% NA

White Asian 3% 0.60% White British 62% 84% Customers - We feel that the proposed retender will benefit Sheffield's' BAME population who are currently in receipt of or that may access advocacy services in the future. The Sheffield Advocacy Hub have told us that 12% of referrals made to the service are for individuals who self-identify in the BAME community. We are aware from research that Rethink, mental health charity has carried out that the BAME community are disproportionally affected by mental health difficulties. In turn the need for advocacy is essential and in particular advocacy support such as Independent Mental Health, Independent Mental Capacity, Care Act and NHS Complaints. Advocacy supports people from BAME community to access appropriate high-quality services as early as possible. This need is clearly recognised within the Department of Health action plan Delivering Race Equality in Mental Health Care.

Sexual Orientation

Staff Impacted:	Yes
Customers Impacted:	Yes
Description of Impact:	Staff - We feel that the retender will have a positive impact on staff with protected characteristics at the Advocacy Hub as it will give them further consistency around their employment. The Stonewall LGBT in Britain Work Report tells us that almost one in five LGBT people (18 per cent) who were looking for work said they were discriminated against because of their sexual orientation or gender identity while trying to get a job in the last year. Customers - We feel that the proposed retender will benefit individuals with protected characteristics who are currently in receipt of or that may access advocacy services in the future. The Women and Equalities Committee commented that a Government survey of 108,000 LGBT people found that many had difficulties accessing healthcare service. National representative data from the NHS tells us that 16% of LGBT adults said they had a mental, behavioural or neurodevelopmental disorder as a longstanding condition. The proportion of heterosexual adults reporting the same was lower at 6%. We can see from that research that the proportion of individuals from the LGBT community accessing health services is high and they are reporting difficulties in access health and

social care services. Advocacy services are essential in narrowing the gap in these areas, giving a voice and support to individuals who access health and social care services.

Voluntary / Community & Faith Sectors

Staff Impacted: No

Customers Impacted: Yes

Description of Impact: Staff: Advocacy services in Sheffield currently operate in a hub model uniting 3 smaller voluntry orgnisations. All staff would be eligable for TUPE. We feel that the retender will have a positive impact on staff giving them long terms stability of employment. If the current advocacy partnership are sucsessful in the tender this will further stregnthen the voluntry orgnisations who are part of the hub from a financial and orgnisational point of view.

Action Plan & Supporting Evidence

Outline of action plan: NA

Action plan evidence: ONS data Sheffield Advocacy Hub employee data Stonewall research and reports NDTi research and reports

Changes made as a result of action plan:

Mitigation

Significant risk after mitigation measures: No

Outline of impact and risks:

Review Date

Review Date: 01/04/2026

Advocacy Retender Engagement

*Please note that this is a draft document, some of the staff and user engagement is ongoing as part of the re commission of advocacy services. All engagement will be completed prior to the tender process beginning.

Overview

Over the past 3 months we have carried out engagement for the upcoming Advocacy retender. Engagement has been carried with various stakeholders, current users of advocacy, advocacy hub staff and others. The engagement took place in a variety of formats including individual interviews, group discussions, surveys, and a short play.

This collaborative approach has us better understand the unique needs and perspectives of individuals who use advocacy services, professionals who refer to the service and advocates carrying out the work. This approach has also fostered a sense of ownership and inclusivity in the design of council services.

As a result, the service specification has been enriched with input from all stakeholders, ensuring that it aligns more closely with their aspirations and values. This engagement work exemplified the power of co-creation and has paved the way for a more meaningful and sustainable impact on the community we serve.

You Said - We Did

This section summarises the comments made throughout the engagement process and advises on the actions taken within the new specification to address these.

Service Delivery

You said:

Promotion and awareness raising – There were a number of comments from individuals who use services and health and social care staff tenement that advocacy services were hard to find out about and difficult to access. We have also included a requirement for the future provider to delivery bespoke training packages for social care staff with the option of health staff being able to purchase this in the future.

Communication – We have heard from individuals who use services, that they would like to communicate with the services in a number of ways, they cannot communicate with the services currently.

Service capacity – We have heard concerns from current advocacy hub staff and health and social care professionals about the current service capacity.

Staff training and supervision – We have heard from Sheffield Advocacy Hub staff that, there is little time for skill building training and reflective supervision.

Advocacy Retender Engagement

We did:

Promotion and awareness raising – We have noted in the new advocacy service specification the need for profile raising and the marketing of services using a variety of means highlighted through the engagement process.

Communication – We have noted in the new advocacy service specification the need for a variety of communication methods including digital communication and drop in surgeries as highlighted in the engagement.

Service capacity – We have included in the new advocacy service specification robust forecasting to help the future provider to plan adequately for service demand. We have also had a discussion with social care about the impact of project work on advocacy to help plan for surges in demand.

Staff training and supervision – We have included in the specification a requirement for the future provider to create a reflective supervision network and allow staff time to access additional training and supervision.

Development areas

You said:

Advocacy scope – We have heard from all stakeholders that the current scope for advocacy is not sufficient, and the advocacy gaps have a knock on effect on care and support needs.

Self/Peer Advocacy – We have heard from individuals who use services that they would benefit from more access to build skills towards self and peer advocacy.

We did:

Advocacy scope – We have included new areas of advocacy that were highlighted and have written the advocacy service specification in such a way that new areas can be added in the future within the life of the contract.

Self/Peer Advocacy – We have included a requirement for the future provider to integrate volunteers into the service and provide them a high level of training with a view of volunteers being able to move onto paid advocacy if they wish. We have also included a requirement for the new provider to link into existing and promote the setup of new peer advocacy networks.

User Engagement

The user engagement aimed to reach out to a large cross section of advocacy service users and potential users. The engagement took place in seven different venues using a variety of approaches.

Advocacy Retender Engagement

Sheaf College – Special educational needs college

We attended Sheaf College towards the end of term, as a result of this we were able to have group discussions with approximately 35 students. Advocates from The Sheffield Advocacy Hub attended to give a quick overview of their roles and we introduced the following scenario as a topic of conversation:

Scenario – Moving Out

Jayden is ready to move out of home. Family have asked that a social worker is allocated to support the move. A social worker is allocated and takes Jayden to view a few properties. The are some shared houses and some flats. Jayden wants to live on their own in a flat, but family and the social worker do not think they are ready because they cannot look after a flat on their own and keep safe. Jayden has been learning skills at school and feels that they can keep themselves safe.

The scenario supported the students, many of whom have not encountered the concept of advocacy, to reflect on the role of advocacy in supporting Jayden amplify their voice.

During the discussion we supported the students to reflect on questions such as:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?
- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The students reflected that they would like to find out about advocacy via a variety of means such as:

- Information in college
- Posters in places they access regularly such as coffee shops, gym, youth clubs, etc.
- Stickers with QR codes that link to further information
- Social media – Instagram, Facebook, X (formally Twitter)
- YouTube – The students advised that it would be beneficial if there were videos explaining how advocacy services can support individuals
- Via a dedicated advocacy app

Advocacy Retender Engagement

The students reflected that they would like to get in touch with the service initially via:

- Website form
- Email
- Drop in cafe
- Social media – Instagram, Facebook, X (formally Twitter) – There was mixed reviews around this as some said they use some platforms such as Tik Tok to socialise rather than finding out information. Those who were keen on social media presence, advised that this can initially be a automated bot or AI response that would then signpost or pass a message onto the advocacy service
- Via a dedicated advocacy app

The students reflected on the important attributes to them in advocates:

- Knowledge of health and social care processes – It is important to the students that advocates have knowledge and experience of the health and social care areas relevant to the subject they were providing advocacy for.
- Loyalty - It is important to the students that the advocate is loyal to the individual they are working with
- Confidentiality – It is important to the students that the advocate is able to maintain confidentiality
- Integrity – Its is important to the students that the advocate is trustworthy and will not keep information from them
- Non judgemental – It is important to the students that an advocate would not impose their own values on the individuals they support
- Maturity – while age was not too important, it was very important to the students that a mature person advocated on their behalf. They did however have some concern that older advocates may not understand some of the issues they are facing.
- Cultural understanding – It was important for some of the students in the group that advocates supporting them would have good cultural understanding of their upbringing
- Communication means – the students reflected that it was important for individuals whose first language is not English or who communicate via BSL to be able to have access to an advocate who they could communicate freely with

Advocacy Retender Engagement

The students reflected on their preferred method of communication with advocates once allocated, they told us that they prefer a range to communication methods such as:

- Text messaging
- Via a dedicated advocacy app
- Phone calls
- In person – preferences were shown for public areas such as coffee shops and non-public areas to discuss more private matters
- Email – there was a preference that any summaries are provided via email
- Correspondence – there was some preference for information to be posted to the individual receiving advocacy support. This seemed to be the case especially prior to ending involvement or providing summaries.

The students reflected on quality of advocacy services and how they would know if an advocate has done a good job. This sparked a lot of debate around the experience of advocacy vs the outcome of advocacy. It was decided that a negative outcome for an individual does not necessarily reflect on the quality of the advocacy provided.

A number of individuals commented on how they think quality should be measured, when asked if they would like to take part in the design of this, there was some positive feedback from the groups.

The students remarked that an advocate has done a good job if:

- Feeling heard –the individual felt like they have been heard by the advocate and the wider network of professionals
- Return rate – the individual feels that it is a good experience and therefor they will seek advocacy services in the future

Herris Lodge – Older people care home

We visited Herris Lodge mid-morning, in the time in-between breakfast and lunch to help ensure as much engagement as possible from the residents. Upon arrival we discussed our purpose of visit with the manager in detail and agreed that 1:1 interviews would be the best form of engagement for the residents.

We met a number of residents, discussed the concept of advocacy, and asked the following questions:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?

- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The residents reflected that they would like to find out about advocacy via means such as:

- Posters in the care home
- Family members being aware and informing them
- Care home staff being aware of advocacy and talking to them about it

The residents reflected that they would like to get in touch with the service initially via:

- Self-referral via a phone call
- Referral from the care home manager
- Family members contacting advocacy services on their behalf

The residents reflected on the important attributes to them in advocates:

- Age – There was some mixed opinion but the majority of residents we interviewed were concerned that a very young advocate would not be able to relate to them as well
- Experience – It is important to the residents that the advocates have experience and knowledge of health and social care processes as well as wider understanding of the system
- Good manner – It is important to the residents that the advocates had a good manner with them as they felt they could open up more to people that don't rush them and understand that they may have difficulties such as memory or mobility.
- Knowledge of the individual – It is important to the residents that the advocate has some prior knowledge about them, their needs, and their situation prior to meeting.

The residents reflected on their preferred method of communication with advocates once allocated, they told us that they prefer:

- Face to face meeting
- Phone calls to their personal mobile phone

- Messages passed by care home manager or staff
- Correspondence via letter but they would need assistance in writing and reading responses from care/support staff.

The residents reflected on quality of advocacy services and how they would know if an advocate has done a good job. It was again a struggle to distinguish the outcome of the advocacy work and the experience of advocacy.

The residents told us that they would know if an advocate did a good job if:

- Understanding – if the individuals understood the decisions being made
- Felt listened to – if the individual has felt listened to by the advocate and they have aired their opinions in decision making
- Familiarity – If the advocate took the time to get to know the individuals background and past experiences

We Speak You Listen – Learning disabilities peer advocacy community hub

We speak you listen is a community sharing hub for individuals with learning disabilities. The hub brings together approximately 30-40 individuals with learning disabilities to share views on subject of importance to them. This is done using a range of mediums such as art, theatre, story telling and debate. The hub is commissioned by Sheffield City Council and facilitated via Sheffield Voices who are a part of Disability Sheffield, an independent voluntary sector organisation that focuses on disability rights.

We combined the topic of advocacy together with the area of overnight short breaks to support commissioning work being undertaken in that area.

Advocates from The Sheffield Advocacy Hub attended to give a quick overview of their roles and we introduced the following scenario as a topic of conversation:

Scenario – Overnight Short Breaks (Respite)

Morgan lives at home with their family. Morgan is turning 18 and can no longer go to their childrens overnight short breaks. Family have asked that a social worker is allocated to explore other overnight short break options. A social worker is allocated and takes Morgan to view a few overnight short breaks. Morgan does not like any of the places and wants something else. Family and the social worker want Morgan to go to a shared overnight short breaks house.

Advocacy Retender Engagement

The scenario supported the groups, some of whom have not encountered the concept of individual advocacy, to reflect on the role of advocacy in supporting Morgan amplify their voice.

During the discussion we supported the group to reflect on questions such as:

- How would you like to be able to access advocacy?
- What do you think Morgan would like to do instead of going to a shared overnight short breaks house? – *captured in separate engagement document*
- What are important attributes in an advocate?
- Whats your experience of overnight short breaks? – *captured in separate engagement document*
- How would you prefer to communicate with an advocate?

The groups reflected that they would like to access and communicate with advocacy services using means such as:

- Flyers - Placed in places individuals with learning disabilities access
- Phone – Self referral via the phone
- Advertisement – Billboards, posters, online ads such as Youtube, ads on buses & trams
- Social worker/care manager – Inform them of their right to access advocacy
- Notice boards - Placed in places individuals with learning disabilities access
- Drop in service – Ability to show up and know you will be able to get advice and support
- Digital presence – Up to date website, online portal, social media presence – This could have an initial response from an avatar that would then give information and/or pass a message to the advocacy service
- Text/Instant Messenger – access via text message or instant messenger such as Whatsapp

The groups reflected on the important attributes to them in advocates:

- Cultural/religious understanding – Some of the group remarked that it is important to them that advocates have an understanding of their cultural and religious needs

- Manner – Some of the group reflected that an outgoing manner is important to them in an advocate and that they feel that could open up better to someone who is outgoing. Other members of the group reflected that it is important that the advocate makes them feel comfortable and at ease
- Knowledgeable – The groups remarked that an advocate would have to have a good understanding of the subject they were supporting them with such as housing, social care and health processes
- Trusted – The groups remarked that they would need the advocate to be trustworthy
- Independent – The groups remarked that it is important for the advocate to remain independent from decision-making
- Person centred – The groups remarked that is important that the advocate works in a person centred approach, highlighting the individuals voice

Other feedback received:

- Self/Peer Advocacy – There was a very strong sentiment throughout the session that Learning Disability community can support themselves and others through self/peer advocacy and that services should be resourced to support this
- Remit – One individual commented that the current remit of advocacy services is not wide enough and should cover more areas such as:
    - Disputes with support providers
    - Non NHS complaints
- Ending point – One individual commented that there is current pressure to close cases too early
- Senior advocacy role - One individual commented that on occasion advocates would benefit from support of senior advocates with specialist expertise

Big Voice Drama – Learning disabilities drama group

Big Voice Drama group brings together approximately individuals with learning disabilities to share views on subjects of importance to them through drama and performance.

During the session a number of individual were existing and rejoining due to simultaneously filming of a long COVID video project.

We introduced the following scenario as the basis of a short play:

Advocacy Retender Engagement

Scenario – Moving Out

Jayden is ready to move out of home. Family have asked that a social worker is allocated to support the move. A social worker is allocated and takes Jayden to view a few properties. The are some shared houses and some flats. Jayden wants to live on their own in a flat, but family and the social worker do not think they are ready because they cannot look after a flat on their own and keep safe. Jayden has been learning skills at school and feels that they can keep themselves safe.

Performance

The members assumed the various roles, Jayden, mom, dad, social worker, advocate, teacher, and GP. The performance focused on Jayden and their interactions with an advocate and a multi-disciplinary panel taking a best interest decision about accomdation for Jayden.

We filmed the performance, and it can be viewed via the link below:

INSERT LINK TO PERFORMANCE – Awaiting editing and listing on SCC Youtube

During the follow up discussion we supported the students to reflect on questions such as:

- How would they like to be able to access advocacy services?
- What attributes are important in an advocate?
- What is their preferred method of communication with advocacy services?
- How would they know if an advocate has carried out a good job?

The group reflected that they would like to access and communicate with advocacy services using means such as:

- Existing links – Through organisations they currently have interactions with such as Disability Sheffield
- Drop in service – Ability to show up and know you will be able to get advice and support
- Digital presence – Communicate via email, app, video calling and social media
- Phone – The ability to self-refer and communicate with advocated over the phone

- Face to face meeting – meetings in person at appropriate locations. It was important to the group that the venues cater for mobility needs.
- Accessible information – Information both online and in writing that cater for various communication needs such as Easy Read, pictorial information, BSL, etc.

The group reflected on the important attributes to them in advocates:

- Knowledgeable – The groups remarked that an advocate would have to have a good understanding of the subject they were supporting them with such as housing, social care and health processes
- Maturity – It is very important to the group that a mature person advocated on their behalf

The group reflected on quality of advocacy services and how they would know if an advocate has done a good job. This sparked a lot of debate around the experience of advocacy vs the outcome of advocacy. Opinions remained split on this subject.

The group remarked that an advocate has done a good job if:

- Feeling heard – the individual felt like they have been heard by the advocate and the wider network of professionals
- Outcome focused – Some of the group felt that only if the outcome for the individual was achieved, they would see this as successful advocacy
- Respect – If the individual felt respected throughout the process
- Felt listened to – if the individual has felt listened to by the advocate and they have aired their opinions in decision making
- Linking services – If the advocate was able to link different professionals on the individuals behalf to help gather information and understand the process

The group went on to discuss ways the quality of advocacy can be measured in accessible ways looking at questions such as:

- How am I feeling this week? use of emojis
- Are you still getting on with your worker?
- Is it (the advocacy process) still helpful?

Other feedback received:

- Self/Peer Advocacy – There was a very strong sentiment throughout the session that Learning Disability community can support themselves through self and peer advocacy. They felt that Disability Sheffield promoted this approach strongly
- Communication – One individual highlighted that it is important that there is access to advocates with a high level of BSL training to support the deaf and hearing impairment communities

Mental Health Secure Unit – Due to take place mid-September

Health and Social Care Staff Engagement

Health and Social Care staff survey -

Staff Engagement

- Health and Social Care staff survey – **Extended survey time due to low response rate – due now late September**
- Follow up engagement session – **Due to take place end of September**

Sheffield Advocacy Hub Partner & Advocacy Staff Engagement

Sheffield Advocacy Hub - Partner engagement

The current provider, Sheffield Advocacy Hub have been delivering advocacy services under the Sheffield City Council contract since 2017. Sheffield Advocacy Hub partnership is made up of three organisations, Clover Leaf Advocacy, Disability Sheffield, and Citizens Advice Bureau who are the lead provider. As part of this process, we engaged with each of the partners in the hub independently and requested feedback regarding current services and any identified advocacy gaps.

Citizens Advice Bureau feedback meeting

As part of our contract monitoring role, we have regular catch ups with Citizens Advice Bureau about varying topics such as performance, relationships with partners, practice, case discussions and others. The feedback below has been collated through a number of meetings.

There is recognition that the current advocacy service specification did not have the full data to forecast future demand and as a result of this, delivery to the timescales specified within the service specification were not achievable. The provider has told us that this has also put constraints on the advocacy workforce including planning and recruitment.

The provider has told us that although there is rich data spanning 6 years and we are able to forecast robustly, that occasionally there is additional social care resource allocated on a project basis which has a knock on affect to advocacy demand.

The provider shared with us the strategic meetings that they attend currently to support and promote the accessibility of advocacy across health, social care and voluntary community and faith sector.

The provider has advised that the hub model works very well with partner organisations bringing together specialist knowledge and experience to create a diverse service offer. Practice is shared and benchmarked across the partner organisations, and they meet regularly to discuss referrals and barriers encountered.

There have been some gaps identified in advocacy services that are delivered under the current contract, these are areas of advocacy that have been requested via referrals to Sheffield Advocacy Hub but have had to be turned down due to not meeting the remit of the contract.

The main gaps identified by Citizens Advice Bureau were:

- Parental advocacy for parents of children undergoing Child Protection and Public Law Outline proceedings

And

- Non statutory autism advocacy

Overall, Citizens Advice Bureau advised on a positive working relationship with hub partners, Sheffield City Council, Sheffield Teaching Hospitals, Integrated Care Boards and various voluntary sector organisations.

Disability Sheffield feedback meeting

We met with the lead on advocacy, Mary Philips from Disability Sheffield. Disability Sheffield have 5 advocates that equate to 3.7 FTE.

Mary advised that the relationship within the hub is very positive and that they work as a team, sharing knowledge and skills. Managers meet up quarterly for practice development meetings and recently an advocacy reflective supervision group has stated with advocates from all three organisations.

Mary advised that recruitment opportunities are offered out to all the partners in the hub in line with waiting lists. There is recognition that when advocates leave it is hard to replace them, often the workforce is an aging one and it is a steep learning curve for individuals who start working as advocates for the first time.

Mary highlighted the good practice about having a centralised list that captures referrals and waiting lists. Mary advised that from the start of this contract, the demand for advocacy is present from the hub and that this demand needs to be managed alongside a separate contract they with the ICB for non-statutory advocacy. This is to support individual with a diagnosed Mental Health condition to access services.

Mary has advised that the staff have recognised gaps in the areas of:

- Parental advocate for children known to social care
- Non statutory deaf advocacy

Overall Disability Sheffield feel the relationship with advocacy partners are positive.

Cloverleaf Advocacy feedback meeting

We met with Cloverleaf Advocacy CEO Suzi Henderson to discuss the partnership within the Sheffield Advocacy Hub. Cloverleaf have 4 advocates as part of the Sheffield Advocacy Hub model.

Suzi reports a very positive relationship within the partnership, good sharing of skills and fair approach. Suzi commented positively on the mix of skills in the hub, Cloverleaf have developed a specialism in Learning Disabilities advocacy. This does not mean however that they are unable to pick up other types of advocacy work via the Sheffield Advocacy Hub.

Suzi highlighted positively the use of a centralised referral & waiting lists, which encouraged transparency. Suzi advised that the services is often at capacity and that recruitment opportunities are often put out to all partners rather than just the lead organisation.

Overall Cloverleaf report a very good relationship with other advocacy partners and the hub as a whole.

Sheffield Advocacy Hub Staff Engagement

We carried out a survey for Sheffield Advocacy Hub staff. The survey asked questions about barriers in the advocate role and potential improvements to advocacy services in Sheffield. We asked a series of yes/no questions and asked for further details on a number of questions, the full detailed responses will be captured in Appendix 1 below. The response rate represents 40% of staffing across the hub.

We asked the following questions:

Advocacy Retender Engagement

1. Does your job give you the flexibility to meet the needs of your personal life and maintain a good work/life balance?

Responses:

Yes – 100%

No – 0%

2. Do you feel like you have opportunities for professional growth and career advancement?

Responses:

Yes – 74%

No – 26%

3. Do you feel pressured to close cases?

Responses:

Yes – 40%

No – 60%

4. Are there any changes to advocacy services that could enable you to be more effective in your role?

Responses:

Yes – 60%

No – 40%

5. What could be changed to help you achieve a better work/life balance? – Detailed responses in appendix 1

6. What could be changed to support your professional growth and career advancement? – Detailed responses in appendix 1

7. Is there anything more you would like to tell us about the pressure to close cases? – Detailed responses in appendix 1

8. What changes to advocacy services will help you be more effective in your role? – Detailed responses in appendix 1

9. We have identified some gaps in advocacy services in Sheffield currently. Can you please rank them in order of importance?

   1- Non statutory autism advocacy

   2- Parental Advocacy - For families involved in Child Protection procedures

   3- Non statutory deaf advocacy

   4- Non statutory dementia advocacy

Follow up engagement session– **Due to take place end of September**

Scoping Engagement

Once the main gaps were identified early on in the engagement, we looked at scoping the extent of these as well as speaking to organisations delivering services elsewhere.

Non statutory Deaf advocacy

Discussion with deaf advice services

Discussion with sensory impairment social worker team

Discussion with Royal Association for Deaf People

Parental advocacy for children undergoing child protection and public law outline proceedings

Discussion with parental advocacy services

Discussion with Sheffield City Council childrens advocacy services

Discussion with Sheffield City Council childrens leadership

Other areas of advocacy

Discussion with carers centre

Advocacy Retender Engagement

Appendix 1

What could be changed to support your professional growth and career advancement?

- Support to progress into higher roles
- There is a limited management structure and opportunity to specialise or progress once at supervisor level. There are opportunities to develop links with other services/develop new processes for the SAH/move into different types of advocacy within the role, but this is not career advancement.
- The need to meet the chargeable time monitoring makes it very difficult to feel free to explore other areas such as social policy work or skill shares. I know I will get pulled back into casework if I try to do other work, so I have tended to stop volunteering to do non-chargeable work. The only career advancement available would be a supervisor post so it is very limited.
- It's great that I have been supported to expand the types of advocacy I can do and I'm supported to do training for this but aside from being able to take on more cases and more complex cases, there are not many perks to advancing in the role in this way. I.e. aside from management, there are no senior advocacy roles that you can work towards within our team and no benefits / incentives that could come with that, such as extra annual leave or increased pay for longer term / experienced employees who have advanced in their roles. I like the idea of opportunities such as mentoring less experienced advocates / taking on other responsibilities too.

Is there anything more you would like to tell us about the pressure to close cases?

- Because of the large waiting list there can be pressure to close cases.
- Targets in the role are unrealistic and go against having a person centred approach
- There are some clients who would benefit from longer term advocacy support or who fall through gaps between the services which are currently available. While no single service could be expected to provide this There is a case for identifying these gaps and finding suitable organisations to fill them, so that the Advocacy Hub as a whole becomes an all encompassing, holistic service, with both generic advocacy services and specialist branches to cover all types of advocacy client and need.
- I am aware of the long waiting list and the need to provide a fair service, so the pressure is from myself to ensure an equitable service rather than directly from my manager. Also the subject of closing cases or picking up urgent cases is often discussed and we get regular emails highlighting

urgent cases so I'm always aware of the need to keep cases moving towards closure.

- Close cases to pick up new ones
- There isn't internal pressure to close cases, and there are no compromises around delivering high quality advocacy that meets our statutory obligations. However, we have a large waiting list due to an influx of outstanding DoLS and with some referrals being made very last minute (especially DSTs and Care Act, although some IMHA section 2 referrals come in late and IMCAs often do unavoidably by their nature) we are under a lot of pressure.

What changes to advocacy services will help you be more effective in your role?

- Greater number of advocates. Better quality IT systems
- Less strict restrictions on time recording would allow more flexibility in delivering advocacy to clients.
- Having to record every minute of our working day is completely counter productive. I am aware that accurate notes are essential but having to account for every single minute is very stressful and takes up valuable time that we could spend doing advocacy. It is also a false record of our daily activity as it does not allow time for going to the toilet or making a drink. If our service was given the chance to operate without this system on our shoulders then I am convinced we would be able to get through our caseload quicker. Is this something that could be at least trialled?
- I think there needs to be more accountability from advocates and more consistency across what they record on LL. I see great variation in what advocates see as a full client list and what they see as acceptable to record on LL. This is not connected to the quality of their work with clients themselves, but how they manage their workload and the variations in what they perceive as a full workload. I think this has an impact on wait times and the length of the allocation list.
- A widening of the remit so that we can help with a wider range of issues.
- The pressure to meet the target for monitoring (chargeable time) makes it difficult to do more creative work, social policy work or to volunteer to deliver skill shares or similar. A different approach to this would free us up to develop areas of the service alongside client work. The time and energy we currently spend on checking our chargeable hours are accurate and worrying about this could be better spent on development work if this pressure were reduced. There is a lot of social policy work and campaigning that the service could be

doing, and it would be beneficial to have closer links to other organizations in order to effect change in Sheffield/nationally as it fees like we work in isolation much of the time. We often know very little about how statutory and CVS services are changing or what other CVS services are doing, as there is very little time to spend on finding out and sharing this information.

- There is a constant pressure with capacity and waiting lists which doesn`t sit well when we are so aware of the support some vulnerable adults need. Further discussion around Child protection cases and parents facing court procedures in respect of their children.
- Training to be provided to both health and social care professionals on advocacy so they have a better understanding of our role. A simplified case management system that doesn't encounter as many issues. A better system for getting referrals through - e.g. an online form we can send professionals we are already working with when we need another referral for a different type of advocacy (even though we can continue working with the client).
- More advocates. There are external factors that also affect how effective we are able to be, eg when social work or mental health teams are stretched, it can take longer to resolve issues etc

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Initial Assessment

Category	Impact
Buildings and Infrastructure	Construction
	Use
	Land use in development

Transport	Demand Reduction
	Decarbonisation of Transport
	Public Transport
	Increasing Active Travel

Energy	Decarbonisation of Fuel
	Demand Reduction/Efficiency Improvements
	Increasing infrastructure for renewables generation

Economy	Development of low carbon businesses
	Increase in low carbon skills/training
	Improved business sustainability

Influence	Awareness Raising
	Climate Leadership

	Working with Stakeholders
Resource Use	Water Use
	Food and Drink
	Products
	Services
Waste	Waste Reduction
	Waste Hierarchy
	Circular Economy
Nature/Land Use	Biodiversity
	Carbon Storage
	Flood Management
Adaptation	Exposure to climate change impacts
	Vulnerable Groups
	Just Transition

Description of Project Impact

Providers will continue to organise meetings and visits where appropriate via Zoom/Teams in order to decrease travelling. Where travel is necessary, all providers will actively promote
Providers will be encouraged to consider the use of EV and provide charging pods at the workplace if possible
Providers will promote the use of public transport with all their staff.

Providers will allocate staff who live near Clients wherever possible to reduce travel and prom

Where service delivery is in a larger building based scheme, providers will be expected to ensure that heating and lighting use is proportionate and devices are turned off when not

Providers will be in a position to raise awareness around climate impact both with their staff and people they support (where appropriate)

Providers wil promote awareness with staff and clients (where approporiate) to buy local & seasonal foods waste less food, use/donate to Food Banks, consider shifting to plant based

Providers will **purchase services and supplies from Sheffield businesses** wherever possible. This includes computers, tablets, mobiles, , tradespeople (gardeners, joiners, electricians, plumbers), building materials, household appliances (microwaves, cookers

Providers will move to a paper free office environment and discourage the use of any single use plastic with both people they support and staff
Providers will encourage staff to consider reducing what they use/purchase, reusing where they can and recycling as much as possible.
.

Where a service is building based, providers will be expected to plant trees, pollinators and encourage diverse habitats e.g. relaxed rules on mowing/sweeping leaves, insect hotels

Providers will be expected to use the local community and economy for all goods, services, and recruitment where possible so that using local resources will mitigate against the
Providers will have a robust Business Continuity Plan in place and will increase awareness with staff and clients around climate impact/adverse & extreme weather conditions

Score
NA
NA
NA

5
6
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5

NA
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NA

NA
NA
NA

4
NA

10	The project will significantly increase the amount of CO2e released compared to before.
9	The project will increase the amount of CO2e released compared to before.
8	The project will maintain similar levels of CO2e emissions compared to before.
7	
6	The project will achieve a moderate decrease in CO2e emissions compared to before.
5	
4	
3	The project will achieve a significant decrease in CO2e emissions compared to before.
2	
1	
0	The project can be considered to achieve net zero CO2e emissions.
Carbon Negative	The project is actively removing CO2e from the atmosphere.

NA

NA
4
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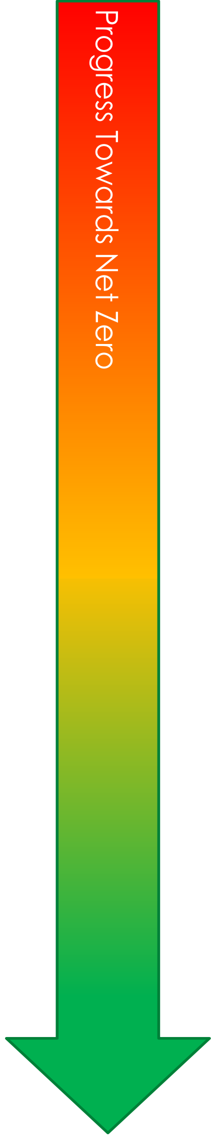
Progress Towards Net Zero

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Report to Policy Committee

Author/Lead Officer of Report:
Jonathan McKenna-Moore

Tel: 0114 2734914

Report of:	Strategic Director of Adult Care and Wellbeing
Report to:	Adult Health and Social Care Policy Committee
Date of Decision:	20 September 2023
Subject:	Adult Health and Social Care: Financial Recovery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? EIA 1444				
Has appropriate consultation taken place?	Yes	x	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	x
Does the report contain confidential or exempt information?	Yes		No	x

Purpose of Report:
The report delivers on our commitment to transparent and accountable financial reporting.

This update provides:

- Assurance regarding delivery upon our financial recovery plan in 2023/24.
- Updates regarding in-year to changes to grant funding
- An analysis of changes in demand over the last 4 years
- Proposals for use of the Market Sustainability and Improvement Funding
- An update on delivery against our care governance strategy and use of resources delivery plan
- A recap on budget planning for 2024/25

Recommendations:

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

1. Note the update to the financial forecast for the delivery of savings in 2023/24.
2. Note ongoing actions to mitigate pressures, with specific regard to reviews and enablement.
3. Approve use of Market Improvement and Sustainability Funding (MSIF) Grant
4. Request updates on progress with implementation through our Budget Delivery Reports to future Committee.

Background Papers:

1. *Appendix 1: Demand analysis*
2. *Appendix 2: Benchmarking report*
3. *Appendix 3: MSIF Funding Proposals*

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: Kerry Darlow & Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: *Ed Sexton*
		Climate: Jonathan McKenna-Moore
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**SLB member who approved submission:**	*Alexis Chappell*
3	**Committee Chair consulted:**	*Councillor Angela Argenzio*
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: Jonathan McKenna-Moore	**Job Title:** Service Manager for Business Planning and Care Governance
	Date: 11/09/2023	

1. Adults Care and Wellbeing – Financial Forecast and Recovery Plan Update

1.1 Adults Care and Wellbeing Forecast Outturn

1.1.1 The month four position for Adults Care and Wellbeing shows a forecast overspend of £3.5m by the end of 2023/24 financial year. This is against a net budget of £134.8m, and a gross budget of £293.4m. The month four position is significant improvement on our financial position compared to the past few years, which saw an overspend of £10.5m in 2021/22.

1.1.2 Since April 2021, Adult Care has delivered in total £21m savings and is anticipated to deliver £40m in total by April 2024. Third party spend on services for people with mental ill-health has been reducing month on month. Spend on services for people with Learning Disabilities has reduced against some key areas but remains higher than planned - additional Social Care Grant has been reallocated to this area. Spend on services for older people has increased but this has been off-set by additional income and is now forecast to underspend.

1.1.3 Staffing overspend is now the main in-year financial pressure due to the ongoing response to demand and requirement to meet Care Act Duties. As the service seeks to balance financial risk with risks to public safety and the delivery of legal duties, temporary grant funding will partially mitigate the overspend, subject to approval today, allowing the underlying pressure to be resolved over the next 18 months. Discontinuation of Disabled Facilities Grant (DFG) against City Wide Alarms costs and Community Equipment has also created a pressure in-year. Preparation for winter pressures and new covid variants also requires ongoing investment in staffing levels.

1.1.4 The corporate forecast also assumes £3.9m slippage on planned savings. However, the Recovery Plan forecast now indicates that this can improve, albeit with some demanding targets against key activities.

1.2 Recovery Plan Update

1.2.1 Of £18.9m planned savings for the 2023/24 budget, we are forecasting £16.4m delivery in-year (87%). This is a reduction from the forecast of 92% in the Policy Committee report of 14 June 2023 but remains a positive statement, improving on savings delivery over the last five years and making a significant contribution to our ambition for a balanced and sustainable financial position for Adults Care & Wellbeing.

1.2.2 The forecast includes £2.5m slippage against the in-year target. This slippage is forecast to be recoverable in full in 2024/25, either through ongoing activity or mitigated by additional income.

1.2.3 Slipped savings from 2022/23 total £5.45m. We are forecasting £2.7m delivery in-year (50%). Of the £2.7m slippage, £1.8m is forecast to be recoverable in 2024/25. The remaining £900k will be addressed as part of the 2024/25 Business Planning process and will be subject to approval.

1.2.4 Table 1 provides a summary of savings delivery against the total target of £24.4m and the key areas of focus for the remaining seven months. £7.2m of savings are referred to as "closed" because the activity required is either complete or well established and on schedule. This enables services to focus on activity that requires additional resources.

Table 1: Recovery Plan

Project Title	Target by 31/03/2024 (£000s)	Forecast by 31/03/2024 (£000s)	% By March 2024	% By March 2025	Action Required to Deliver Savings
Closed Items	-7312	-7225	99%	100%	All activity against closed savings is either complete or on schedule.
Living and Aging Well					
Recovery Reviews	-4283	-3069	72%	100%	Invest to save on agency review teams until March 2024
STIT and Enablement Staffing	-2419	-1693	70%	100%	Additional grant funding to be allocated until 25/26 – subject to approval
Contract Costs - cross cutting	-1459	-1086	74%	100%	Residential offer – details to committee in October report;
Adults Future Options					
Recovery Reviews	-2894	-1813	63%	100%	Invest to save on agency review teams until March 2024
Enablement	-1264	-46	4%	100%	Enablement team to be recruited to by early 2024.
Health Income	-1985	-1735	87%	100%	Reviewing CHC arrangements. Recharges under review.
Care Governance & Financial Inclusion					
Income: recovery and reassessments	-1640	-2080	127%	149%	Recruitment to reassessment posts required
Contract Costs - BCF	-500	-250	50%	100%	Joint commissioning benefits plan in progress
Staffing: cross cutting	-603	-92	15%	50%	Recruitment to permanent posts will reduce current agency costs.
	Total Target	Total Forecast	%		
	- 24,359	**- 19,089**	**78%**		

1.3 Mitigations

1.3.1 Successful delivery of the forecast savings is dependent on the activities identified against open items in table 1.

1.3.2 a. Recovery Reviews

Recovery Reviews comprise £7.2m of the total and considerable resources have been mobilised in order to achieve a forecast of 68% in year. This is a reduced forecast from the start of the year, but the full year effect of those savings will mean that the full target will be recovered in 2024/25.

Agency teams have been in place since the start of the year and will continue to be funded until the end of the financial year. This is a short-term investment to reduce long-term costs.

The involvement of dedicated agency teams has been crucial to the delivery of planned savings while our community teams embed the new target operating model, manage new demand and deliver upon our duties under the Care Act. Additional governance arrangements have been put in place to manage the performance of agency teams, with monthly reporting to the Council's Performance and Delivery Board.

1.3.3 b. Increased Enablement Officer for Working Age Adults

A new Enablement team is being recruited to in order to improve wellbeing outcomes for people and mitigate short and long-term demand pressures in Adults Future Options. This is a key next phase of our prevention and short-term support offer as part of our new operating model. Enablement Workers will support people over several weeks to increase their independence in areas such as travel, employment and life-skills.

The team will be in place towards the end of the year and is therefore only expected to contribute a minor amount to the 2023/24 target but is expected to mitigate at least £1m per year once established. The approach will also be extended to work with people experiencing mental ill-health and work alongside teams established for older adults.

Additional demand is also anticipated following changes to legal duties under the Health and Care Act 2022, which requires greater support for Autistic people. While people with a learning disability are likely to be known to services already, its recognised that there may be Autistic people who are not known to our services following on from development of our Autism Partnership Board Strategy.

The Enablement approach, alongside an improved information and guidance offer and education through carer support, will be instrumental in preventing needs from escalating to formal support services.

1.3.4 c. Staffing costs

Staffing costs are now the main pressure on the Adult Care and Wellbeing budget, with an initial forecast of £4.1m overspend being mitigated in-year by additional grant funding (subject to approval by Committee). This will reduce the net overspend to £2.4m and will allow time for new models of working to embed before safely reducing capacity in the overspent areas. This includes new models for discharge from hospital, incorporating the independent sector under the new well-being contracts, delayed until later this year.

Staffing costs in Mental Health services have increased more than anticipated following the transfer of staff from the Sheffield Health and Care Trust to the Council. This is due to newly identified risks that require additional resources that were not evident under the previous administration. These risks are now being mitigated through the Safeguarding Improvement Plan and the DoLS Plan of June 2023.

1.3.5 d. Residential Care

Framework agreements with residential providers should reduce the number of people we have on non-standard rates. Further detail on this will be brought to committee in October 2023, including an assessment of our out of city placements and plans to reduce costs associated with non-standard rates.

In addition, a new Care Home Service has been implemented in line with our Target Operating Model and it’s expected that this will both improve practice and identify early indicators of safeguarding concern.

1.3.6 e. Disability Facilities Grant

As noted in the report to Committee 16 March 2023, additional costs on our prescribed equipment contract and the City-Wide Care Alarms services are linked to the prioritisation of Disabled Facilities Grant (DFG) funding to deliver on our commitment to mandatory DFG works.

Mitigation of the £700k pressure linked to Integrated Community Equipment costs is now under the governance of the new Joint Efficiencies Group Chaired by Strategic Director Adult Care and Wellbeing and the Chief Financial Officer South Yorkshire Sheffield ICB. A task and finish group is currently reviewing contract performance and process efficiencies, and support on collection/ recycling of equipment is being supported by the VCSE sector.

The mitigation of the £400k pressure linked to City Wide Care Alarms will be reported to the committee in November. A review of service charges will be conducted this year to address the funding gap.

1.4 Market Sustainability Improvement Fund (MSIF)

1.4.1 An additional MSIF grant was announced by the government in July 2023. This provides Sheffield with an additional £4.1m in 2023/24 and £2.3m in 2024/25. The grant is not planned to extend into 2025/26.

1.4.2 The MSIF grant (both the original provision and additional amount) is to support improved retention in the social care workforce, reduce waiting times for assessment and review, and to maintain fee rate uplifts above the rate of inflation.

1.4.3 Fee uplifts to third party providers were increased mid-year in 2022/23 and above inflation at the start of 2023/24 using the original grant provision. **Appendix 3** provides a proposal of how the additional grant will be used to support the sector through investing in recruitment, wellbeing, capacity to manage demand and investing in providers.

1.4.4 The Committee is asked to approve this proposal as being consistent with and enabling delivery of our budget improvement plan for 2023/24 and related recovery plan actions.

1.5 Temporary Grant Funding and Underlying Budget Pressure

1.5.1 As described above, the financial position has improved largely due to additional grants becoming available over the course of the year to sustain key services. This includes use of Discharge Funding to improve the rate of discharge from hospitals to the community, increased Social Care Grant, the national Market Sustainability Improvement Fund (MSIF) to maintain fee rates to third party providers, and additional MSIF (workforce) announced in July 2023 to support recruitment and retention in the social care workforce.

1.5.2 At budget planning for 2023/24, these Grants were not taken into account as they were announced later in the year. Because these Grants are temporary with conditions attached there remains an underlying pressure on the budget. This underlying pressure is currently assessed at £9.5m.

1.5.3 There are no confirmed funding allocations past 24/25. The additional Social Care Grant received in 23/24 is assumed to be ongoing and not required for the Social Care Charging Reforms, if ever implemented.

1.5.4 Due to this, Adult Care Officers are working to embed the new operating model and new ways of working to establish financial resilience. However, despite this activity, given the demand pressures and our legal duty to safeguarding and to promote wellbeing it is anticipated that additional funding will be required beyond 2024/25 for Adult Care.

1.6 Third Party Spend

1.6.1 Each quarter we will compare our spend on third party services against the benchmarks taken at start of the year. This indicates the impact of reviews and other activity on the baseline spend.

1.6.2 Data for July may still include support that need to be updated, therefore this may change when the exercise is repeated for the start of quarter three.

1.6.3 The data shows:

- A recent increase in demand for older people services, especially for homecare, driven by the number of people using the service rather than hours per person. This will likely align to increase support for discharge from hospital agreed in December 2022 and June 2023.

- A slight reduction in demand for services for working age people that is partly due to the impact of reviews.

- A reduction in costs for Mental Health services, despite an increase in the number of people receiving services.

Table 3: Third Party Spend

Service	Metric	Apr-23	Jul-23	Change
Older People (65+) Homecare	People	2,224	2,314	4.0%
	Net Weekly Cost	£497,682	£519,620	4.4%
	Ave. Weekly Cost	£ 224	£ 225	0.3%
Older People (65+) Residential and nursing care	People	1421	1428	0.5%
	Net Weekly Cost	£ 84,749	£ 94,503	1.2%
	Ave. Weekly Cost	£ 552	£ 556	0.7%
Learning Disability (18-64) Direct Payments	People	831	820	-1.3%
	Net Weekly Cost	£486,258	£465,348	-4.3%
	Ave. Weekly Cost	£ 585	£ 567	-3.0%
Learning Disability (18-64) Supported Living	People	466	484	3.9%
	Net Weekly Cost	£ 86,211	£ 80,477	-1.0%
	Ave. Weekly Cost	£ 1,258	£ 1,199	-4.7%
Learning Disability (18-64) Residential and nursing care	People	171	173	1.2%
	Net Weekly Cost	£349,013	£366,197	4.9%
	Ave Weekly Cost	£ 2,041	£ 2,117	3.7%
Physical Disability (18-64) All services	People	857	847	-1.2%
	Net Weekly Cost	£464,889	£463,830	-0.2%
	Ave Weekly Cost	£ 542	£ 548	1.0%
Mental Health (18-64) All services	People	707	721	2.0%
	Net Weekly Cost	£321,985	£313,195	-2.7%
	Ave Weekly Cost	£ 455	£ 434	-4.6%

1.7 Demand Analysis

1.7.1 A study of our year on year trends for third party services shows the major disruption caused by Covid, especially for older people's services.

1.7.2 **Appendix 1** provides an analysis of both homecare and residential/nursing care for people over 65. These are the main areas of spend for this age group, with 80% of the gross budget allocated to these services. The data shows:

- A steep reduction in the use of residential care that has remained at a lower level since the first covid lockdown in March 2020.
- An increase in residential costs driven by high rates of inflation and direct support to the market to maintain market stability.
- The sharp increase in the cost of homecare during covid driven by people not using residential care and needing more hours per person than usual - these costs have only recently returned to pre-covid levels.

1.7.3 While recent trends indicate a reduction in the cost of services for people with a Learning Disability, this is mainly related to the reviews of people aged 25 to 64. In isolation, the spend on services for people aged 18 to 24 has more than doubled over the last few years. This is mainly due to the change in how support is funded, with all 18-year-olds transferring to Adults Care and Wellbeing in 2021/22.

1.7.4 In the past, young adults would remain funded by children's services until they left education. Committee is asked to note this change and ongoing pressure for Adult Services. A dedicated review of funding arrangements and provision for young people in transition will be prioritised during 2023 – 2024 aligned to the new transitions model and our partnership approach with children services.

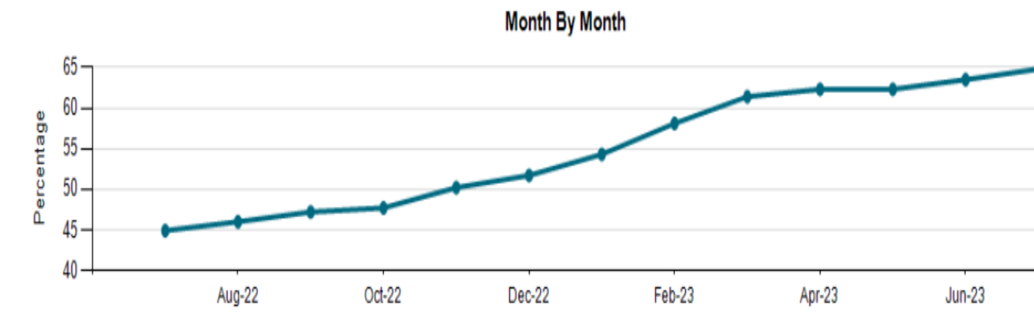
1.7.5 **Appendix 1** provides further detail on how this spend has increased since 2019, especially for supported living, day services and respite. It is worth noting that the number of young people supported through Shared Lives has increased five-fold during this same period, a major success for that programme.

1.8 Reviews Performance

1.8.1 The past year has also seen a considerable improvement in the number of people receiving an annual review. This is in part due to the additional capacity from agency teams but extends to the wider service.

1.8.2 Agency teams have been crucial in addressing the immediate risks relating to reviews and the number of people not receiving a review. In implementing the target operating model, each service area is required to embed a sustainable model for annual reviews to be implemented from 1st April 2024 as agency capacity is withdrawn. This will include working with service providers and other partners in a collaborative way that draws upon their expertise and knowledge of the individual.

1.8.3 Chart 1 shows that our review rate over the last year has increased from 45% to 65%, with over **3,200 out of 4,900 reviews completed**.



1.9 Care Governance Update: Financial and Resource Management Delivery Plan

1.9.1 A full update on the Resource Management Delivery Plan will be brought to Committee in November, with an update below on key items:

1.9.2 **Contract Register**
The contract register has historically been a stand-alone record used by the Commissioning Service as a directory of all contracts they had a responsibility for. It held information on the budget details of the contract and responsible officers / managers. The Register was split across various parts of the service, such as DACT and Community Wellbeing along with the traditional Commissioning contracts with third party providers.

Over the last two years, the Contract Register has expanded to include all "Call Off" orders, Purchase Orders, Direct Awards, Housing Void Agreements and Vacancy of Care Costs. This is to improve transparency and accountability in relation to spend, to ensure effective monitoring of costs and to support future efficiencies.

The register is now updated quarterly and as a key next step will be used to identify financial risks aligned to the business planning process. This will include incorporating details on grant funding and grant payments to providers.

1.9.3 **Benchmarking Report.**
An annual benchmarking exercise is now in its second year. This has been developed into an established format that will provide a consistent data set for successive years.

The datasets available through online resources are not without issues – they depend upon each local authority using consistent definitions when reporting, and this is not always the case. However, the report does provide an evidence base to support budget planning and has prompted interest in more direct benchmarking with other core cities.

The learning from the benchmarking report is:

- Sheffield's adult care expenditure is above average for England but low for a Core City.
- Sheffield supports more people in the community than most comparators which is an indicator that our strategic approach towards independent living is moving in right direction.
- Costs for both services and staffing increased at a high rate across the country in response to Covid, but local data shows that Sheffield's trajectory of spend has now levelled out, bringing us inline with other core cities.

Learning from the report has been incorporated into the Directorate Plan 2023 – 2025. **Appendix 2** provides the benchmarking report for 2023.

1.9.4 **Local Account**

The Local Account is an annual report to the public undertaken by each local authority to update local citizens on Adults and Community Wellbeing performance and strategic aims for the year ahead.

This year, in-line with our increased focus on co-production, we established a stakeholder group of customers which will meet through September 2023 to discuss key questions that will inform the design of the Local Account, what content/data the Local Account should include, and strengths and opportunities for development.

The steering group will also inform how data should be presented in a way that is meaningful and accessible, what story this data tells us about how Sheffield is doing in providing adult social care and how we include the lived experience of the people we support.

The 2023 Local Account will be brought to the Adult Health and Social Care Policy Committee in November 2023.

1.10 Business Planning for 2024/25

1.10.1 Initial discussions have taken place with services to identify and prioritise areas for improvement to be included is Business Improvement Plans (BIPs) in the 2024/25 budget. Final confirmation of budget pressures is being provided by our Finance business partners which will confirm the initial requirement for planned savings.

1.10.2 Key dates are:

- 12-Sept: Assistant Directors to brief elected members on initial proposals.
- 4-Oct: Briefing to elected members on latest proposals.
- 8-Nov: Adult Health and Social Care Policy Committee – consideration of proposals.

2. HOW DOES THIS DECISION CONTRIBUTE?

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

2.2 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.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The purpose of this report is provided background to the funding of Adult Social Care, an update to the forecast spend position for 2023/24 and progress with the delivery of savings.

3.2 No consultation has been undertaken on these aspects. Consultation is undertaken during the development of proposals for the budget and implementation of proposals for the budget as appropriate.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 As part of the annual budget setting process, an overarching EIA assesses the cumulative impact of budget proposals (EIA 1444), 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 23/24 Budget and the EIAs for each element remain live

4.2 Financial and Commercial Implications

4.2.1 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

4.2.2 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.

4.2.3 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.

4.2.4 Given the overall financial position of the Council there is a requirement on the committee to address the overspend position in 2023/24 and support plans to mitigate it

4.3 Legal Implications

4.3.1 As this report is designed to provide information about background to and an update about the financial position rather than set out in 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. Legal Services can provide advice on specific proposals as and when necessary.

4.4 Climate Implications

4.4.1 There are no climate impacts to consider arising directly from this report.

4.5 Other Implications

4.5.1 There are no further implications to consider at this time

5. ALTERNATIVE OPTIONS CONSIDERED

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

6. REASONS FOR RECOMMENDATIONS

6.1 These recommendations are made to support strategic planning and operational decisions that are necessary for the long-term sustainability of Adult Social Care and the long-term benefit of people in Sheffield.

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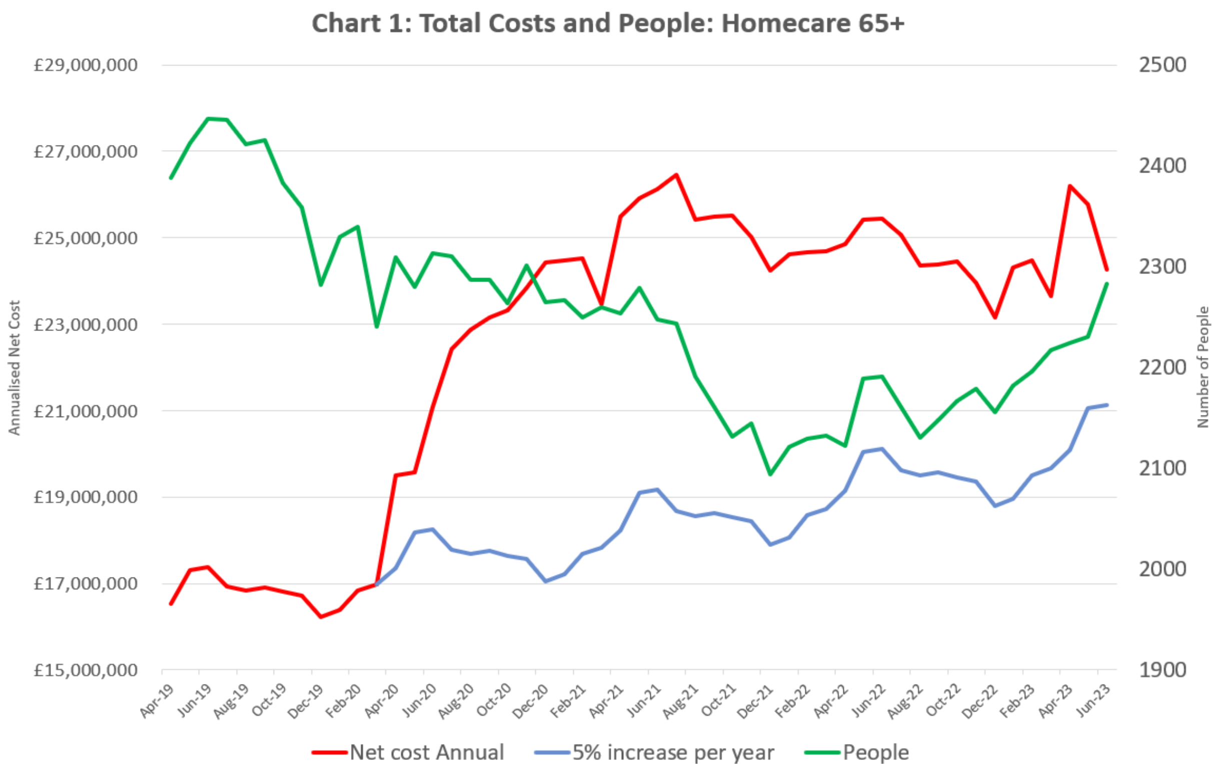
Appendix 1: Adult Care Changes in Demand

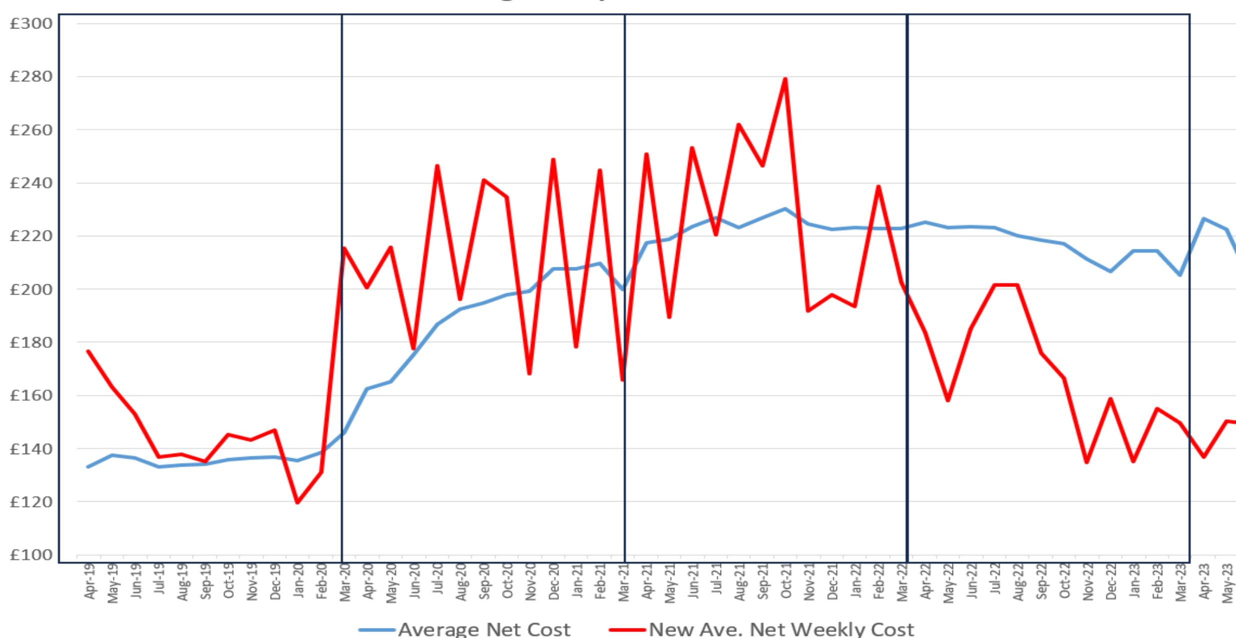
Part 1: Homecare and Residential/Nursing Care for People 65+

1. Homecare
    - The green line in chart 1 shows that the number of people receiving homecare dropped as a general trend over three years, but has increased steadily since December 2022. This is likely due to the increased funding provided for homecare through the Better Care Fund in order to support more effective and timely discharges.
    - Despite the increase in numbers and the sharp increase in inflation in 2022 that necessitated a 9.74% uplift to provider fees, total costs have remained steady. This indicates that the average number of hours per person has reduced, both through reviews and lower cost starting packages.
    - The blue line is a model of 5% cost increases each year if demographic growth and inflation had risen as anticipated before covid (when we would have expected a steady annual increase in costs and people). This shows that costs are still higher following the covid driven increases in 2020/21, but the gap is closing.



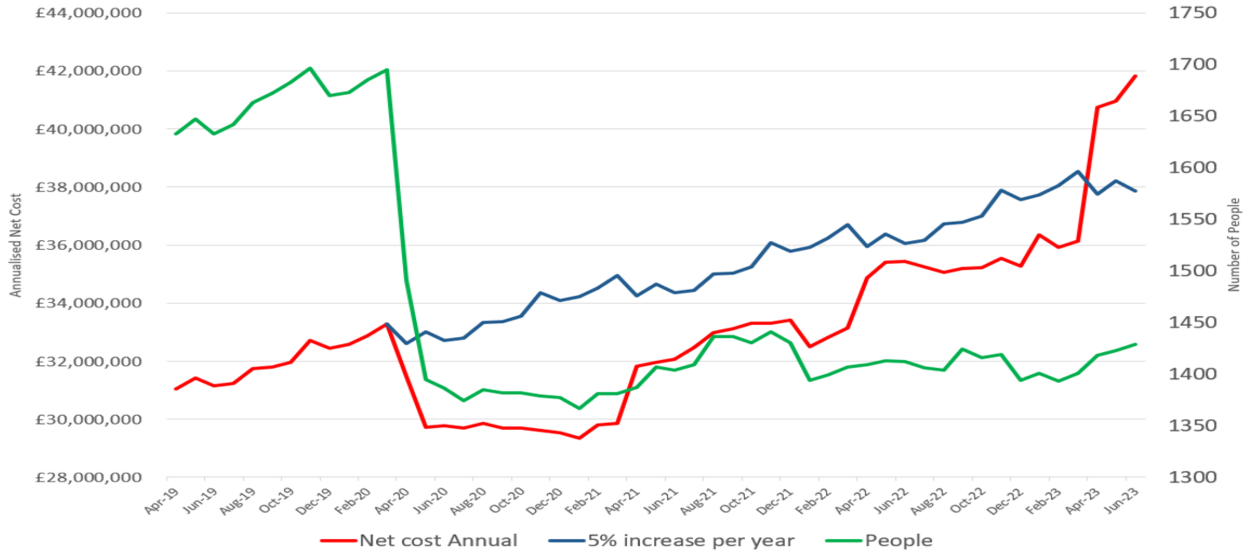
Appendix 1: Adult Care Changes in Demand

- Chart 2 (next page) shows the average costs per person for the same period. This shows how the cost of new starters (red line) drove up the average cost of all homecare (blue line).
- Since October 2022 the average cost of new starters has reduced as we have seen improvements to hospital waiting times and reablement, reduced times to put support in place, the implementation of the new operating model and improved access to occupational therapy and equipment and adaptations. This reduction has been reflected in a plateau of average costs, despite high annual fee rate increases being applied since then which are impacting on the cost.



2. Residential and Nursing Care
    - Chart 3 shows the sudden decrease in the use of residential care as an immediate consequence of, and response to, the covid pandemic.
    - The green line shows the number of people in residential and nursing homes. This fell sharply in 2020 and has remained at the lower level ever since.
    - Despite this, the cost of residential care – shown by the red line - did not fall in proportion and has increased ever since.
    - The blue line shows a model of 5% increases year on year to simulate what might have happened without the disruption of covid19. Despite fewer people in residential care than would have been expected, costs are now in excess of that model, driven by high rates of inflation and additional fee increases to support the market.

Appendix 1: Adult Care Changes in Demand



Appendix 1: Adult Care Changes in Demand

Part 2: 18-24 Year Olds

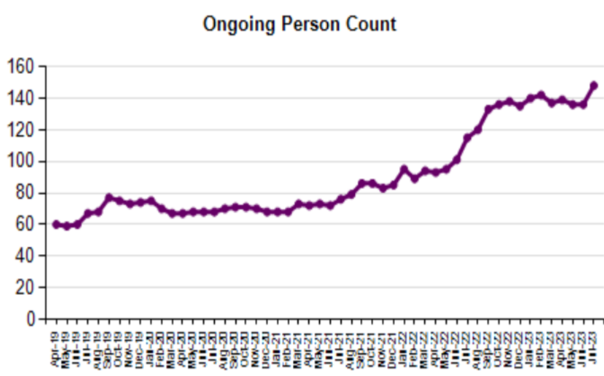
Improving the way young adults are supported through the transitions process has resulted in increases in costs to the AC&W budget. This is because young adults now transfer from Children's Services to Adults in a planned way at age 18 rather than when their education ends. Whilst this change allows for a smoother transition for the young person with more opportunities for independent living the move to the new arrangement in 2022 has impacted costs.

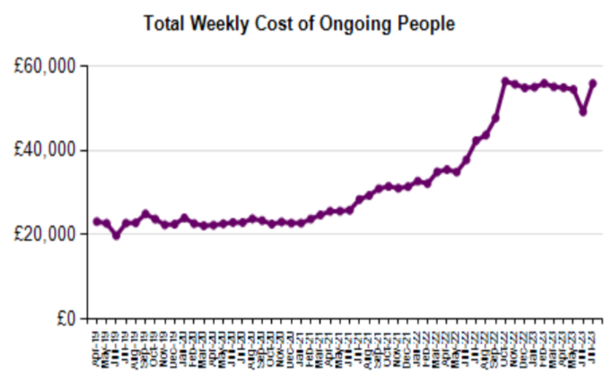
The trend data below shows the impact of this change with the number of people supported increasing across the majority of services. The increase in costs from May 22 captures the impact of the transfer of young adults as the change was implemented.

The line on the left side charts is the total number of people accessing the service that month. The line on the right side charts is the total cost per week of that service for those people.

Day Services:

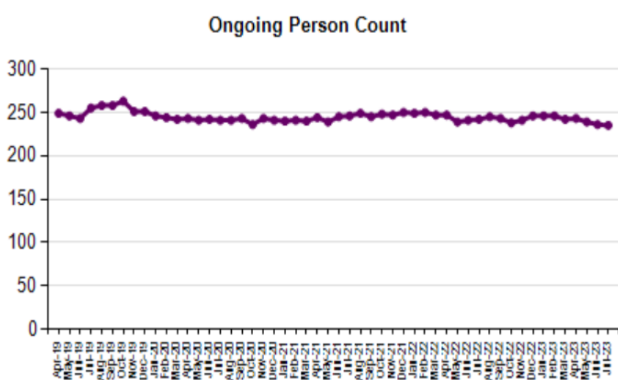
- 18-24 year olds using day services has increased by over 100%, from 60 to 140.
- Costs have increased from £23,000 per week to £56,000 per week during the same period.
- Costs have stabilised since September 2022, suggesting the impact of the transfer of case management has now settled.

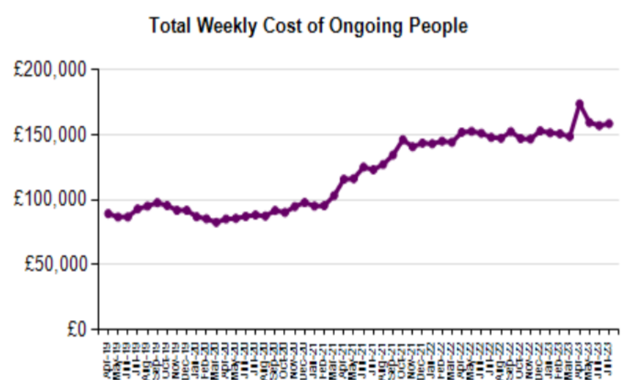




Direct Payments:

- Use of Direct Payments by 18-24 year olds has decreased slightly.
- Costs have increased 77% over the same period, treble the increase from fee uplifts, mainly during the 2021/22 financial year.
- Given the other increased demand for services, a similar increase in Direct Payments might have been expected.

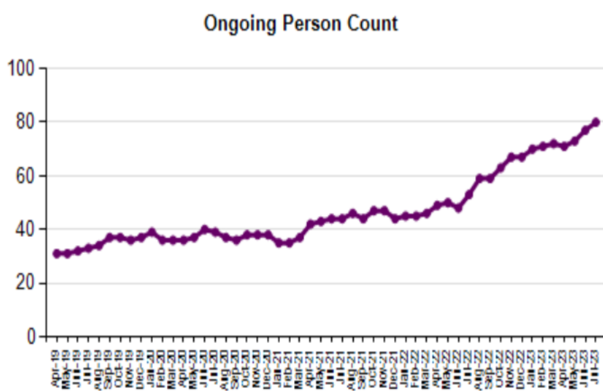


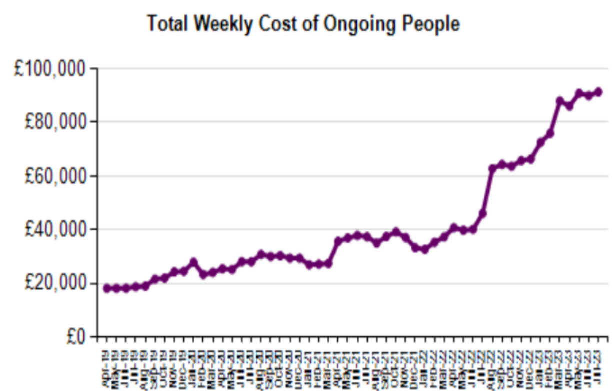


Appendix 1: Adult Care Changes in Demand

Supported Living:

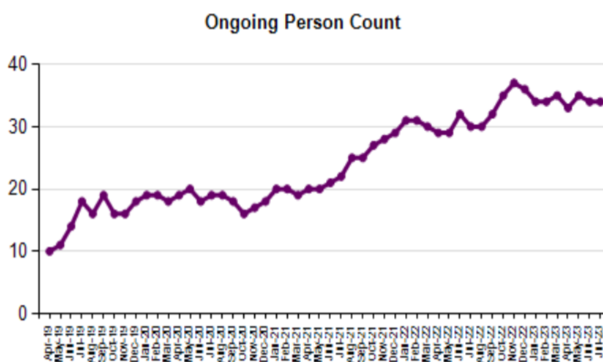
- The number of young adults in community-based supported living has doubled since 2019, which is in line with our strategy to reduce out of area placements and the number of young adults living in residential care.
- The associated costs of supported living have increased almost 400% over the same period – an increase of £3.7m as young people with more complex needs are supported in the community instead of in residential care.
- Unlike other services, Supported Living has seen the greatest increase over 2022/23 (rather than 2021/22). This suggests a delayed impact to the change, with Supported Living placements requiring more time to establish than other services.

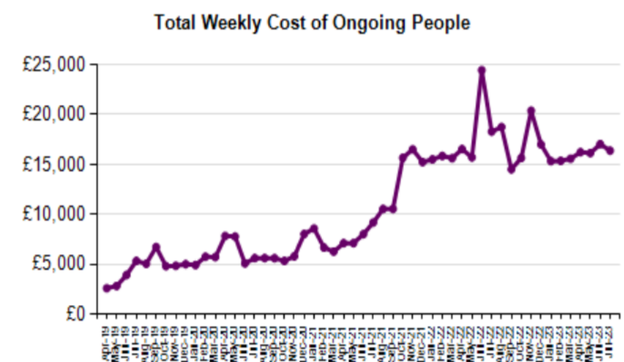




Respite:

- The number of people using respite has seen a similar threefold increase although the numbers are lower. Costs have increased over 500% in the same period.
- While this is a relatively small spend it is an important investment in the support of carers and the long-term sustainability of the person's care.

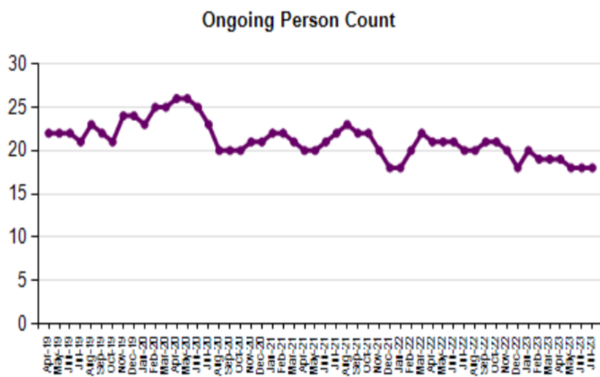


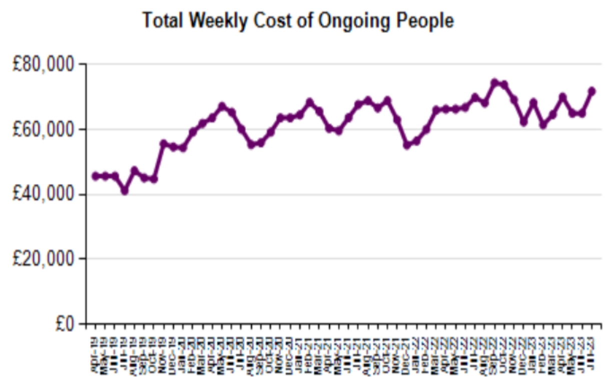


Appendix 1: Adult Care Changes in Demand

Nursing and Residential:

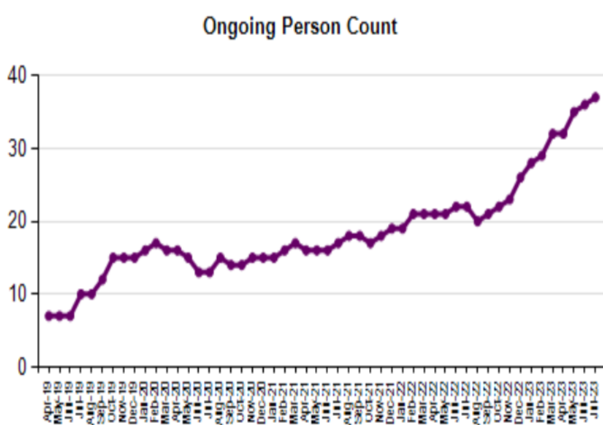
- Continuing care (as opposed to respite) in residential placements has decreased slightly overall during the last four years – in line with our strategy for less restrictive support including community-based support such as supported living.
- Costs have increased 36% over the same period. Some increase is expected due to inflation, but the excess increase may be driven by lack of alternatives in the market.

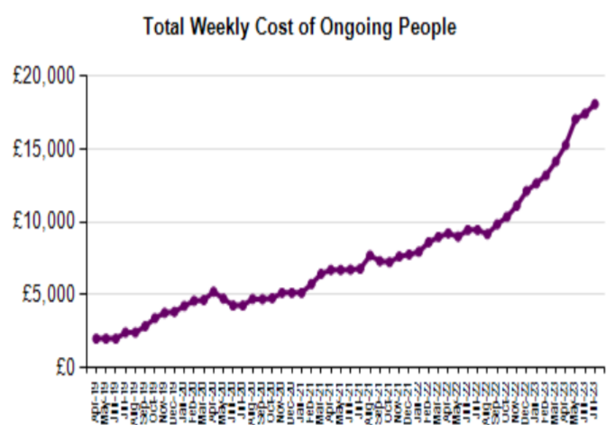




Shared Lives:

- There has been a dramatic increase in the success of Shared Lives from less than 10 people in this age group to almost 40.
- Costs have risen in line with this increase and inflation.
- Costs have risen steadily as the programme strengthens, rather than the 2021/22 surge seen in the demand for other services.





Adult Health and Social Care Benchmarking Report

Summary Report: September 2023

1. Purpose of Report

1.1 This report provides benchmarking information in relation to support provision, costs and use of Sheffield's resources.

1.2 The benchmarking is undertaken using a comparison to Core English Cities, the Yorkshire and Humber region, our CIPFA comparator group and the average for English local authorities.

1.3 Benchmarking data refers to the 2021/22 financial year. This is relatively old data and much has changed since then but this is the most recent comparative data available.

1.4 Data sources outside of our own local records rely upon the LG Inform website and the SALT data returns. These datasets are built up from local authority returns, and therefore by their nature must be treated with a degree of caution – the interpretation of questions or the categorisations of costs may vary and therefore create anomalies within the data.

1.5 It should be kept in mind throughout the report that an annual increase in costs is to be expected, as we uplift provider fees on an annual basis. If the amount of support remained static we would normally expect a cost increase of about 5% per year subject to inflation.

2. Executive Summary

2.1. An anomaly in the overall numbers reported in 20/21 has resulted in an apparent reduction in client numbers that has not been seen in reality. The 20/21 total figure and figure for community support both included approximately 2,400 people receiving support from the mental health care trust staff – i.e. contact time rather than commissioned social care. The figures for 21/22 more closely reflect our own data on client numbers for commissioned services.

2.2. Across all categories and taken as a whole, Sheffield had

a. a low proportion of people in residential care and an average number of people in nursing care.

b. above average numbers of community support clients. We are not an outlier, but other areas support fewer people. Sheffield's cohort has also started to increase.

2.3. Expenditure was above average for England but low for a core city. Staffing costs were comparable to other core cities but rose faster than comparators. Third party spend was also rising faster than other areas.

2.4. One of the highest cost increases was for older people, despite a reduction in numbers supported. This was evident in the increase in average residential rates not seen elsewhere, which must relate to the number of high cost placements in Sheffield.

2.5. Rather than client numbers or amount spent, the main concern was the trajectory of spend.

a. Older People community costs rose 6% despite numbers of people falling 6%. We were one of the highest spenders on this area, and highest on homecare, with another 11% increase widening the gap.
b. Learning Disability costs were also rising more steeply than elsewhere.
c. Spend on Physical Disabilities was average. But costs were increasing at a higher rate than elsewhere.

d. Mental Health saw a high increase in spend on community support, especially on direct payments.

2.6. For Learning Disabilities, the number of people supported was high but costs were low. That may signify an effective approach using low cost interventions, but we would potentially reduce costs if we supported the average number of people.

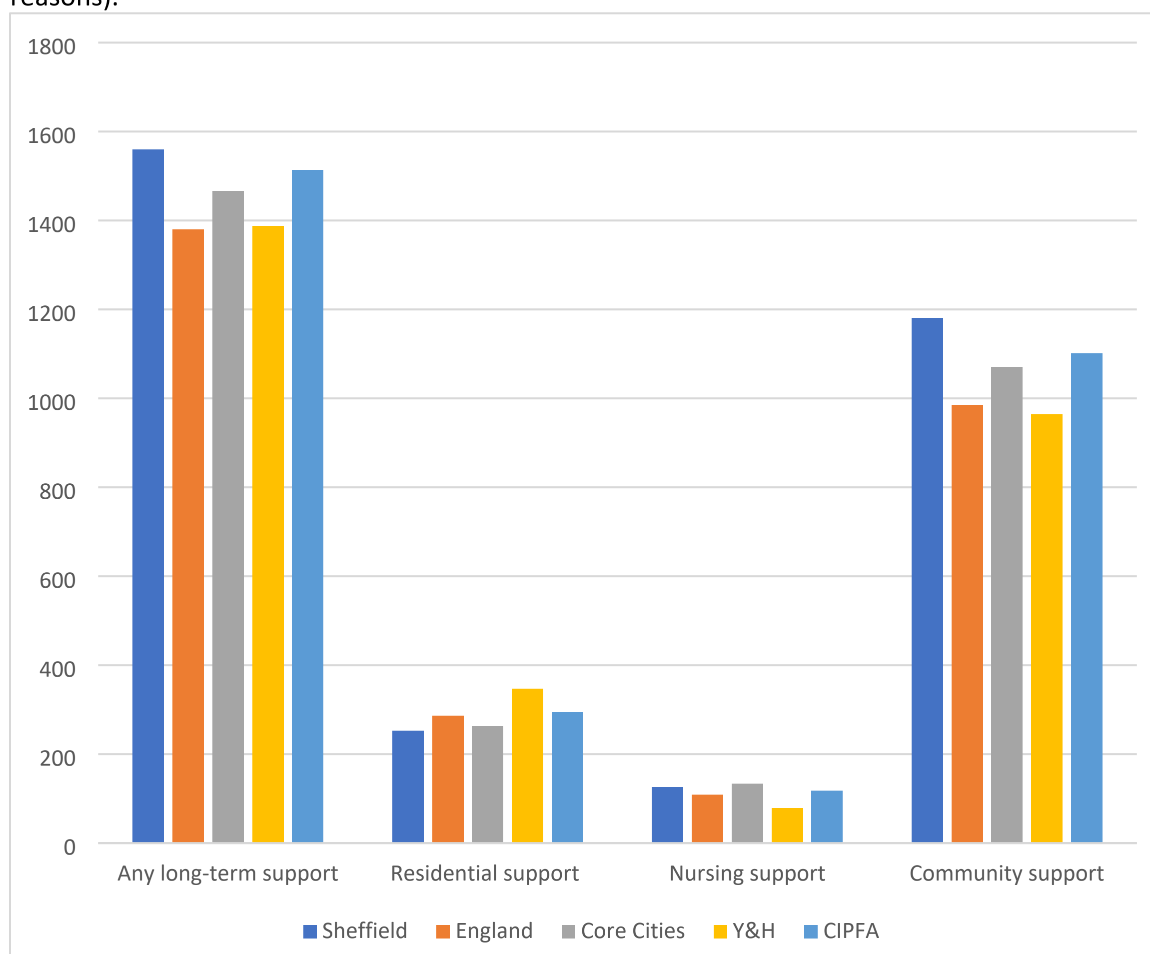
2.7. Direct payments spend was very high compared to other areas – we had the biggest spend and proportion of spend on LD direct payments, although the comparative lack of supported accommodation spend may mean those costs have been reported here.

2.8. Learning Disability supported living costs were comparatively low, with other cities dedicating far higher ratios of their LD budget to supported living.

2.9. Mental Health support was lower than average for client numbers but we're a high spender, especially on residential care, although our average bed rates were similar with the rest of the country.

3. Overview

Chart 1: People receiving support per 100,000 population aged 18+ (all ages and primary support reasons).

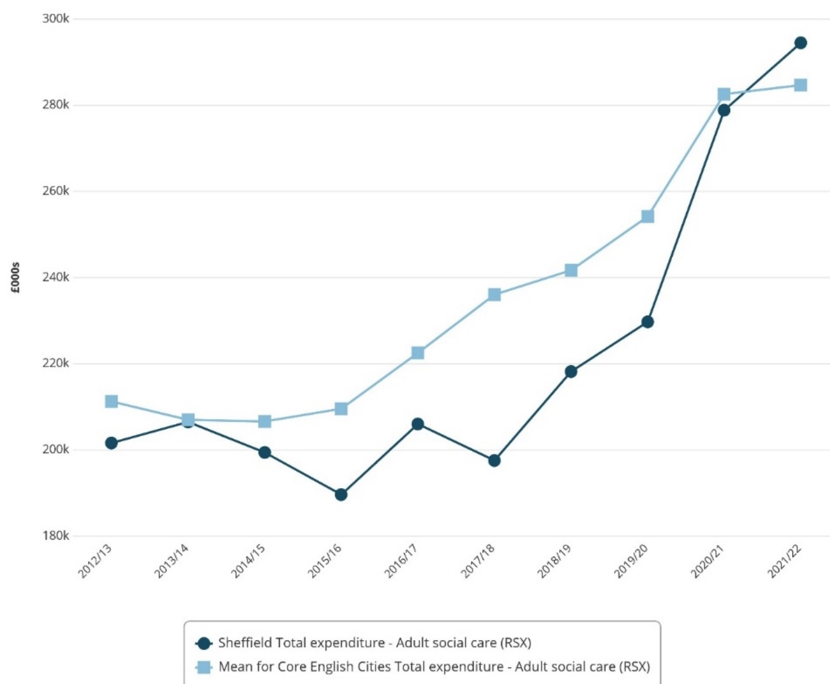


Source: SALT Benchmarking data

3.1 The SALT benchmarking data refers to a snapshot of the number of people receiving a service at the end of the financial year, rather than an accurate count of everyone who receives a service over the course of the year.

3.2 Sheffield remained relatively low in the proportion of people in residential care, which is consistent with our strategy over the last few years and the reaction to Covid in the period shown. A return to pre-covid levels would raise Sheffield in line with the England average of 280.

Chart 2: Total expenditure- Adult Social Care for Sheffield 2012/13 to 2021/22.



Source:
Department for Levelling Up, Housing & Communities, Revenue Outturn (RSX), Total expenditure - Adult social care (RSX) , **Data updated:** 08 Dec 2022
Powered by LG Inform

Source: LG Inform

3.3 Chart 2 refers to the total gross expenditure on Adult Social Care (as described in the report to committee June 2023). Previous years have shown that Sheffield has remained at, or below, the mean for core English cities. However in 21/22 we spent above this comparator.

3.4 Although all core cities also increased spend sharply since 2017/18, these costs started to level off, while Sheffield continued on a higher trajectory with a further 6% increase. This indicates that whilst Sheffield continued to take on inflationary cost increases it did not address the above inflation increases seen during covid as quickly as comparators.

3.5 Local data, in charts 4 and 5, shows that Sheffield's total number of people supported has remained steady into 2023. Spend has continued to increase throughout 2022/23, with a steeper rise in April relating to annual fee increases.

Appendix 2: Benchmarking Report

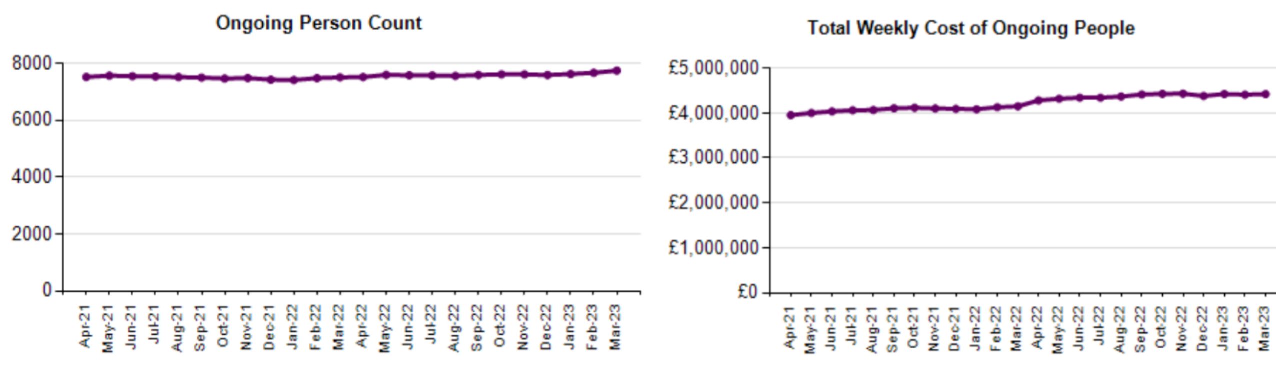


Chart 3: Total people supported by Adult Social Care services in Sheffield over time.

Chart 4: Gross weekly cost of providing all Adult Social Care services to people in Sheffield over time.

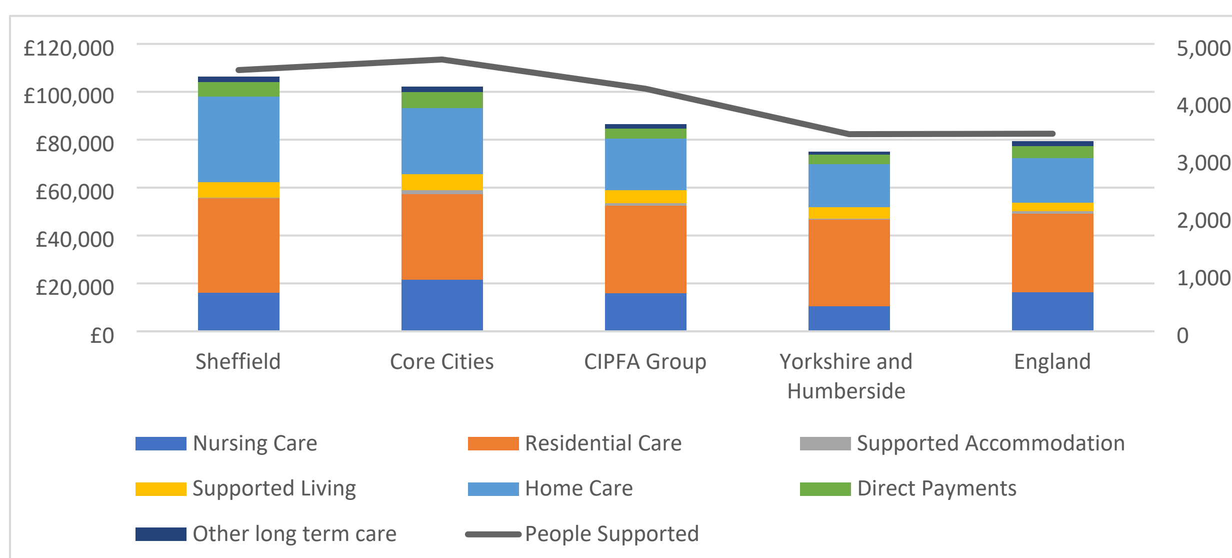
4. Support for people aged 65+

4.1 Sheffield spent significantly more on support for older people than comparator groups overall and specifically on homecare and residential care (the two main areas of spend for this age group).

4.2 Only Core Cities as a whole support more older people per 100,000 than Sheffield overall, but Sheffield has more people supported in the community than any other comparator.

4.3 Most other comparator groups have more people in residential care - England has marginally fewer. This is balancing out the high use of community support to some degree.

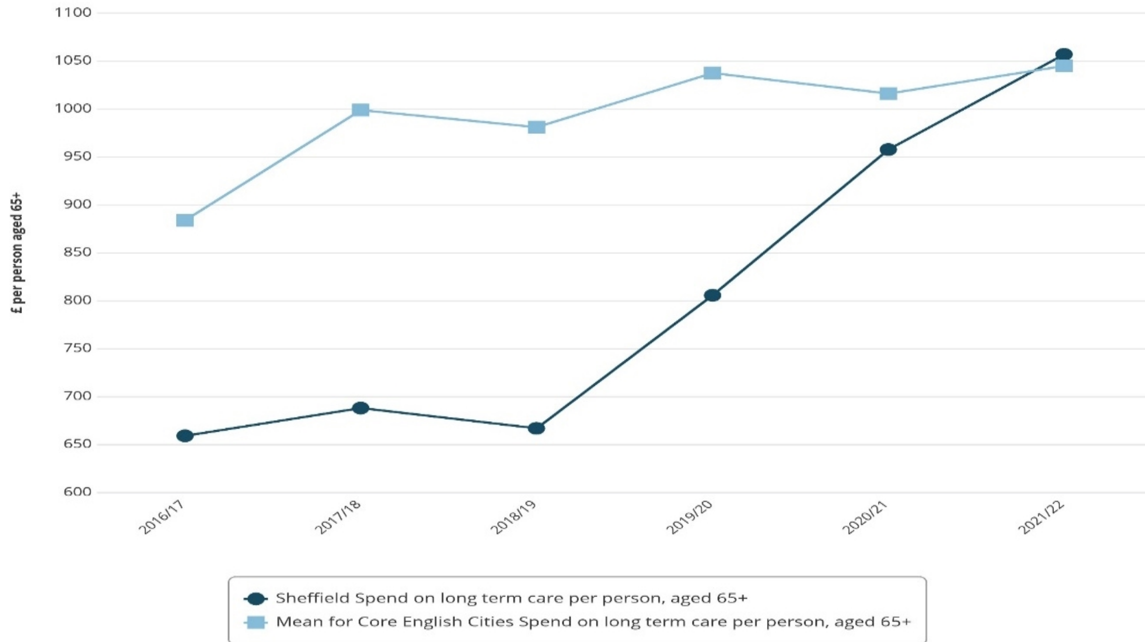
Chart 5: Gross expenditure (long term care £000s) in 21/22 for older people (65+) per 100,000 population. And people receiving Long-Term Support per 100,000 65+ population (21/22)



Source: ASCFR and SALT benchmarking data.

4.4 Sheffield's gross expenditure on long term care was consistently below the average for core cities until 2020, where a significant increase in gross expenditure in the provision of long-term care was recorded.

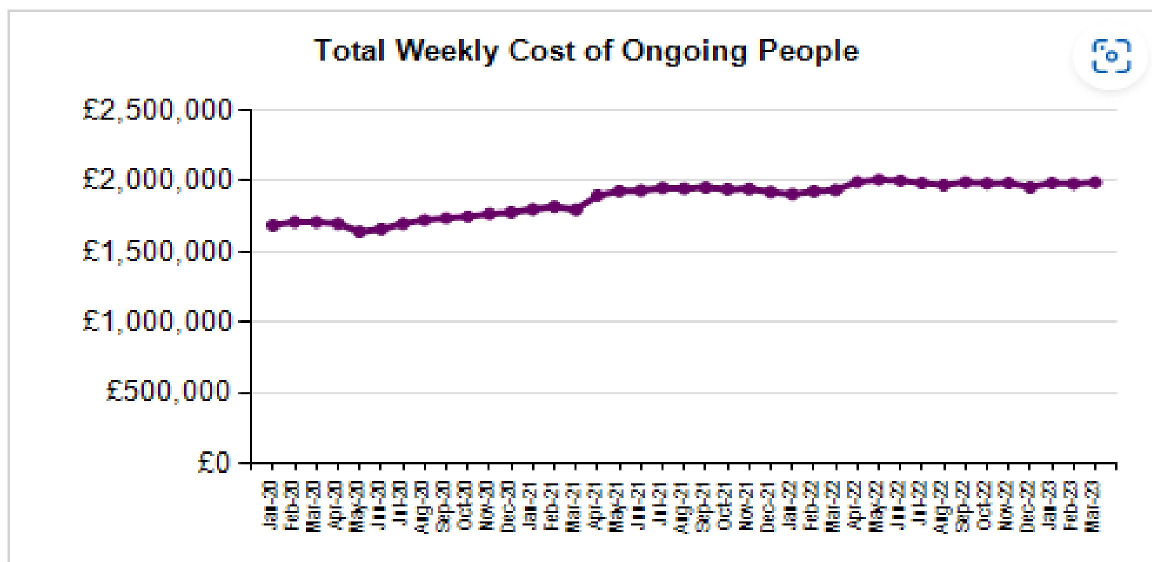
Chart 6: Gross expenditure on long term care for older people (65+) per adult 16/17 to 21/22



Source: LG Inform

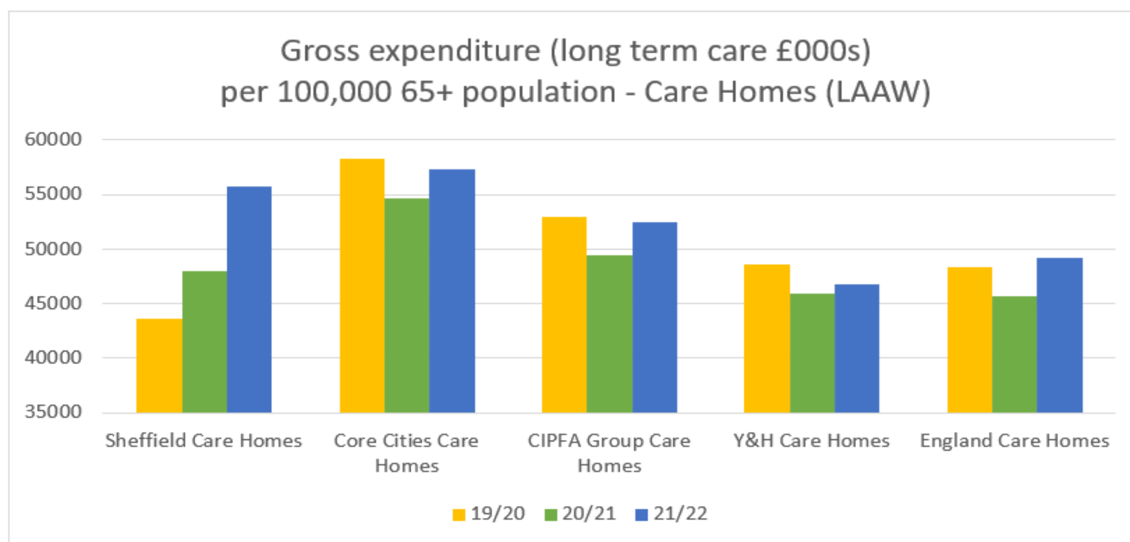
4.5 This increase is also evident in our local data, shown in Chart 7. This chart includes more recent data which shows that since then costs have remained flat over the last two years with the only increases being due to annual uplifts in April.

Chart 7: Weekly gross cost for people 65+ receiving long term support in Sheffield over time.



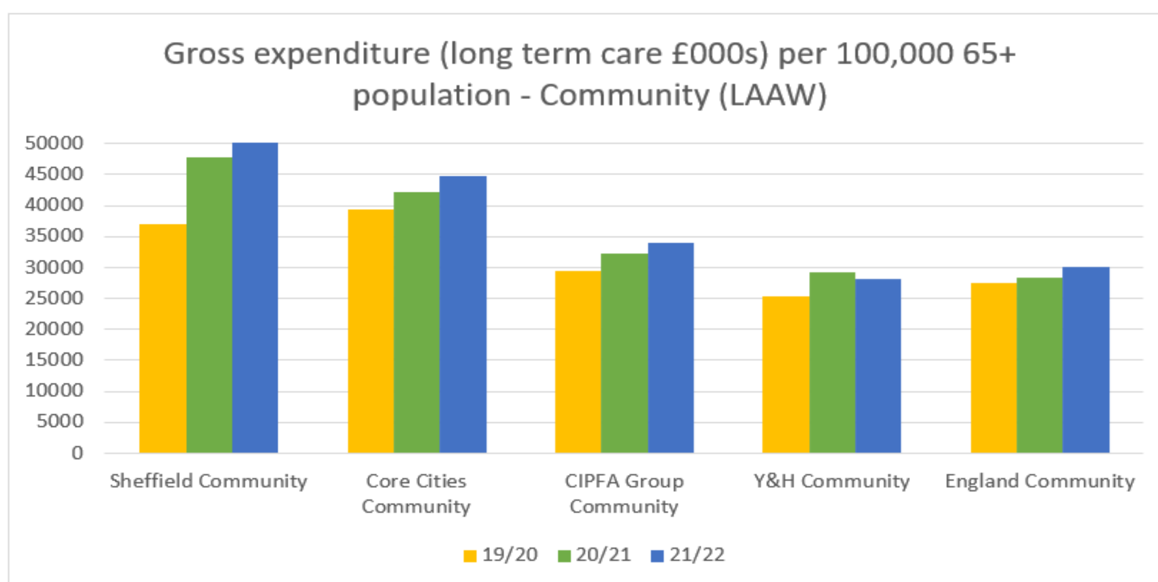
4.6 The following charts show the change in spend on residential care and home care for older people over a three year period. Despite a 4% decrease in the number of older adults supported, costs increased more sharply than other comparators.

Chart 8: Gross expenditure (£000s) for care homes per 100,000 65+ population, 19/20 to 21/22.



Source: ASCFR benchmarking data.

Chart 9: Gross expenditure (£000s) for community based care per 100,000 65+ population, 19/20 to 21/22.



Source: ASCFR benchmarking data.

4.7 Charts 11 and 12 use local data to show that since the national data was recorded, the number of people receiving homecare dipped slightly but has recently increased, while the overall cost per week has remained relatively steady despite high inflation and fee rate increases.

Appendix 2: Benchmarking Report

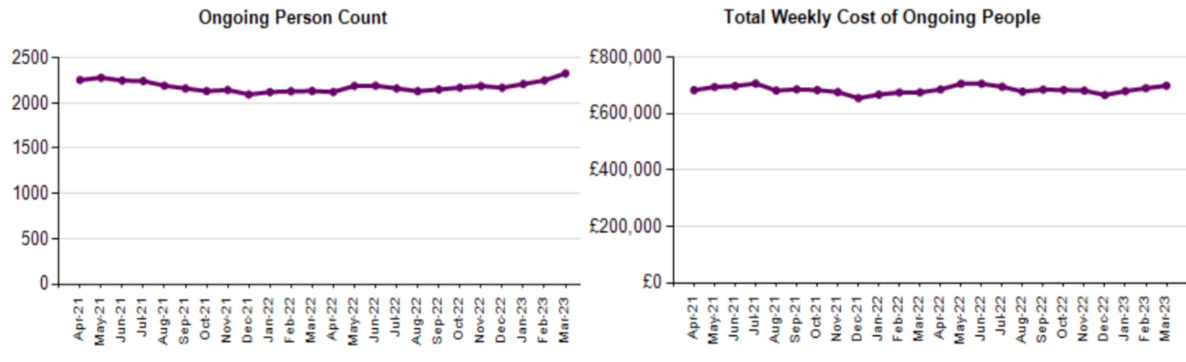
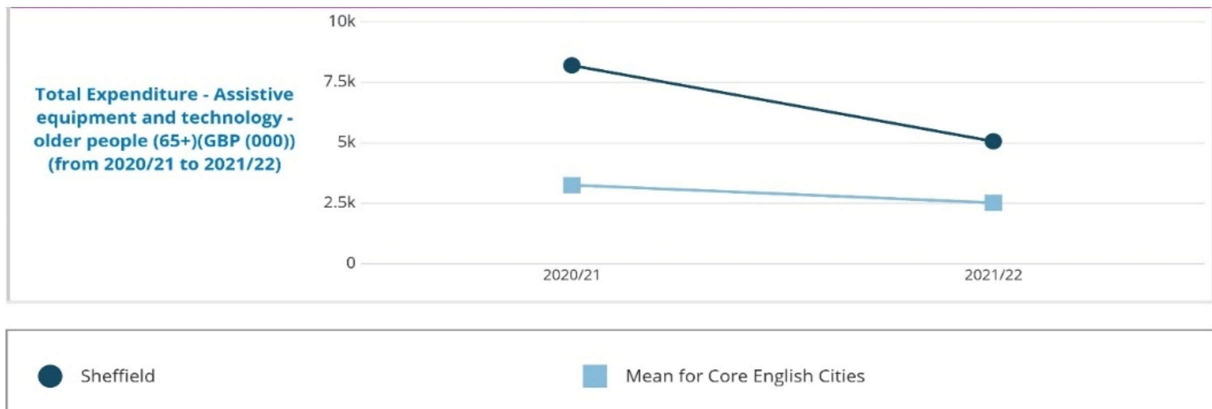


Chart 10: Total older people (65+) receiving home care in Sheffield over time
Chart 11: Gross weekly cost of home care services provided to older people (65+) in Sheffield.

4.8 Sheffield spent significantly more than comparator cities on assistive technology such as equipment to enable people to live more independently but, at same time, continued to provide more homecare support than comparators cities, apart from Nottingham and Manchester. Year on Year, Sheffield's expenditure on assistive technology decreased by 48% - this likely relates to restricted access to people's homes during this period.

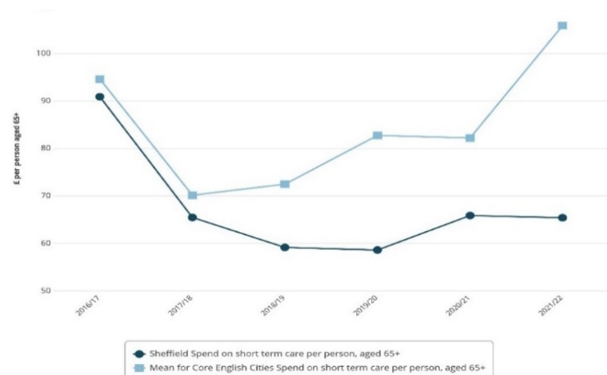
Chart 12: Total expenditure on assistive equipment and technology for older people (65+) for Sheffield and core cities average, 20/21 to 21/22.



Source:
Department for Levelling Up, Housing & Communities, Revenue Outturn: Social Care and Public Health (RO3), Total Expenditure - Assistive equipment and technology - older people (65+) , **Data updated:** 08 Dec 2022

Powered by LG Inform

Source: LG Inform.



Source:
NHS Digital, Adult Social Care Activity and Finance Report, Gross current expenditure on short term care for adults aged 65 and over, per adult aged 65 and over , **Data updated:** 25 Dec 2022

Powered by LG Inform

4.9 Sheffield spent less than core cities on short term care per person for adults aged 65+, which is set against higher homecare expenditure than comparators.

Chart 13: Gross expenditure on short term care for older people (65+) per adult, 16/17 to 21/22. Sheffield and core cities average. Source: LG Inform.

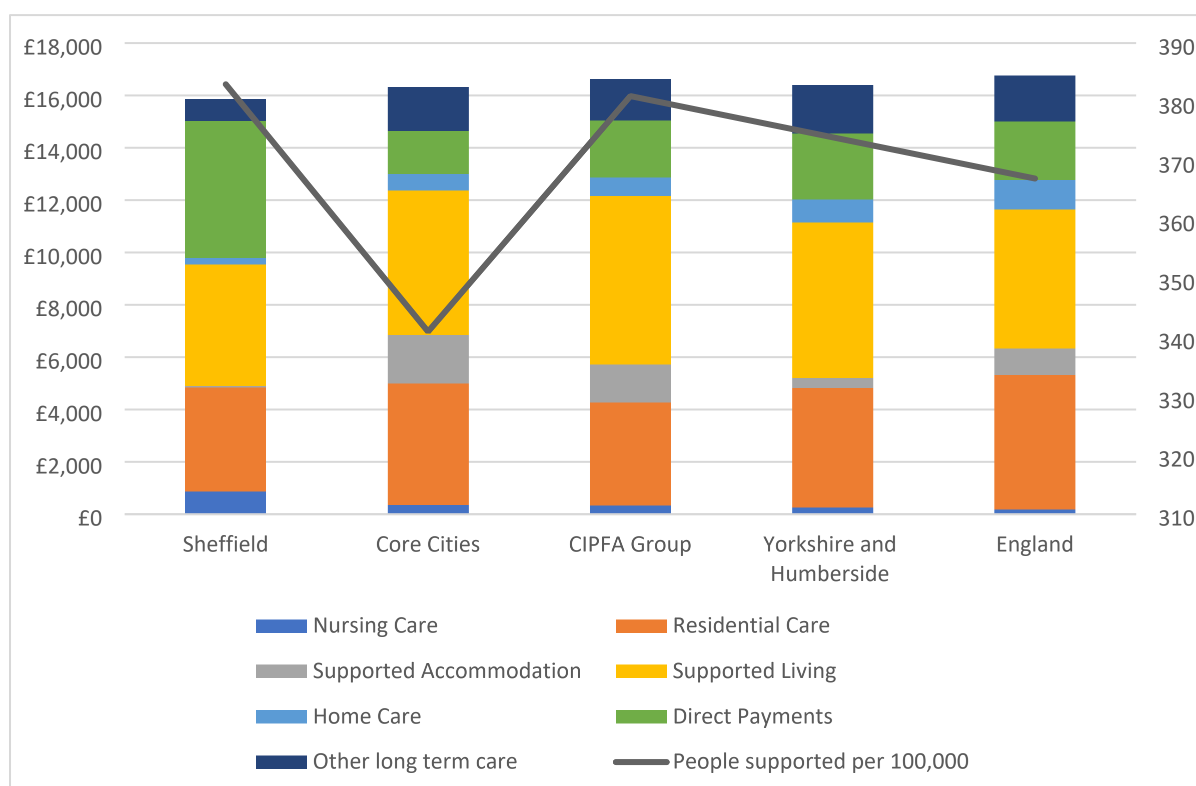
5. Support for people aged 18-64 with a Learning Disability

5.1 Sheffield supported similar numbers of working age people to comparators but Sheffield had more people living in the community than most comparators. Sheffield had 17% more people with community support than core cities, and 12% more people supported overall compared to core cities, which indicated a positive shift towards independent living.

5.2 We spent significantly more on direct payments than any other city or comparator. However, some of this may be due to Sheffield using direct payments to purchase other support which skews the comparisons in this and the other service categories.

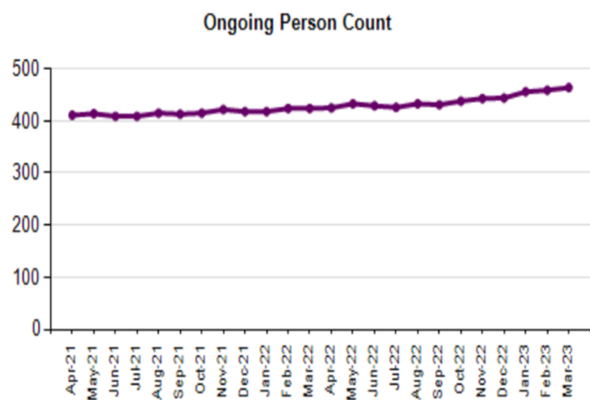
5.3 The Supported Accommodation category includes long term placements in adult placement schemes (Shared Lives), hostels, unstaffed homes, partially staffed homes or group homes. There may be recording differences across different LAs.

Chart 14: Gross expenditure (long term care £000s) in 21/22 for adults with learning disabilities per 100,000 – 18-64 population. And people with learning disabilities receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.



5.4 Charts 15 and 16 show the trend for the number of people with a learning disability supported and the weekly cost since the national benchmarking data was taken. This shows an increase in the number of people and consequently the related cost. This is due to the change in how transition from Children's services is managed taking effect during this period.

Appendix 2: Benchmarking Report



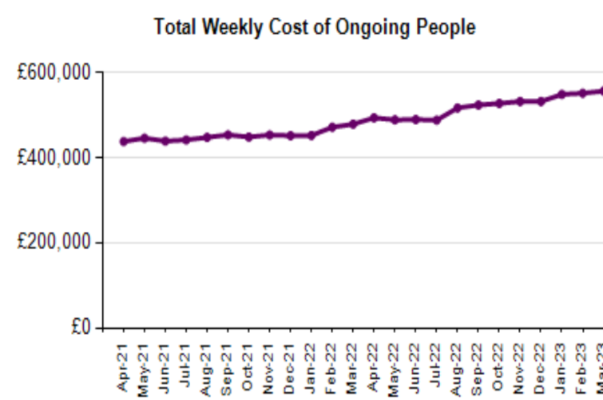
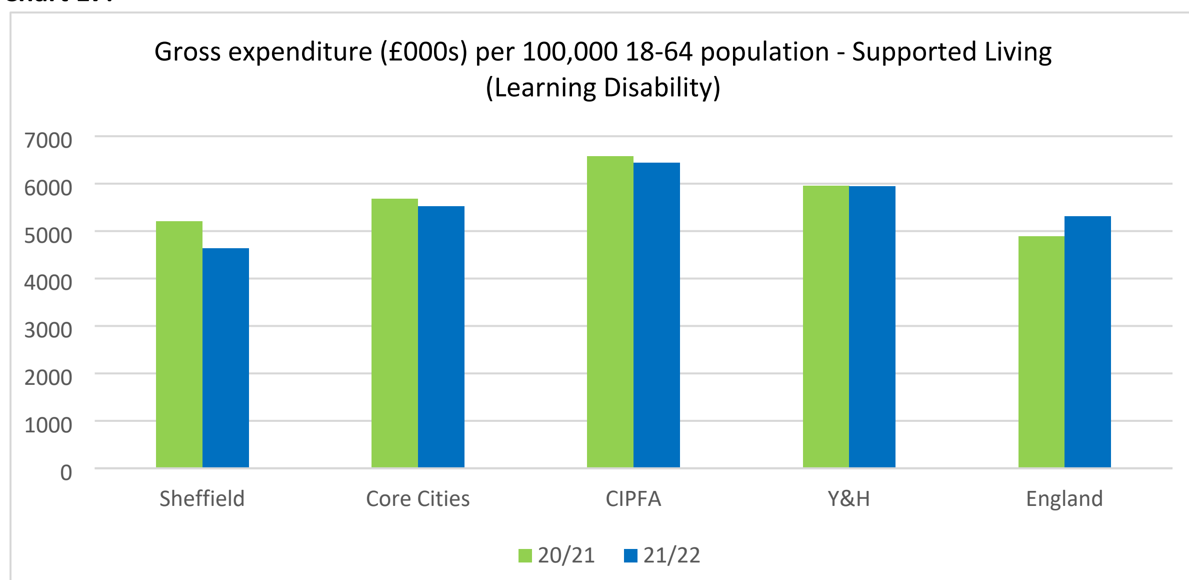


Chart 15: Gross weekly cost of services provided to adults (18-64) with learning disabilities in Sheffield over time.
Chart 16: Total number of adults (18-64) with learning disabilities in supported living in Sheffield over time.

5.5 Supported Living is the single largest area of spend for Learning Disabilities. Sheffield showed a decreased spend in this area and a lower spend than all comparator groups. Note, £4.6k per 1000,000 implies a total spend of £17.4m, whereas Sheffield's gross spend is closer to £23m on LD supported living. This is because CHC funding and other income have been allowed for in the national figure.

5.6 Since the benchmarking data was taken, the gross spend on Supported Living in Sheffield has increased by 27% and the number of people in this group has increased by 14%. This is mainly driven by the change in when young adults transfer to Adults services and both the number of people and cost have now stabilised again.

Chart 17:



Data Source: ASCFR benchmarking data

5.7 Similar comparisons for residential care and community care (mainly funded through Direct Payments) shows a varying trend of a steeper increase. The sharp increase in residential

care costs is likely related to the one-off increase in young adults that year. Direct Payments saw a slight reduction in numbers and therefore costs remained relatively even.

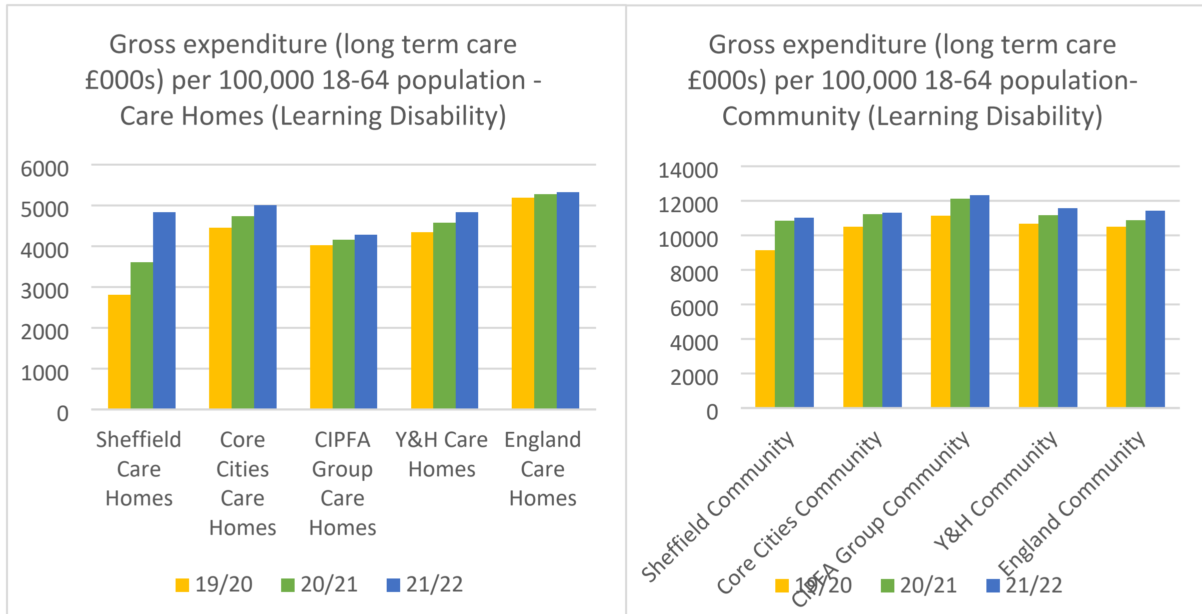


Chart 18: Gross expenditure (long term care £000s) per 100,000 16-64 population, care homes for adults with learning disabilities.
Chart 19: Gross expenditure (long term care £000s) per 100,000 16-64 population, community services for adults with learning disabilities.

Data Source: ASCFR benchmarking data

6. Support for people aged 18-64 with a Physical Disability

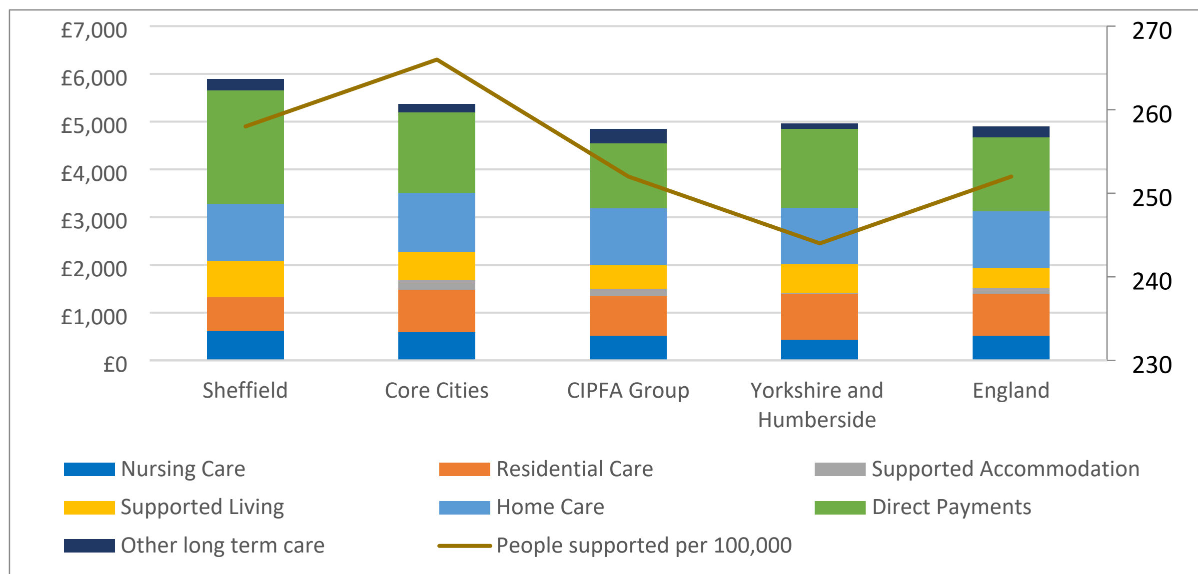
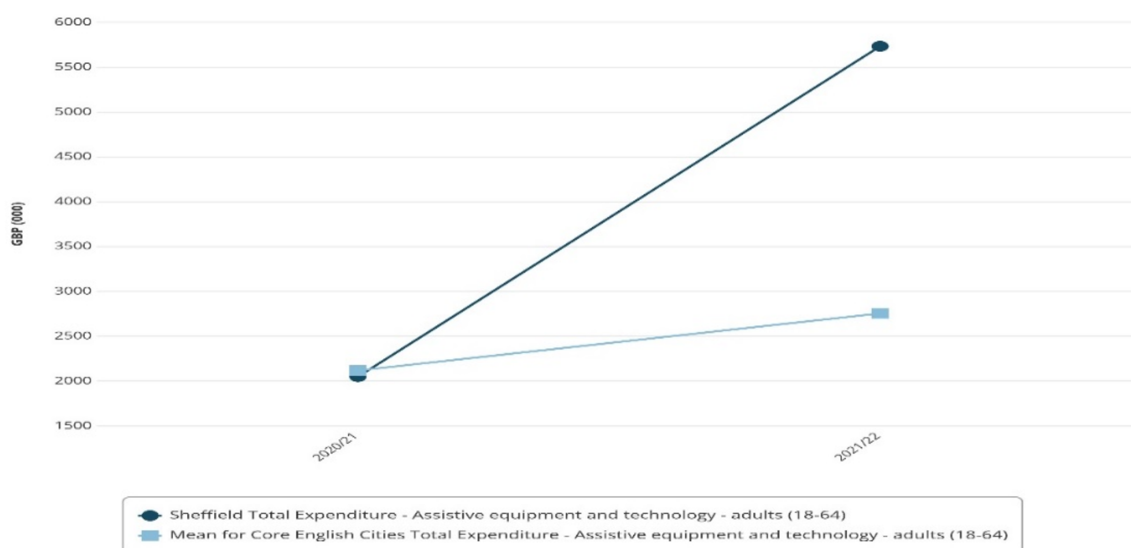


Chart 20: Gross expenditure (long term care £000s) in 21/22 for adults with physical disabilities per 100,000 – 18-64 population; and people with physical disabilities receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.

6.1 Sheffield supported more people than all, but one, of its comparators but supported fewer people in residential care in this area suggesting a positive move towards independent living in the community for this cohort.

6.2 The comparison of spend on assistive technology for people with a physical disability showed a sharp increase compared to other core cities. This was at the same time as the decrease for people over 65.

Chart 21:



Source:
Department for Levelling Up, Housing & Communities, Revenue Outturn: Social Care and Public Health (RO3), Total Expenditure - Assistive equipment and technology - adults (18-64) , **Data updated:** 08 Dec 2022

Powered by LG Inform

7. Support for people aged 18-64 with mental ill-health

7.1 Sheffield's figures remained similar to the previous year in the numbers of people supported across Mental Health services. Community support vastly reduced in all comparator groups year on year. It remained higher in Core Cities and the CIPFA group than Sheffield.

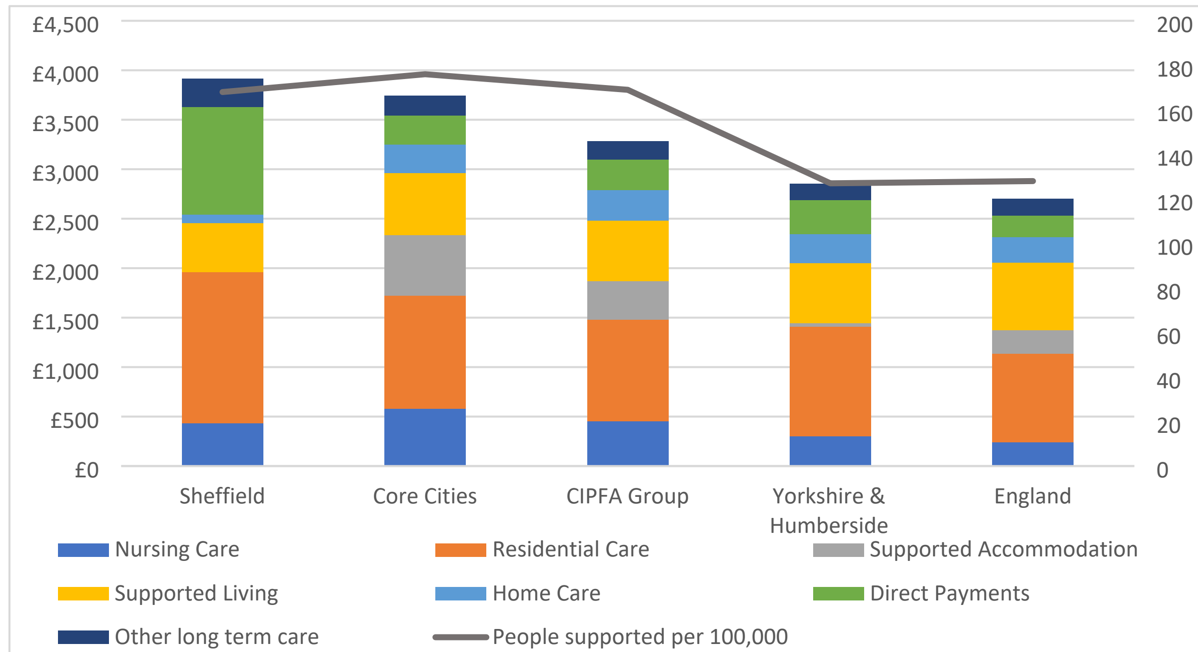
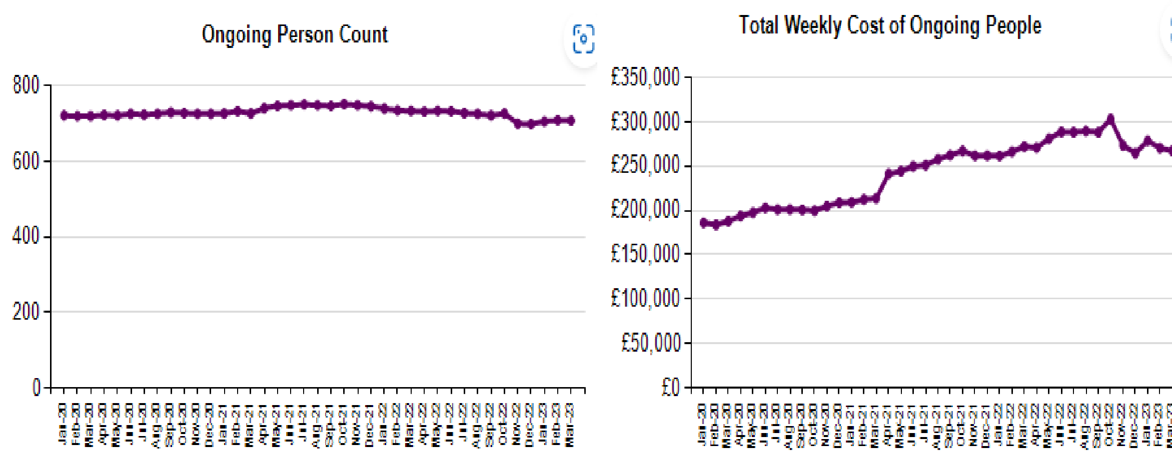


Chart 22: Gross expenditure (long term care £000s) in 21/22 for adults with mental ill health per 100,000 – 18-64 population. And people with mental ill health receiving Long-Term Support per 100,000 - 18-64 population (21/22) Source: ASCFR and SALT benchmarking data.

7.2 The number of people supported has remained relatively steady since the benchmarking data was recorded, but the cost of support has levelled out since the above inflation increase in 2021/22.



Appendix 4: Planned allocation of additional MSIF grant

Proposal	23/24 cost	24/25 cost
Workforce Retention and Development Investment. (Practice Development Staff: 1xG9, 4xG7 and 1xG5 (midpoints+ 30%) fixed term 18 months)	£138,468	£276,936
Workforce Retention and Wellbeing (Care Friends app to increase recruitment of social work staff and social care staff)	£200,000	£100,000
Workforce Retention and Wellbeing (Social Care Heroes)	£100,000	£0
Social Care Academy (Workforce Retention and Wellbeing)	£50,000	£0
Discharge from Hospital (Retention of 28 FTE frontline staff across STIT and Enablement)	£1,453,000	£1,089,750
Waiting Lists (Agency teams for 3 months to address urgent waiting lists)	£602,400	£0
Waiting Lists (Business Support CPLI project)	£48,000	£63,300
Workforce Recruitment & Retention (Promoting recruitment into PA workforce)	£22,000	£0
Workforce Recruitment & Retention (Recruitment and Retention Grants to Providers)	£1,500,000	£800,000
TOTAL	**£4,113,868**	**£2,329,986**
AVAILABLE GRANT	**£4,114,255**	**£2,331,000**
BALANCE	**£387**	**£1,014**

Description	Lead
•Engagement with Internal and External Workforce, including Sheffield Workforce Engagement Board •Wellbeing Action Plan and Staff Workforce Plan •Raising the standing of social care with wider sector •Recruitment activity to support workforce retention •Key projects under the Care Sector Workforce Dev Strategy •Implementation of LGA Workforce Standards for Sector •Implementation of Unison and GMB Care Charters	Dawn Bassinder / John Chamberlain
Use of VCF sector app to incentivise promoting vacancies and strengthening workforce retention. To be reviewed for 2nd year extension.	Dawn Bassinder / John Chamberlain
Wellbeing initiative for social care workforce. Currently supports care home workforce, funding would expand to wider care workforce as a pilot.	Dawn Bassinder / John Chamberlain
Seed funding to aid establishment of social care academy: offering job advice, career guidance and development; apprenticeships and opportunities to gain management, specialist and leadership training social care careers.	Dawn Bassinder / John Chamberlain
Halt on 23/24 budget plan to reduce staffing budgets; Retention of staff delivering approx. 2,000 hours care and support hours per week and facilitating hospital discharge.	Nicola Afzal
Mental Health - backlog of reviews following transfer of clients from SHSC	Tim Gollins / Tanya Boden
Future Options - supported living reviews	Andrew Wheawall / Stacie Ridley
Future Options - review of 1-2-1 and doublehand support	
Living and Ageing Well - care home reviews	Jo Pass / Nicola Scott
Releasing admin workload from social workers relating to updates and amendments to care packages - increasing capacity for assessment and reviews.	Andrew Wheawall / Michelle Glossop
Promotional materials that can be used both this year and next to promote career options as a personal assistant for people with a direct payment.	Catherine Bunten/ Mary Gardner
Supports stability in the provider market - this is applicable to different provider types including care homes, community based care and PAs.	Catherine Bunten

Metrics
• Reduced % of vacancies in Social Care • More representative Social Care Workforce • Improved workforce retention rates including % turnover of staff • Increased apprenticeship rates for Social Care workforce
• Increasing recruitment rates for Social Care Workforce • Decreasing turnover of Social Care Workforce • Increased recruitment of Social Workers in Sheffield
• Increasing workforce wellbeing & morale • Reduced turnover for social care workforce
• Increasing recruitment rates for Social Care Workforce • Decreasing turnover of Social Care Workforce • Increased recruitment of Social Workers in Sheffield
• Discharge rates from hospital • Waiting list for STIT
Cuts assessment times and reduces immediate risks. Releases capacity in permanent teams to deliver BAU assessments and reviews. • MH review rate • Reviews due over 18 months
• Review rate - future options
• Increasing recruitment rates for PA Workforce
• Existing MSIF reporting: Fee rate information: Homecare18+

Report to Policy Committee

Author/Lead Officer of Report: Philip Gregory, Director of Finance and Commercial Services

Tel: +44 114 474 1438

Report of:	*Philip Gregory, Director of Finance & Commercial Services*
Report to:	*Adult Social Health & Care Policy Committee*
Date of Decision:	*20th September 2023*
Subject:	*2023-24 Q1 Budget Monitoring Report*

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

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"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)."*

Purpose of Report:

This report brings the Committee up to date with the Council's outturn position for Q1 2023/24 General Fund revenue position.

Recommendations:

The Committee is recommended to:

The Committee is asked to note the updated information and management actions provided by this report on the Q1 2023/24 Revenue Budget Outturn as described in this report.

Background Papers:
2023/24 Revenue Budget

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: Philip Gregory, *Director of Finance and Commercial Services*
		Legal: *Sarah Bennett, Assistant Director, Legal and Governance*
		Equalities & Consultation: *Adele Robinson, Equalities and Engagement Manager, Policy, and Performance.*
		Climate: n/a
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**SLB member who approved submission:**	*Philip Gregory, Director of Finance and Commercial Services*
3	**Committee Chair consulted:**	*Cllr Zahira Naz, Chair of the Finance Committee*
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 EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: *Philip Gregory* *Jane Wilby*	**Job Title:** *Director of Finance and Commercial Services* *Head of Accounting*
	Date: 31st August 2023	

1. PROPOSAL

1.1. This report provides an update on the current outturn position for Sheffield City Council's revenue and capital budget for 2023/24.

2023-24 Q1 Financial Position by Directorate

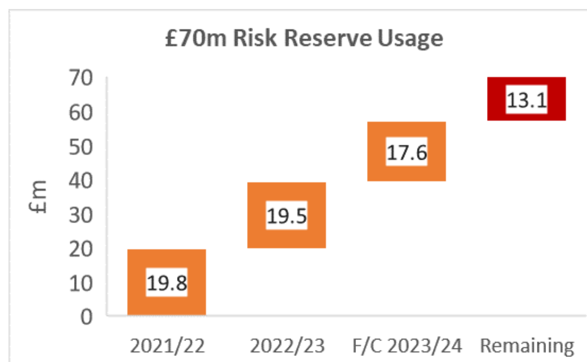
1.2. At the end of the first quarter of 2023-24, the Council's revenue budget shows a forecast overspend of £17.6m.

Full Year £m	Outturn	Budget	Variance
Neighbourhood Services	138.2	135.0	3.2
Adults	138.3	134.8	3.5
Children's	124.0	115.3	8.7
Strategic Support	52.4	47.7	4.7
City Futures	44.0	43.4	0.6
Public Health & Integrated Commissioning	10.7	10.9	(0.2)
Corporate	(490.1)	(487.1)	(3.0)
Total	**17.6**	**(0.0)**	**17.6**

1.3. This overspend is due to a combination of factors. Agreed Budget Improvement Plans ("BIPs") are not forecast to fully deliver within the year. There are underlying cost and demand pressures faced by services that are partially offset by one-off items. These "one-offs" consist of grant income, draws from specific reserves or provisions and income from central government or external sources.

Full Year Variance £m	One-off	BIPs	Trend	Total Variance
Neighbourhood Services	(4.1)	2.5	4.8	3.2
Adults	(9.9)	3.9	9.5	3.5
Children's	(3.9)	3.7	8.9	8.7
Strategic Support	0.0	0.0	4.7	4.7
City Futures	0.0	0.4	0.2	0.6
Public Health & Integrated Commissioning	0.0	0.0	(0.2)	(0.2)
Corporate	0.0	0.0	(3.0)	(3.0)
Total	**(17.9)**	**10.6**	**25.0**	**17.6**

1.4. In 2021/22, the Council set aside £70m of reserves to manage the financial risks associated with delivering a balanced budget position. Overspends against budgets in 2021/22 and 2022/23 have meant we have drawn almost £40m from this reserve already leaving just over £30m to manage any future budget deficits. If we overspent by £17.6m as this current forecast outturn position suggests, just £13m would be left to mitigate future budget pressures.



1.5. 2023-24 Q1 Financial Position by Committee

1.5.1. The major budget risk areas are in Childrens & Adults Social Care and in Homelessness services

Full Year £m	Outturn	Budget	Variance
Adult Health & Social Care	146.9	143.7	3.2
Education, Children & Families	124.7	115.8	8.9
Housing	10.2	7.0	3.2
Transport, Regeneration & Climate	39.6	40.0	(0.4)
Economic Development & Skills	9.5	9.4	0.1
Waste & Street Scene	63.5	64.2	(0.8)
Communities Parks and Leisure	41.7	41.3	0.3
Strategy & Resources	(418.4)	(421.5)	3.1
Total	**17.6**	**(0.0)**	**17.6**

1.5.2. In 22/23, the Council's forecast overspend improved by over £14m from the first quarter's forecasts to final outturn. This was mainly due to additional income received rather than underlying improvements in budgets and cost reductions. A big contributor to this was the Government's £500m discharge fund announced in November 2022, the sustainability of this income source and other mitigations from the last financial year are still unclear and cannot be relied upon.

Many underlying budget issues in social care services still remain and this is reflected in the current forecast position.

1.5.3. Most of the overspend is due to underlying cost and demand pressures in services. We estimate that £25m is embedded in the baseline costs but is somewhat mitigated by one-off income:

Full Year Variance £m	One-off	BIPs	Trend	Total Variance
Adult Health & Social Care	(9.9)	3.9	9.1	3.2
Education, Children & Families	(3.9)	3.7	9.1	8.9
Housing	(1.7)	0.2	4.7	3.2
Transport, Regen & Climate	0.0	0.1	(0.5)	(0.4)
Economic Development & Skills	0.0	0.0	0.1	0.1
Waste & Street Scene	(0.5)	0.2	(0.4)	(0.8)
Communities Parks and Leisure	0.0	0.2	0.2	0.3
Strategy & Resources	(1.8)	2.2	2.7	3.1
Total	**(17.9)**	**10.6**	**25.0**	**17.6**

1.5.4. Balancing the General Fund 2023/24 budget was only possible because the Council identified £47.7m of savings:

General Fund Budget Improvement Plans (in £m)

Committee	Total Savings	Financial Savings Deliverable in Year	In Year Gap	Financial Savings Deliverable Next Year	Undeliverable Savings
Adult Health & Social Care	31.6	27.6	3.9	2.3	1.6
Communities, Parks & Leisure	2.0	1.9	0.2		0.2
Economic Devt & Skills	0.5	0.5	0.0		0.0
Education, Children & Families	6.9	3.2	3.7	0.3	3.4

Housing	0.6	0.5	0.2		0.2
Strategy & Resources	4.1	1.9	2.2	2.2	0.1
Transport, Regen & Climate	0.8	0.7	0.1		0.1
Waste & Street Scene	1.1	0.9	0.2		0.2
Total	**47.7**	**37.1**	**10.6**	**4.8**	**5.7**

The current forecasts show £10.6m savings plans are undeliverable this year. This represents a delivery rate of 78% against target. In 22/23, less than 65% of savings targets were delivered. Whilst we are improving upon overall delivery performance, we are still falling short of targets meaning further draws could be required from our reserves to meet these overspends if they are not managed and mitigated. Delivering in year budgets must be a key focus for all services for the Council to retain financial sustainability.

1.5.5. Whilst inflation is beginning to fall, costs incurred are very unlikely to fall significantly resulting in these increased costs now being embedded in our cost base. There is an increased demand for services alongside cost pressures in social care, home to school transport and homelessness services.

1.6. Key Committee Overspends:

1.6.1. **Adult Health and Social Care are forecast to overspend by £3.2m**

The high cost of packages of care put in place during covid increased our baseline costs and this carries into 23/24. A huge amount of work has been done as part of an investment plan to tackle the underlying issues. One off funding has mitigated the position this year leaving a £0.7m overspend in the purchasing budgets. Work continues on the package reviews to reduce the baseline costs for the future. Recovery work is underway including establishment of Task & Finish groups and the development of business cases around invest to saves including focus on enablement, day services, reviewing high cost 1 to 1 support and maximising income. The main area of overspend in the service now sits in staffing budgets. Service improvements in the Short -Term Intervention Team (STIT) are underway to deliver a stable position.

1.6.2. **Education, Children and Families are forecast to overspend by £8.9m**

The key overspends in the service relate to placements with external residential placements a particular issue which are forecast to exceed the previous year's costs by £4.8m. This sits alongside undelivered targets from the previous year of £2m. The average placement cost is £5,400 per week. However due to a limited number of places in the city, placements for the most complex children can cost a great deal more. Actions are being taken to ensure that the right costs for placements are being met by all elements including education and where possible health. High-cost placements are also being reviewed.

The savings proposal for £1.6m to increase fostering placements this year is forecast to not be delivered. Marketing is taking place, but our number of foster carers remains static. Nationally this has been an issue since the pandemic as older foster carers decided to exit the market and there has not been the like for like recruitment to new foster carers.

		Further demand in home to school transport costs are forecast to create a £3m overspend against budgets this year. This has the potential to increase in October when we know exactly how many children require transportation to school. An overarching review of this area will commence in 2024.
1.6.3.	**Homelessness support in temporary and exempt accommodation is forecast to cost the Council £8.4m**	The Government does not fully subsidise all housing benefit payments made by the Council even though it sets the rules that determine the amount the Council has to pay. In 2022/23, the Council incurred a loss of £5.9m as a result of the legislation relating to temporary homelessness and supported accommodation. The Council is essentially bridging the gap between the amount the accommodation costs to procure and the amount we are able to recover via housing benefits. In 2023-24, this is forecast to cost the Council £4.9m for temporary accommodation and £3.5m for supported accommodation. The shortfalls are split between the Housing General Fund and Strategy and Resources budgets respectively.

The Budget Implementation Group

1.6.4.	**A subgroup has been set up to drive improvements in Budget delivery**	A senior officer working group has been established to help drive delivery of the budget. The purpose of the Budget Improvement Group (BIG) is to improve the delivery of the Council's annual Revenue Budget (both General Fund and Housing Revenue Account) and in particular the delivery of the Budget Improvement Plans (BIPs). It will look to facilitate Council wide learning. The group is jointly chaired by the Director of Finance and Commercial Services and the Chief Operating Officer. The group has a nominated core member from each Directorate: Adults, Children's, City Futures, Neighbourhoods and Strategic Support Services.

Transformation Funding

1.6.5.	**We identified £4m to support transformation activity**	As part of 2023-24 budget setting, the Council identified a £4m fund that would be used to support programmes of change in the organisation, expedite the delivery of savings plans or support where delivery of savings has become "stuck". The "BIG" group has provided advice, challenge, and recommendations for allocation of the transformation funding to the Council's Performance and Delivery Board. In August 2023, the Performance & Delivery board approved bids to support delivery of programmes in Adult Social Care, Housing, Children's services, ICT, HR, and Organisational Strategy to build upon the Future Sheffield programme. These key projects will help stabilise the organisation and bring budgets back to a steady footing for the future. Each programme of work will be monitored, and progress reported to the Council's Performance & Delivery board to ensure activity remains on track. Overall performance will be reported to S&R committee and finance committee as part of in-year budget monitoring, with relevant policy committees overseeing progress on programmes in their areas.

Medium Term Financial Analysis (MTFA)

1.6.6. **The MTFA presented to S&R Committee on 7th September detailed committee budget savings targets**

An updated medium term financial analysis is due to be presented to Strategy & Resources committee on 7th September to give members an early view of the forecast financial position for the Council for the next 4 years and to set the financial constraints within which the budgeting and business planning process will need to work to achieve a balanced budget position over the medium term. The analysis forecasts a budget gap of £18m for 24/25 that will need to be bridged by services in order to set a balanced budget for 2024/25.

1.6.7. The below table outlines the proposed committee savings targets following an equitable application of funds resulting in a deliverable outcome for all Committees:

2024/25		Remaining Income Allocations									
Committee	Original Pressures	Pay award Funded	ASC Precept	Social Care Grant	Significant RPIX contracts and Housing Benefits	Other Funding (split based on NRB)	Target to Find	Savings Identified	Sales, Fees and Charges Income	New Pressures	Adjusted Target To Find
Adult Health & Social Care	27.0	(1.9)	(5.4)	(10.9)		(0.9)	7.8	(4.6)	(4.5)	2.7	1.5
Education, Children & Families	12.4	(2.7)		(5.0)		(0.7)	4.1	0.0	(0.2)	4.4	8.3
Housing General Fund	3.6	(0.4)			(2.5)	(0.0)	0.7	0.0	(0.0)	2.9	3.5
Transport, Regeneration & Climate	1.0	(0.4)				(0.2)	0.5	0.0	(0.1)	(0.1)	0.3
Economic Development & Skills	0.9	(0.2)				(0.1)	0.7	0.0	(0.0)	0.1	0.7
Waste & Street Scene	9.8	(0.6)			(6.4)	(0.4)	2.5	0.0	(0.5)	0.5	2.5
Communities Parks and Leisure	1.5	(1.2)				(0.2)	0.0	0.0	(0.2)	0.5	0.4
Strategy & Resources (Corporate)	9.9	0.0			(3.0)	0.0	6.9	(6.2)	0.0	0.0	0.7
Strategy & Resources (Committee)	4.7	(2.7)			(0.8)	(0.4)	0.8	(0.4)	(0.1)	(0.0)	0.3
Total	**70.8**	**(10.0)**	**(5.4)**	**(15.9)**	**(12.7)**	**(2.9)**	**23.9**	**(11.1)**	**(5.6)**	**11.0**	**18.1**

Key points to note:

- The proposal will cover the anticipated 2024/25 pay awards for all Committees.
- The Adult Social Care Precept is applied to the AHSC Committee.
- The Social Care grant is split between Adult Social Care & Education, Children & Families based on their relative shares of the original social care pressures for 2024/25.
- £7.2m has been allocated towards contract inflation pressures which are out of the control of the relevant committee. Examples include the waste contract, highways, and Microsoft licencing.
- £5.5m has also been set aside to cover the significant increase in Housing Benefit subsidy losses for Exempt Properties (S&R £3m) and £2.5m contribution to support the large increase in Homelessness accommodation costs around housing benefits support.

1.6.8. Services are required to develop solutions to bridge the budget gap for 2024/25 and bring forward proposals to the November policy committee meetings. At the same time working hard to bring the in-year overspend down through ongoing work on recovery plans and additional support to deliver budget implementation plans (BIPs).

This current forecast in-year overspend must be urgently managed and mitigated to avoid the risk that the Council has to look to our available Budget Contingency Reserve (£30m) to balance at year end. Maintenance of a prudent level of contingency reserves is critical to ensure stability and sustainability for 2024/25 onwards.

23-24 Q1 Committee Budget Outturn Position

1.7. Adult Health & Social Care- £3.2m overspend

The forecast revenue outturn position for the AHS&C Committee is overspent by £3.2m

Full Year Forecast £m	Outturn	Budget	Variance
ADULTS, CARE AND WELLBEING	138.3	134.8	3.5
INTEGRATED COMMISSIONING (Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)	8.5	8.9	(0.3)
Total	**146.9**	**143.7**	**3.2**

1.7.1. **The 2023/24 settlement provided additional "one-off" funding for social care**

Full Year Variance £m	One-off	BIPs	Trend	Total Variance
ADULTS, CARE AND WELLBEING	(9.9)	3.9	9.5	3.5
INTEGRATED COMMISSIONING (Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)	0.0	0.0	(0.3)	(0.3)
Total	**(9.9)**	**3.9**	**9.1**	**3.2**

In February 2023 the Department for Levelling Up, Housing and Communities (DLUHC) approved the 2023/24 settlement for Local Government. Included within the Settlement were some funding and taxation commitments for 2024/25. These included details of Council Tax thresholds and additional funding for social care.

Beyond 2024/25 the picture is less clear. However, there is a general acknowledgement that due to fiscal constraints, there will be very little, if any, increase in public sector spending in unprotected services such as Local Authorities over the remaining period of the Medium-Term Financial Analysis. This settlement has been treated as "one-off" in year due to future uncertainty.

1.7.2. Of the £31.6m savings targets, £27.6m are on track to be delivered in year with some saving set to outperform budget, leaving a £3.9m in year gap:

Budget Savings (BIPS) £m

Financial RAG	Total Savings	Savings Deliverable in Year	In Year Gap	Savings Deliverable Next Year	Undeliverable Savings
Red	9.5	4.5	5.0	2.0	3.0
Amber	1.0	0.6	0.4	0.3	0.0
Green	21.1	22.5	-1.4	0.0	-1.4
Total	**31.6**	**27.6**	**3.9**	**2.3**	**1.6**

Savings Description	Total Savings	Savings Deliverable in Year	In Year Gap	Savings Deliverable Next Year	Undeliverable Savings
Appropriate use of residential care	0.5	0.3	0.3		0.3
Contract savings	0.3	0.1	0.1	0.1	0.0
Dedicated case management for young adults	0.4		0.4	0.4	0.0
Direct Payments	0.3	0.2	0.1	0.1	0.0
Driving Improvements in Social Work Practice	1.1		1.1		1.1
Ending of temporary funding	0.8	0.6	0.2		0.2
Homecare Transformation Project - Strength Based Reviews	0.5	0.3	0.2	0.2	0.0
New approach to joint packages of care	1.3	0.9	0.5		0.5
Nursing care costs	0.3	0.2	0.2	0.2	0.0
Review cost increases	0.3	0.2	0.1	0.1	0.0
Review of Better Care Fund	0.5	0.3	0.3		0.3
Review of Living & Ageing Well	0.2		0.2		0.2
Review of Living & Ageing Well	0.7		0.7		0.7
Review significant cost increases	1.1	0.7	0.4	0.4	0.0
Reviewing homecare post pandemic	1.0	0.6	0.4	0.4	0.0
Supported Living	0.5	0.3	0.2	0.2	0.0
RED BIPS Total	**9.5**	**4.5**	**5.0**	**2.0**	**3.0**

1.7.3. **Purchasing activities are overspent by £0.7m**

Full Year £m	Outturn	Budget	Var.
Learning Disabilities	34.6	32.5	2.0
Older People	23.2	24.1	(0.8)
Physical Disabilities	17.5	18.2	(0.8)
Mental Health	9.3	9.1	0.2
Total Purchasing	**84.6**	**83.9**	**0.7**

Learning Disabilities Purchasing, excluding the Social Care Grant is £8.2m overspent. This is net of £1.7m Continuing Health Care income from 22/23. Recovery work is underway including establishment of task & finish groups and the development of business cases around invest to saves including focus on enablement, day services, reviewing high cost 1 to 1 support and maximising income.

1.7.4. **The recovery plan details how the service will address the budget**

The Adult Social Care recovery plan which will be presented to committee on 20th September 2023 details how the service intends to address in 2023/24 in 5 key focus areas:

- Recovery reviews
- Enablement approach for working age adults,
- Staffing costs
- Residential care

	position in 2023/24	• Disability Facilities Grant
1.7.5.	**Transformation funding has been approved to support delivery of the BIPs**	Funding has been approved to keep agency teams in place until the end of the financial year. This is a short-term investment to reduce long-term costs. Additional governance arrangements have been put in place to manage the performance of agency teams, with monthly reporting to the Council's Performance and Delivery Board.
1.7.6.	**A delay in housing related support provision is forecast to create a small underspend in 2023/24**	A £0.3m underspend in Integrated Commissioning relates to Housing Related Support. Expenditure had been previously agreed for a new complex needs service for vulnerable adults who have accommodation needs. The service is unable to start until a suitable property is found and because it has not been possible to secure anywhere to date, the service will not start until later in the year.
1.7.7.	**The Fair Cost of Care Exercise and Social Care Reform will increase Adult Social Care responsibilities and costs**	Fair Cost of Care is to determine an appropriate fee level on over-65 Care Homes and Homecare delivery. SCC are currently an average to low payer when benchmarked against other Local Authorities which indicates the potential to have to increase rates above current forecast levels. Any grant allocated is unlikely to fully cover the cost of those increases. Social Care Reform will levy significant new responsibilities on Local Authorities and introduces a cap on care costs. The grant allocated is unlikely to fully cover the costs of those increases or the required increase staffing base needed to deliver our new responsibilities. Following an announcement in the government's Autumn Statement 2022, the planned adult social care charging reforms are now delayed until October 2025. Market pressure may present a risk to Sheffield City Council's budgets, without clarity on support from Central Government.
1.7.8.	**Savings delivery remains the biggest challenge to the committee's financial position**	The key financial risk going into 2023/24 for the service is the pace of savings required and the impact of prior year's savings carrying into 2023/24 on top of current challenges. when significant new additional savings are also required of the service. As with the other areas of the Council, cost and pay inflation are the major drivers for social care pressures into the medium term. Adults Social Care services are also forecasting increased pressures as a result of fee uplifts, growth and other demographic changes, plus increased transition costs between children's and adult care.

1.7.9. The number of children in care is fairly stable

Even though there is an increase in demand at the front door, we are maintaining our number of children in care that is with a backdrop of increased Unaccompanied Asylum Seeker Children. The number of looked after children has reduced from 674 (2021), to 666 (2022) to 653 (2023). This is low in contrast to comparators. This impacts on the cost of placements given the cases tend to be more complex and therefore more expensive.

1.7.10. We are struggling to recruit foster carers

The savings proposal for £1.6m to increase fostering placements this year is also forecast to not be delivered. Marketing is taking place, but our number of foster carers is remains static. Nationally this has been an issue since the pandemic as older foster carers decided to exit the market and there is not the like for like recruitment to new foster carers.

Foster placements has dropped from 71.0%to 65.1%, this has caused the major rise to the number of children placed in children's homes, secure units, and hostels (including semi-independent living) from 19.0% to 25.1%, which is largely higher than comparators (range 12%to 16%).

This needs to be seen in the changes to our placement mix-more young people who we look after are young asylum-seeking children – who historically have been less likely to be placed within family-based care. A project is underway to increase Supported Lodgings – which should impact the use of semi-independent living. Whilst we want to increase the offer across the city, we are specifically working to target communities who have expressed an interest in supporting young people from asylum seeking backgrounds and who we have not historically reached effectively.

1.7.11. Home to school transport is set to cause a £3m overspend this year

Further demand in home to school transport costs are forecast to create a £3m overspend against budgets this year. This has the potential to increase further in October when we know exactly how many children require transportation to school. An overarching review of this area will commence in 2024.

1.7.12. Dedicated Schools Grant (DSG) is forecast to overspend by £0.3m

DSG Full Year Forecast £m	Outturn	Budget	Variance
Children & Families	6.9	6.9	(0.0)
Education & Skills	231.9	231.8	0.1
Integrated Commissioning	3.5	3.3	0.2
Total	**242.2**	**242.0**	**0.3**

The main cause of overspend in Education & Skills is due to £0.1m increase in Early Years EHCP plans.

The integrated commissioning overspend relates to back dated costs of increased Medical Services contract with Nexus.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The recommendations in this report are that the committee notes their 2023/24 budget forecast position and takes action on overspends.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 There has been no consultation on this report, however, it is anticipated that the budget process itself will involve significant consultation as the Policy Committees develop their budget proposals

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 There are no direct equality implications arising from this report. It is expected that individual Committees will use equality impact analyses as a basis for the development of their budget proposals in due course.

4.2 Financial and Commercial Implications

4.2.1 The primary purpose of this report is to provide Members with information on the City Council's revenue budget monitoring position for 2023/24.

4.3 Legal Implications

4.3.1 Under section 25 of the Local Government Act 2003, the Chief Finance Officer of an authority is required to report on the following matters:

- the robustness of the estimates made for the purposes of determining its budget requirement for the forthcoming year; and
- the adequacy of the proposed financial reserves.

4.3.2 There is also a requirement for the authority to have regard to the report of the Chief Finance Officer when making decisions on its budget requirement and level of financial reserves.

4.3.3 By the law, the Council must set and deliver a balanced budget, which is a financial plan based on sound assumptions which shows how income will equal spend over the short- and medium-term. This can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves. However, a budget will not be balanced where it reduces reserves to unacceptably low levels and regard must be had to any report of the Chief Finance Officer on the required level of reserves under section 25 of the Local Government Act 2003, which sets obligations of adequacy on controlled reserves.

4.4 Climate Implications

4.4.1 There are no direct climate implications arising from this report. It is expected that individual Committees will consider climate implications as they develop their budget proposals in due course.

4.4 Other Implications

4.4.1 No direct implication

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The Council is required to both set a balance budget and to ensure that in-year income and expenditure are balanced. No other alternatives were considered.

6. REASONS FOR RECOMMENDATIONS

6.1 To record formally changes to the Revenue Budget.

Author/Lead Officer of Report: Catherine Bunten, Assistant Director Commissioning & Partnerships

Tel:

Report of:	Strategic Director Adult Care and Wellbeing
Report to:	Adult Health and Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Homecare: Care and Wellbeing Service Contract & Discharge Provision

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	✔	No		
If YES, what EIA reference number has it been given? **2332**					
Has appropriate consultation taken place?	Yes	✔	No		
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	✔	No		
Does the report contain confidential or exempt information?	Yes		No	✔	

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -

*"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)."*

Purpose of Report:

The purpose of this report is to update Committee on the award of contract for the delivery of Care and Wellbeing Services for adults delivered within their own homes at approximately 38,500 hours. These services are also known as 'homecare'. It sets out the transition and mobilisation plan to the new contracts.

The report also asks Adult Health and Social Care Policy Committee to note the extension to extend the short-term contracts for Homecare provision for 9 months to ensure we have a stable market through our transition plan, and with that ensure continuity of care for the people we support.

The report also provides an update on the provision of homecare hours to support the Hospital Discharge and Urgent Care Delivery Plan, and the delivery plan to ensure sufficient homecare hours over the winter.

Recommendations:

It is recommended that Adult Health and Social Care Committee:

1. Notes the award of contracts for the Care and Wellbeing Services (Homecare) to deliver of approximately 38,500 hours per week at a cost of £42m per annum (pending any 24/25 fee uplift).

2. Notes the activation of the 6month extension period provided within the current short-term Homecare Call-off contracts, thereby extending existing contracts from 7th January 2024 to 6th July 2024 to support planned transition and continuity of care.

3. Notes the context and development of Homecare capacity planning to support hospital discharge.

Background Papers:

Appendix 1 – Equalities Impact Assessment

Transforming Home Care in Sheffield Education, Health, and Care Transitional Committee – 2nd December 2021

Recommissioning Homecare Services Adult Health and Care Policy Committee, 15th June 2022

Future Design of Adult Social Care Adult Health and Care Policy Committee, 15th 16th November 2022

Hospital Discharge and Urgent Care Delivery Plan, Adult Health and Care Policy Committee, 14th June 2023

<table>
<tr><th colspan="3">Lead Officer to complete: -</th></tr>
<tr><td rowspan="3">1</td><td rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Liz Gough</td></tr>
<tr><td>Legal: Sarah Bennett</td></tr>
<tr><td>Equalities: Ed Sexton</td></tr>
<tr><td></td><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>SLB member who approved submission:</td><td>Alexis Chappell</td></tr>
<tr><td>3</td><td>Committee Chair consulted:</td><td>Councillor Angela Argenzio</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">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.</td></tr>
<tr><td>Lead Officer Name:
Catherine Bunten</td><td>Job Title:
Assistant Director Commissioning and Partnerships</td></tr>
<tr><td colspan="2">Date: 8th September 2023</td></tr>
</table>

1. PROPOSAL

1.1 The Council must provide home care services, which provide support with ‘activities of daily living’ for adults living in their own homes.

1.2 The provision of outcome focused, personalised and high-quality Homecare is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital.

Care and Wellbeing Service Contract

1.3 Following approval at Adult Health and Social Care Committee in June 2022, the Council began procurement for our new Care & Wellbeing Service model. The new Care and Wellbeing Service contract will run for 7 years, with an option to extend by a further 3 years.

1.4 This procurement has provided an opportunity to re-model the provision of home care services in the city, seeking to mitigate existing issues affecting quality and efficiency, create stability of provision across Sheffield, and create the foundations for improved experience for people, families, carers, and our care workforce. It will also set out an approach for generating greater collaboration across health and care services as well as developing career pathways for care workers in the City.

1.5 We had originally anticipated that our new Care and Wellbeing Service would go live early in the 2023/24 financial year. However due to the success of our market engagement, we received a far higher than anticipated demand from prospective providers with 48 tender submissions received.

1.6 Due to the meaningful change this procurement will deliver for citizens of Sheffield, it is crucial that we are able to select providers of the highest quality through a robust, transparent, fair, and equitable evaluation process, with the aim of delivering the best possible outcomes and service experience for people in Sheffield. Officers have now reached the end of the evaluation process and are seeking to award contracts.

1.7 Average homecare delivery in the last 12 months has been approximately 38,800 hours per week. This includes both delivery through our existing contract arrangements and through Direct Awards. This is 4,800 hours more than we had anticipated when permission for the commissioning strategy was agreed in June 2022.

1.8 These hours are also inclusive of discharge packages, which currently account for around 2,250 hours per week. The hours applied to support people to be discharged are anticipated to increase to 2,803 hours through winter to ensure people can be discharged in 24 hours after being medically fit, as set out in the Hospital Discharge and Urgent Care Delivery Plan report (Adult Health and Care Policy Committee, 14th June 2023).

1.9 Outside of homecare delivery supporting Hospital discharge, and more specialist packages of care which may fall outside of the Care and Wellbeing

specification, we are still anticipating an average of 34,000 weekly hours in the long term.

1.10 We anticipate that the weekly hours overall delivered will continue to reduce in the coming months, including through our ASC strategy and approach to maximise independence and be outcomes focused.

1.11 As the new Care and Wellbeing contract and delivery model embeds, and through implementation of our Trusted Reviewer model, we also anticipate that our average package size will reduce, and we will gain improved stability over time, both in terms of the market capacity to deliver, and financial planning such that delivery will be within the available budget going forward.

1.12 Whilst we recognise that there will always be a need for purchasing arrangements alongside the new Care and Wellbeing Contract, for example for highly complex support needs, most Home Care will be provided through this new contract, and we will continue to see the volume of Direct Awards fall.

1.13 Adult Health and Social Care Committee are asked to note the award of contracts to this volume.

1.14 To ensure that we have a sustainable and responsive market across the Winter and reflecting the context of the Hospital Discharge and Urgent Care Delivery Plan, we will be supporting a longer contract mobilisation process and expect to be live with the new contract in the new financial year.

1.15 Our priority is to ensure continuity and responsive care, and we will be ensuring the right capacity is in place to provide oversight and assurance of the transition to the new contracts. This includes a dedicated homecare commissioning team and service manager focused on managing the transition and contracts.

1.16 Adult Health and Social Care Committee are therefore asked to note the activation of the 6-month extension period provided within the current short-term Homecare Call-off contracts, thereby extending said contracts from 7th January 2024 to 6th July 2024.

Hospital Discharge and Urgent Care Delivery Plan: Provision of Homecare Capacity

1.17 The provision of homecare is critical to support effective hospital discharge. Improvements have been made over the last year in our pathways and the timeliness of package pick up, but we are keen to do more to deliver outstanding services and support for citizens of Sheffield.

1.18 As set out in the Hospital Discharge and Urgent Care Delivery Plan report to Adult Health and Care Policy Committee on 14th June 2023, we are working with the current independent sector to ensure that we have capacity in place to support timely discharge.

1.19 Over the next 6 months, officers will be working in partnership with homecare providers and health partners to:

1. Test and develop the referral information and pathways needed for the independent sector to provide support within 24 hours of a person being medically fit for discharge in line with our discharge model.
2. Test and develop the independent sector's ability to provide a 7-day service therefore increasing responsivity and support for people to be discharged from hospital. This alongside testing new models of delivering out of hours support for the sector.
3. Increase care assessor and care worker capacity to support Winter pressures.

1.20 We are securing and monitoring additional homecare hours to meet the estimated demand from Hospital of 2,782 per week following on from approval of the Better Care Fund funding to deliver additional homecare and new discharge model approved at Committee in June 2023.

1.21 The extension of current contracts for the requested period will support us to deliver this developmental work alongside the transition and mobilisation of the new Care and Wellbeing Contract.

1.22 Learning from the Hospital Discharge and Urgent Care delivery plan will inform future commissioning strategies to support discharge, with an options appraisal for delivery models returning to Committee in the new year.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The Care and Wellbeing Services contract for the provision of homecare will contribute to the Adult Social Care Strategy, 'Living the Life You Want to Live'[1].

2.2 The delivery of homecare, both through our new Care and Wellbeing Services contract and through our Hospital Discharge Delivery Plan aims to improve quality and impact, establish a more sustainable social care market, and improve our workforce offer. The contribution made is set out more fully in the report to Adults Health and Care Policy Committee on 15th June 2022: Recommissioning Homecare Services.

2.3 The proposal supports the delivery of our key performance indicators, including ASCOF measures, local outcomes and the 'I statements' signifying success of our ASC Strategy. These are provided in the Adults Strategy Delivery Plan Update report, 20th September 2023.

2.4 The proposals in the report contribute to Adult Social Care performance against the CQC Assessment Framework for Local Authorities, specifically:

- Theme 1: Working with people
- Theme 2: Providing support

[1] https://www.sheffield.gov.uk/home/social-care/our-vision

- Theme 3: How the local authority ensures safety within the system

2.5 The contract also supports a broad range of strategic objectives for the Council and city, and is aligned with existing policies, commitments and needs analyses, including:

- *ASC Workforce Development Strategy*
- *Safeguarding Delivery Plan*
- *Joint Strategic Needs Assessment (JSNA) which highlights both an ageing population and an increasingly diverse population*
- *Race Equality Commission,* with providers expected to support all recommendations and actions, including, for example, contributing to the Council's equality dataset for workforce, staff networks, and anti-racism training. The proposal additionally specifically contributes to Recommendation 3: Inclusive Healthy Communities: Wellbeing and Longevity for All.
- *Unison Ethical Care Charter*[2]*:* signed up to by the Council in 2017[3], the Charter 'establishes a minimum baseline for the safety, quality and dignity of care' & *GMB Ethical Home Care Commissioning Charter 2022*[4]
- *Ethical Procurement Policy*[5]*:* driving ethical standards and increasing social value for the city through procurement.
- The contribution made to Sheffield's Climate Emergency can be found in the *Climate Impact Assessment*.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 **Market & Citizen Engagement**

Extensive market and citizen engagement has been conducted in the development of the service, as set out in the Background papers to this report.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 Decisions need to consider the requirements of the Public Sector Equality Duty contained in Section 149 of the Equality Act 2010. 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

[2] On-line-Catalogue220142.pdf (unison.org.uk)
[3] https://www.unison.org.uk/news/article/2017/10/scheffield-charter/
[4] https://www.gmb.org.uk/sites/default/files/2022%20Care%20Commissioning%20Charter.pdf
[5] Ethical Procurement Policy.pdf (sheffield.gov.uk)

4.1.2 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.

4.1.3 An Equality Impact Assessment has been completed and is summarised the report to Adults Health and Care Policy Committee on 15th June 2022: Recommissioning Homecare Services. This EIA has been reviewed and refreshed and is attached at Appendix 1. There is expected to be an overall positive impact through new model of care

4.2 Financial and Commercial Implications

4.2.1 The available budget for Home Care, including Direct Awards in 23/24 is £41.4m. At the current rate of £21ph, this would allow for 37,912 weekly hours.

4.2.2 In 23/24, the Council has an additional £3.06m funding to support Discharge delivery; a further 2,803 weekly hours (40,715 in total).

4.2.3 The existing short-term Homecare Call-off contracts will not require any contractual changes to facilitate the extended period.

4.2.4 The new Care and Wellbeing Service contracts are designed to inherently accommodate the transitional elements outlined within this report and all participating providers are aware of intentions. However, the transformation schedule and supporting activities will require revisiting to reflect and align to the revised implementation period.

4.3 Legal Implications

4.3.1 Under the Care Act 2014, the Council has a duty to meet the eligible needs of those in its area and it may do this through Council- arranged services. The nature of this duty means that the service is essentially demand-led. However, the Council can manage the resulting cost pressures, including through the procurement and contracting processes, and through the management of the resulting contracts.

4.4 Climate Implications

4.4.1 The contribution made to Sheffield's Climate Emergency can be found in the Climate Impact Assessment to the report to Adults Health and Care Policy Committee on 15th June 2022: Recommissioning Homecare Services.

4.5 Other Implications

4.5.1 The wider implications noted in the report to Adults Health and Care Policy Committee on 15th June 2022: Recommissioning Homecare Services remain unchanged.

4.6 ALTERNATIVE OPTIONS CONSIDERED

4.6.1 Not applicable

5. REASONS FOR RECOMMENDATIONS

5.1 The current contracts for Home Care services will expire in October 2023 and the extension must be put in place to ensure that the service continues after that date to fulfil our statutory duties whilst award and mobilisation is undertaken.

5.2 It is important that new contracts are awarded reflecting current delivery to ensure providers plan effectively, and mobilisation supports continuity of care.

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Full Assessment

Category	Impact
Buildings and Infrastructure	Construction
	Use
	Land use in development

Transport	Demand Reduction
	Decarbonisation of Transport

	Increasing Active Travel

Energy	Decarbonisation of Fuel
	Demand Reduction/Efficiency Improvements
	Increasing infrastructure for renewables generation

Economy	Development of low carbon businesses
	Increase in low carbon skills/training
	Improved business sustainability

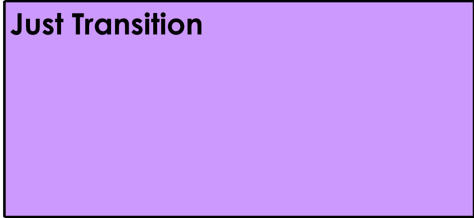
Influence	Awareness Raising

	Climate Leadership
	Working with Stakeholders

Resource Use	Water Use
	Food and Drink
	Products
	Services

Waste	Waste Reduction
	Waste Hierarchy
	Circular Economy
Nature/Land Use	Biodiversity
	Carbon Storage
	Flood Management

Adaptation	Exposure to climate change impacts
	Vulnerable Groups



Form 2 - Attach as appendix, incl

Description of Project Impact

The project aims to move from a time and task model to a more outcomes based approach which will focus on working with people to improve their quality of life and enablement and over time reduce the number of visits required, therefore reducing the demand. Secondly, the new model will allow carers to be more flexible and stay longer at certain times and potentially then have fewer visits over the week. Currently the time and task model requires a visit to be made even if it is not always needed. Moving to more localised services will also reduce overall mileage by grouping visits closer together and enabling carers to work nearer to where they live.

More localised services will have two impacts. Firstly the homes being visited being grouped closely together (more so in urban areas) will allow carers to walk between visits rather than driving and also we know that not having access to a vehicle prevents people becoming carers. It is envisaged that the localised model will allow people to work near where they live and reduce the number of trips between areas to start work. For example a carer who lives in Walkley travelling to Handsworth to start work.

Moving to electronic call monitoring and subsequent invoicing and payments will reduce the number of paper based systems and improve efficiency.

Moving to a localised system will enable providers to reduce the overall carbon footprint associated with their service.

The new approach will increase awareness of climate change with both our providers and the people receiving care, as the market reshaping to create a smaller localised market and the environmental benefits form a key part of the contract. The new contract shows a commitment to reducing car usage in this sector and the mapping of usage will again be part of the reshaping work.

We will work with providers to find the best way to map areas to minimise their CO_2e emissions and capture data.

Moving to electronic call monitoring and subsequent invoicing and payments will reduce the number of paper based systems and improve efficiency.

A shift to more people working near to where they live will mean less disruption to services in the event of adverse weather which impedes travel.

We know that not having access to a vehicle prevents people becoming carers; a co-benefit of the localised approach is widening the potential for people without a vehicle to become carers.

lude the summary and refer to the appendix, what elements can be inc

Mitigation Measures	**Mitigated Score**
	NA
	NA
	NA

Measures to be monitored in contract: 1)Record the number of care hours delivered in an area under the current contract and then under the new contract, per person. This will take into account any increase or decrease in the number of people receiving a care service over time. A reduction in demand will naturally lead to fewer visits. 2)Record the number of individual visits in an area under the current contract and under the new contract. 3)Record the number of car pooling journeys and the number of people involved to identify the number of miles saved / not driven. A car pool system whereby workers travel together to an area and then walk their rounds would be acceptable if there is no alternative to using a vehicle. Calculating the number of miles saved will be difficult as we do not have that data currently to create a baseline, plus there are several providers operating in a locality and the new model will have only 2	5
Car pooling could be promoted and adopted by providers alongside the use of pool electric vehicles. It is unlikely that carers would purchase their own electric vehicles.	5

Identify the number of new walking routes in place and the number of journeys by car that have been avoided. This would require some assumptions about the route that would have been taken if not for the intervention as the new contract is a completely different approach to the current and therefore not comparable. Record the number of staff recruited locally to work on those walking routes. Again some assumptions as noted above would need to be made. There will be an expecation that providers are clear with staff that short distances should be carried out on foot and not in a vehicle.	5

	NA
	6
	NA

	NA
	NA
Providers will be required to provide information on their approach to minimising their environmental impact and reducing emmissions through the tender process.	6

This will be communicated through ongoing communications work with different stakeholders and through press releases. The benefits of the localised service delivery will be communicated.	7

	NA
	6

	NA
	NA
No further measures required.	6
	NA

	NA
	NA
	NA

	NA
	NA
	NA

SCC and Providers have contingency plans in place for adverse weather conditions that will be updated to reflect the walking and localised provision.	6

Providers to advertise jobs that do not require a car and recruit specifically to those positions with no expectation that people will need ot travel unless car pooling pick up and drop off is set up	6

:luded in the contract and under contract monitoring

Procurement Action Required?	Proposed KPI/Measure

Yes	Care hours/ person; No. visits per locality; Carer mileage, car pool journeys
	Car pool journeys mileage, miles driven in EVs

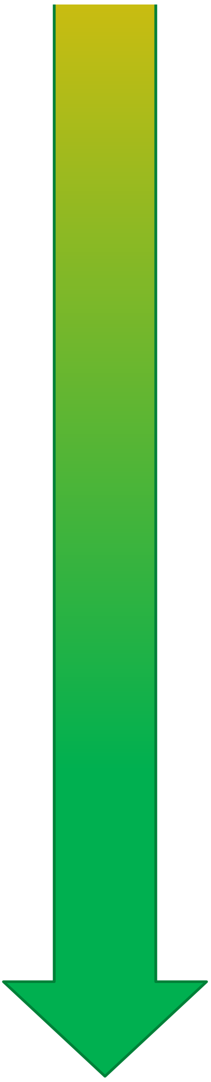
Score	Description
10	The project will significantly increase the amount of CO2e released compared to before.
9	The project will increase the amount of CO2e released compared to before.
8	The project will maintain similar levels of CO2e emissions compared to before.
7	
6	The project will achieve a moderate decrease in CO2e emissions compared to before.
5	

	Mileage avoided

	Tender scoring

4	
3	The project will achieve a significant decrease in CO2e emissions compared to before.
2	
1	
0	The project can be considered to achieve net zero CO2e emissions.
Carbon Negative	The project is actively removing CO2e from the atmosphere.

	Number of workers recruited to walking rounds



Equality Impact Assessment

Introductory Information

Budget/Project name | Care & Wellbeing Services Transformational Contract

Proposal type
- ○ Budget
- ● Project

Reference Number | 2332

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 Angela Argenzio

Entered on Q Tier
○ Yes ○ No

Year(s)

○ 21/22	○ 22/23	● 23/24	● 24/25	● 25/26	● 26/27	● 27/28	● 28/29	● 29/30

EIA date | 20/04/2022, reviewed 01/09/2023

EIA Lead

○ Adele Robinson	● Ed Sexton
○ Annemarie Johnston	○ Louise Nunn
○ Bashir Khan	○ Richard Bartlett
○ Bev Law	○ Rosie May

Person filling in this EIA form: Catherine Bunten

Lead officer: Catherine Bunten

Lead Corporate Plan priority

○ An In-Touch Organisation	○ Strong Economy	○ Thriving Neighbourhoods and Communities	● Better Health and Wellbeing	○ Tackling Inequalities

Portfolio, Service and Team

Cross-Portfolio
○ Yes ● No

Portfolio
Adult Care and Wellbeing

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

The proposal is to tender for a contract to Provide Care and Wellbeing Services, to replace Home Care from April 2023. Due to high interest from the market, this has been delayed, with the mobilisation of the contract taking place in Autmn/Winter 23/24 and the new contract going live from April 2024.

The outcome to be achieved is the provision of high quality, person centred, and outcome focussed care services in the home. This delivers against our Statutory duty to provide care services and to maintain a sustainable care market. It is anticipated that the new service model will have a positive impact upon the health, wellbeing, and experience of home support services for the people who receive them.

However, the service delivery model of the new contract will include significant changes to the current ways of working, which will have an impact upon people receiving services in the short term. Most of these changes will be positive, but it is possible that some people may experience some negative impacts in the shorter term.

The outcome of the assessment is to mitigate the short-term negative impact of the changes, and highlight the long term positive impacts that will be achieved as a result.

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 proposed new Care and Wellbeing Services Contract, which will replace home care, is designed to ensure that everyone has access to the services provided, and that they are not unduly hindered from accessing services on the basis of any protected characteristic.

The proposed new model of locality-based care will help to facilitate stronger relationships, inclusion and better access to care services, which are religiously and culturally appropriate for people within their local community, offering choice and control.

The provision of care services via providers who are contracted to specific areas, will allow for care to be more tailored to the diversity within the community, and encourage employment from these communities which reflects the demographics of the area.

This will ensure that we meet our Public Sector Equality Duties and to provide equitable access to care support without discrimination to any of the protected characteristics, as well as fostering good relationships with people the residents of Sheffield and the providers that we contract to care for them.

The changes would potentially affect providers on the current home care 'framework', resulting in some providers no longer being available for Sheffield City Council (SCC) arranged support and, consequentially, people receiving home care from those providers needing to change to another provider. Impacts and mitigations are considered below.

Impacts

Proposal has an impact on

● Health	○ Transgender
● Age	● Carers
● Disability	● Voluntary/Community & Faith Sectors
○ Pregnancy/Maternity	○ Cohesion
● Race	● Partners
● Religion/Belief	● Poverty & Financial Inclusion
○ Sex	○ Armed Forces
○ Sexual Orientation	○ 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

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

The proposed reconfiguration of the care market will closely align the areas in which a provider works in with the neighbourhood model of Adult Social Care, and the Primary Care Networks of the National Health Service.

The proposal of the use of Local Multi-Disciplinary teams will allow for closer working between health and social care organisations, improving communications to share information and concerns regarding health, improve speed and access to health services, and allowing for an earlier identification and resolution to changes in health and support needs.

Technology Enabled Care (TEC) will complement care packages, supporting people to maximise their potential for independent living, at the same time safeguarding, and helping to optimise care services. Technologies in people's homes, such as care alarms, fall pendants, smoke detectors, and bed sensors can all be used to identify if a person is at risk of harm, contacting the TEC Monitoring Services team who can then deploy Citywide Care Alarm responders or the emergency services.

This should all contribute to better health and wellbeing outcomes for people in receipt of care, their family and carers, and help to reduce hospital admissions and the length of time peoples spend in hospital once medically fit.

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

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
○ Positive ○ Neutral ● Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The vast majority of people in receipt of care at home are over 65. April 2022 data suggests around 85% of current home care customers known to SCC are aged 65 and over.

The service specification (and the model of care that will be incorporated over the life of the contract) will be designed so that a strength-based approach be the basis of the care services provided, looking at what people can do, alternative ways to manage activities of daily living, and a long-term approach to enablement to prevent and reduce deterioration in abilities and health.

This will support older people to maintain their independence wherever possible and support them to maintain and develop new abilities and skills in relation to their own wellbeing.

In addition, the Locality based model will work to strengthen collaborations between home care provider services with primary care networks, which will support with earlier identification of changes in health needs, and quicker interventions as a result.

This is expected to have an overall positive impact, though it is likely that the changes will induce some anxiety in the short term, especially for people who have had services for a long time and do not wish to change their care provider.

Regular and clear communications will support the change and aim to reduce the anxiety. Planning for transfers of care package will consider the most appropriate options for each indiviudal, prioritising their health and wellbeing and continuity of care.

Disability

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The majority of people in receipt of services will have medical conditions that would impact upon their daily lives. Often this will be at a level to amount to them being disabled, either physically or mentally.

As set out under 'Age' above, the service specification (and model of care) will be designed so that a strength-based approach be the basis of the care services

provided, supporting people with independence and wellbeing. Locality based collaborations with primary care networks will support health needs. This is expected to have an overall positive impact.

As also highlighted under 'Age', where the changes would lead to a provider no longer being available for SCC-arranged support, people will be supported with clear and accessible information.

Pregnancy/Maternity

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

Race

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Currently, people from Black, Asian and minoritised ethnicities have a lower representation in SCC arranged home care. It is understood that this is due to a variety of religious and cultural reasons, which result in more people from these communities taking up Direct Payments.

April 2022 data suggests around 83% of current home care customers known to SCC define themselves as White British.

VCS community groups representing different cultural heritages have been collaborated with in regard to the drivers behind not accessing services, and reasons include stigma regarding diagnosis of mental ill health, cultural and social pressures to support family, language barriers, and lack of awareness.

We are continuing to work with community groups, for example, SACMHA to tackle these issues and support better access to services for people.

The move to an area based model, with better connections to the local community, will support people from diverse cultural backgrounds to access services, both formal and voluntary. Providers will be able to recruit staff from the area, increasing their ability to overcome language and cultural understanding barriers. This can help workers to understand meet cultural and religious needs, by drawing on the experience and knowledge of the local voluntary sectors and communities.

Religion/Belief

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

There can be some barriers to accessing care services for those with religious and cultural beliefs in relation to the gender of the carer supporting them.

By working with fewer providers and maximising their delivery, we would hope to achieve economies of scale and an increased probability of each provider having staff that can meet a person’s religious and cultural preferences in relation to their care.

Sex

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

April 2022 data suggests around 63% of current home care customers known to SCC are female and 37% are male. By virtue of this demographic difference, there would be expected to be a disproportionate impact on females. Providers would be expected to be able demonstrate diversity awareness and responsiveness to the support needs, preferences and choices of each individual.

Sexual Orientation

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

Transgender

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated direct impact. However, providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity and choices of each individual within the support provided.

Carers

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The outcomes and independence focused model should have benefits for people in receipt of support and carers. We would exepct providers to involve the person, and their carers in care plan reviews and use all feedback to continue to improve services.

As noted for other protected characteristics, where there is a change of provider likely that informal carers may need to be actively involved, and therefore impacted, where the changes result in the need for the person receiving home care to change provider.

Voluntary/Community & Faith Sectors

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The new contract and ways of working specifies an expectation for better integration and closer ties with the local community, including voluntary, community and faith sectors.

Supporting people to have closer ties with their local community is anticipated to have a positive impact upon decreasing loneliness and isolation, which for those in receipt of care services is statistically higher. This will be even more prevalent because of the Covid-19 Pandemic, and so a reduction in isolation will have a significant impact upon people’s physical and mental wellbeing.

With a focus on supporting people to access the right service at the right time, there will be an increased use of these groups to support people with needs that should not/cannot be met by regulated care services.

Cohesion

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The use of an area based model, combined with a reduction in the number of care providers working in each Locality, will support with better working relationships between Adult Social Care and home care providers.

Additionally, the Care and Wellbeing Service will look to support better communication between care services and primary care networks.

Partners

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ● Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

There is an anticipation that the changes proposed will have both positive and negative impacts upon current Home Care providers.

Where current providers are unsuccessful in applications to remain on the framework or choose not to apply once the requirements of the new contract are known, there is likely to be a detrimental impact on them, especially considering the struggles that have faced the sector following Covid. There is a possibility that some providers may choose to exit the market early upon confirmation of the planned changes.

However, the benefits that will come from the changes proposed will still outweigh any negatives, with successful providers likely to have opportunities to work to a new, transformative model and to build relationships with SCC.

The purpose of many of the proposed changes are to embed new, more collaborative ways of working. The reduction in the number of providers contracted with will support SCC's Commissioning team to have more frequent,

meaningful interactions with providers. This will support with better partnership and accessibility to support from SCC.

Additionally, the area-based model will allow for closer ties between providers and ASC, as well as Primary Care Networks and hospital services.

We have engaged with both current and prospective new providers, with 'Equality, Diversity, and Inclusion central to our Soft Market Testing to gather providers' perspectives of the proposed new Care and Wellbeing Services to help inform our learning. Feedback includes:

Positives

- We feel this will impact everyone the same way
- We believe the model is inclusive. Our workforces should and do reflect the communities we serve. Ensuing that everyone has access, therefore having various methods of communication is something we need to consider with every proposal and model of care we deliver.
- I don't see the new model being an issue however we are a majority BAME agency
- Ideally it should offer better employment opportunities which should attract more carers into the workplace including those form BAME communities

Challenges

- Some service users are not accepting of other races to look after which may be problematic. Some service users will not accept their own races due to cultural reasons which may be problematic.
- Important to make links with other local services
- Ensure other groups are included - not just BAME communities, e.g. LGBT groups
- The main challenge is going to be the demographics. It is not always easy to ensure the workforce reflects the community particularly if it's an affluent area with low levels of unemployment.
- We need a stronger line on the Sheffield Care industry's EDI standards. Both in protection of our staff and regarding including the bespoke diversity in care packages.
- Some groups are difficult to recruit from - do not see care worker as a career
- Client perception of care staff and attitude against them needs to be challenged and backed up by the Commissioner. We also need to have very clear escalation pathways where clients break this agreement in becoming abusive toward our carers.
- As an organisation we would undertake targeted recruitment in those areas hence we'd welcome the support from the council to allow us to do this effectively. I understand the need, the areas and potentially support with translation etc.
- We would like support in challenging the perception that only a female care worker is appropriate which would give us greater scope to increase the percentage of male care workers we can recruit

We recognise that equalities education and challenging discrimination is key for both the workforce and people in receipt of care.

Customers
○ Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The positive impacts of closer ties between SSC and home care providers, Primary care networks, hospital, voluntary, community and faith services have been discussed in the relevant sections and is anticipated to support people to live more fulfilling and independent lives.

It is likely that the changes we propose to people who receive services will induce some anxiety in the short term, especially for people who have had services for a long time and do not wish to change their care provider.

Where the changes would lead to a provider no longer being available for SCC-arranged support, options will accompanied with clear and accessible information.

Poverty & Financial Inclusion

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact for SCC staff. Home care providers would need to adhere to their HR/legal processes and responsibilities.

Customers
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated direct impact. As described under 'Consultation' below, a plan to change to paying and charging based on planned care (from actual care) has been completed, and the proposal included in the new contract.

This change would not uniformly affect people receiving home care and would not automatically lead to any increase in individuals' charged-for contributions.

Armed Forces

Staff
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact.

Customers
○ Yes ● No

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated direct impact.

Other

Staff
○ Yes ● No

Please specify

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact.

Customers
○ Yes ● No

Please specify

Impact
○ Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ○ High

Details of impact

No anticipated impact.

Cumulative Impact

Proposal has a cumulative impact

○ Yes ● No

○ Year on Year	○ Across a Community of Identity/Interest
○ Geographical Area	○ Other

If yes, details of impact

Proposal has geographical impact across Sheffield

● Yes ○ No

If Yes, details of geographical impact across Sheffield

The current contract is city wide and will continue to be so under the proposal. The reconfiguration of the market will ensure that home care providers work in set, condensed geographical areas, maximising their efficiency, and reducing the amount of travel they need to do. This will have a positive impact on carbon footprints, and support goals towards green initiatives.

Local Partnership Area(s) impacted

○ All ○ Specific

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

Action Plan and Supporting Evidence

Action Plan

The following actions were completed during the tender and evaluation process:

1. **A dedicated method statement (question) developed by representative groups from Black, Asian and minoritised communities to support the tender evaluation** – to support the accessibility, equality, and diversity of the care services delivered
2. **An inclusive and equitable approach in Evaluation** – diverse and representative evaluation panels

The following actions will be undertaken during the mobilisation and contract term

3. **Monitor ethnicity within the contract** – for example, to ensure an appropriately diverse workforce based on the locality-based service delivery areas
4. **Regular and clear communications** will support the change and aim to reduce the anxiety. Planning for transfers of care package will consider the most appropriate options for each indiviudal, prioritising their health and wellbeing and continuity of care.
5. **Work with partners, providers and staff to develop our response to racism or discrimination faced by staff or people with lived experience.** This could include an acceptable behaviour statement, or pro-active activities to promote respect and good relationships.
6. **Work with providers to develop our ASC Workforce Strategy to promote carer career pathways, and take positive action to increase the diversity of recruitment and promotion.**

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

There is no duty to consult on the substantive proposed changes as any individual choice to remain with their current provider (or choose a provider who has not been successful in their application to the framework) will be case managed on an individual basis.

However, due to the ambitions and scope of the proposed changes over the lifetime of the contract, consultation has taken place with the current Home Care Providers and the workforce, to ensure that there is sufficient confidence in the workforce in relation to their long-term job security, and to check and challenge our thinking.

Additionally, consultation has previously taken place with representatives from a variety of customers, people from many cultural backgrounds, faith groups, dementia specialists, experts by experience, carers, and other interested parties in relation to the development of the Care and Wellbeing model to support with identifying barriers to and within care, and actions we can take to overcome these.

A linked consultation was carried out between March and April 2022, targeted to home care clients. This sought respondents' views about whether to move to paying and charging for home care based on *planned* care from the current focus on *actual* care. This would be an enabling change, supporting the wider transformational aims. There was a reasonable level of support for the proposal:

- 46% of all respondents agreed with it,
- 16% did not mind either way,
- 22% were unsure, and
- 16% disagreed with the proposed change.

The consultation also received feedback about potential areas of focus for the new contract, including:

- Better adherence to care plans and care worker visits
- Consistency and turnover of care workers
- Communication between care workers and unpaid carers.

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

Subject to approval, communication will take place with customers when the timescale and implications are fully known.

Summary of overall impact

Summary of overall impact

There is expected to be an overall positive impact through new model of care:

- There is an expectation that there will be an overall positive impact because of the proposed changes. The service specification (and model of care) will be designed so that a strength-based approach is the basis of care services, supporting people with independence and wellbeing. Locality based collaborations with primary care networks will support health needs.
- The Contract is anticipated able to implement changes over a long period of time that are designed to improve the experience Care Services.
- The changes proposed have been developed with a range of stakeholders and in response to information gathered from engagement with people from a variety of backgrounds.

However, there are potential negative impacts in terms of changes in provider:

- It is very likely that some people in receipt of home care will need to change providers, inducing some anxiety in the short term, especially for people who have had services for a long time. This will have a impact on older people and people with disabilities, as these are the main groups who receive homecare
- To mitigate, we will provide clear and accessible information about the changes, and support people through it. All decisions will be made with the individuals best interests at the centre.

Primary impacts are in relation to protected characteristics of Age and Disability:

- In-line with the nature of home carer, the changes would directly affect people who share either or both of these protected characteristics.

There is a disproportionate impact on women:

- By virtue of the demographic difference between females (who represent 63% of current home care customers) and males (37%), there would be expected to be a disproportionate impact on female.

There are opportunities to address low usage and confidence in home care by some Race communities:

- The move to a more area based model and community connections is aimed to support people to have better access to, and support from their communities and networks. This would potentially have a positive impact for people who are currently under-represented in SCC arranged services as the delivery model would be more culturally appropriate.
- It is also anticipated, that Providers will be more easily able to recruit staff from the area, increasing their ability to overcome language and cultural understanding barriers and drawing on the experience and knowledge of the local voluntary sectors and communities.

There are no anticipated direct impacts in relation to other protected characteristics:

- Providers would be expected to be able demonstrate diversity awareness and responsiveness to the needs, identity, and choices of each individual within the support provided.

There are likely to be impacts on informal carers: • A more independence and outcomes focused provision should relieve pressure on carers.
There are impacts on the voluntary, community and faith sectors: • There should be better integration and closer ties with the local community, including VCF sectors, including for people with needs that should not/cannot be met by regulated care services. • This may support reductions in loneliness and isolation
There are implications for provider organisations and for their staff: • Home care providers who unsuccessfully apply for the framework will be negatively impacted and will need to adhere to their HR/legal processes and responsibilities. • Successful organisations will have opportunities to work to a new, transformative model and to build relationships with SCC.
Consultation has informed the EIA: • Anticipated impacts described in this EIA are informed by engagement with providers and consultation with people using home care and informal carers.

Summary of evidence

Summary of overall impact

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

Sign Off

EIAs must be agreed and signed off by the equality lead in your Portfolio or corporately. Has this been signed off?

● Yes ○ No

Date agreed: 20/04/2022

Review Date

02/09/2023

Report to Policy Committee

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

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

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? *2167*				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	X
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"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)."*

Purpose of Report:

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

Recommendations:

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

1. Note the improvements made in relation to supporting young people to transition to Adult Care.

2. Request that the Strategic Director Adult Care and Wellbeing provides an update to Committee every 6 months as to progress through our Strategy Delivery Updates to Committee.

<table>
<tr><th colspan="3">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Laura Foster</td></tr>
<tr><td>Legal: Patrick Chisholm</td></tr>
<tr><td>Equalities & Consultation: Richard Bartlett</td></tr>
<tr><td>Climate: N/A</td></tr>
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<tr><td>Lead Officer Name:
Tony Middleton</td><td>Job Title:
Service Manager</td></tr>
<tr><td colspan="2">Date: 21st August 2023</td></tr>
</table>

1. PROPOSAL

1.1 Sheffield's Adult Health & Social Care Strategy was approved by the Cooperative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.

1.2 The strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, we want to achieve positive experiences and outcomes through excellent quality social work and social care in the city for citizens of Sheffield.

1.3 A key delivery action within the Strategy Delivery Plan and Council Delivery Plan was to improve our offer to young people in need of longer-term support from Adult Care services and with that our transitions process.

1.4 To that end, as an initial step in November 2021 Members approved investment to create a dedicated Adult Transitions Team to support young people to have an improved experience of the transition to Adult Services. The team came into place in June 2022 after a period of recruitment.

1.5 As part of our ongoing improvement programme and learning from young people with a disability and families, a review of interface between Children and Adults teams was undertaken to look at how further we can streamline systems and reduce any gaps so that young people can have the best start into Adulthood. The New Social Care Transitions Model for young people with a disability is set out in section 1.7.

1.6 In addition to this, a review of provision was also undertaken in relation to vulnerable young adults and young people experiencing mental ill health as well as our service provision.

1.7 New Social Care Transitions Model for Young People With a Disability

1.7.1 As a context to the improvement programme, the Children's and Adult Social Care service operate within different legislative and statutory frameworks. The differences in eligibility and service provision available can be stark which can add extra pressures and uncertainty to young people and their families to an already potentially stressful time in people's lives, particularly if these differences aren't articulated in a timely manner.

1.7.2 Transitions have traditionally been the remit of the Preparation for Adulthood Team (PAT) which sat within the Children's portfolio. After formation of the Adults Transitions Team and reviewing learning from implementation, it was subsequently identified between Children's and Adult services that these benefits and outcomes for young people and families would increase if the two teams were combined into one and sat within the receiving portfolio.

1.7.3 It was identified that processes and systems would be streamlined, communications improved and a long-term benefit of establishing clear pathways with health services as part of our wider integrated working with health colleagues.

1.7.4 As a first but key stage of achieving streamlined ways of working and a joined-up offer for young people, a workforce change was completed, and this came into effect in August 2023.

1.7.5 As a result of the workforce change, the Transitions team now sits within Adult Social Care but reaches down into Children's services, making themselves known to people and their parent/carers from 14 and adopting a named worker approach throughout the transition period. This was identified as a model of good practice by the Department for Further Education when contributing to the SEND Accelerated Program Plan.

1.7.6 The Team aims to create a cohesive passage through information, assessment, and support to prepare young people and their parent/carers for the progression into adult social care.

1.7.7 The new service now supports young people aged 14 to 25 who are not already or previously known to adult social care and have or are likely to have eligible social care needs under the Care Act 2014 when they turn(ed) 18 due to a diagnosed disability (unless their primary or presenting need is related to their mental health); and remain within a period of 'transition' – e.g. current social care or educational support has ended or will end soon and alternative options need identifying to meet any eligible social care needs.

1.7.8 The team consists of 2 x Team Managers, 8 x Adult Experienced Social Worker and 7 x Adult Social Care Practitioners.

1.7.9 The service will deliver a program of enablement and independent living for each young person using strength-based approaches. The enablement team will be a discrete but integral part of the Transitions offer. Young people's abilities and needs will be assessed by Occupational Therapists (OT's) and Prevention Workers and the subsequent enablement plans developed with the individuals will be delivered by a team of Provider Service Workers.

1.7.10 Enablement support will consist of both practical support and the use of any assistive technology that may benefit the young person. The aim of adopting an enablement and strength-based approach is to promote and enable young people to live independent lives and the life they want to live.

1.7.11 In the new model, Adult and Children Social Care will continue to work closely and, if between 14-17 – there are concerns about a child / young person's welfare or any statutory activity required in relation to children's social care then this will be progressed within children's social care services, to ensure coherence with existing procedures.

1.7.12 It's aimed that the new model will provide greater opportunities for collaboration between health, housing, and care services particularly in relation to further developing operational pathways, supports and a housing offer for young people as it becomes embedded throughout 2023 to 2025. In addition its also aimed that this model will support and enhance our approach to transitional safeguarding.

1.7.13 The anticipated outcomes of this new model are: -

- Improved satisfaction by young people and carers of their experience of social services.
- Young people feel that their outcomes have been met.
- Increased proportion of adults with a learning disability who live in their own home or with their family.

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

1.8.1 In reviewing our approach to supporting young people, our support to young people whose primary or presenting need is mental health and young people who are vulnerable and at risk was also considered.

1.8.2 The transfer of social workers back to Sheffield City Council and the development of the Adult MASH in April 2023 have provided the foundations to further develop our approaches as planned activity during 2023 to 2025, recognising different partnership and pathways arrangements are required to support an effective transition for young people.

1.8.3 As a next step, the pathways and support arrangements for young people experiencing mental ill health and those who are vulnerable and at risk of harm will be prioritised and consolidated. A further update will be provided in the November 2023 Committee update on Mental Health.

1.9 Service Provision

1.9.1 As part of the development of our new model and approach to supporting young people to have the best start in life, there has also been the further development of new commissioning models, which will support the work of the team.

1.9.2 In August 2023, a new respite facility has been developed which will provide dedicated support to young people with a greater complexity of needs requiring specialist support. The facility is a partnership with Mencap and the care will be delivered through our Sheffield City Council provider teams.

1.9.3 The ***Adults Future Options Framework*** was launched in May 2023 and offers ***supported living***, ***activities outside the home*** and ***overnight short breaks***. The Framework is for people who are 16 plus with a range of disabilities and health conditions. The list of providers is here Successful Framework Providers.docx.

1.9.4 This is complemented by the ***Enhanced Supported Living Framework*** that was launched in January 2023. We now have a list of contracted providers who work with people with a greater complexity of needs requiring specialist support. The list of providers is here Successful Enhanced Supported Living providers- 11-01-23.docx. It is also completed by our Adult Care Strategy and Market Position Statement here: Market Shaping Statement.

1.9.5 It's aimed that this activity will reduce over next two years the number of young people needing out of area placements and further enable a joined-up offer between our new transition's teams, in house provider services and externally commissioned support.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 This model contributes to the Adult Strategy and Strategic outcomes in the following ways:

- **Safe and Well** – Early involvement with people as they move from Children's to Adult's services ensures that adult services are aware of ongoing safeguarding concerns that could impact on their adult life. A full picture is gathered so that appropriate support is planned and sourced in a timely manner, vastly reducing the risk of unsuitable placements.

- **Active and Independent –** The enablement approach will ensure that people will not only continue their levels of activity and independence, but that full potential will be realised and opportunities may increase. Early assessment will provide preparation time and planned transfers.

- **Connected and Engaged –** Early involvement will enable transitions workers to develop relationships with the young person's wider circle and support with retaining and developing connections as well as exploring social engagement.

- **Aspire and Achieve –** the strength based, enablement approach will support the young person with identifying and achieving aspirations and desired outcomes.

- **Efficient and Effective –** The reduction in hand-offs this model brings about makes the transition much more efficient and effective in delivering outcomes for young people and their parent/carers and the named worker approach reduces much of the stress and uncertainty previously associated with transitions.

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

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

3. HAS THERE BEEN ANY CONSULTATION?

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

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

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

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 <u>Equality Implications</u>

4.1.1 The Council's legal duties under the Equality Act 2010 include having due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations in respect of people's age, disability status, race or other characteristic protected by the Act.

4.4.2 We use Equality Impact Assessments (EIAs) to assess how our functions as a public authority are contributing towards these duties. The Council also requires that we consider additional characteristics

and measures, including people who have unpaid caring responsibilities, poverty & financial inclusion, or geographical impact.

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

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

4.2 Financial and Commercial Implications

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

4.2.2 Any future projects arising from the model will be assessed for their affordability and viability, and financial and commercial implications will be reported and recorded as part of the approval process.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

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

4.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

4.3.3 The Care Act Statutory Guidance at paraph 4.52 requires Local Authorities to:

"… have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market

structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

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

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

4.4 Climate Implications

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

4.4.2 We are committed to working as one council aligned with Sheffield Council Net Zero 2030 ambition. Where specific procurement/commissioning exercises take place related to care provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIA's for specific procurements.

4.5 Other Implications

There are no other implications

5. ALTERNATIVE OPTIONS CONSIDERED

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

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

6. REASONS FOR RECOMMENDATIONS

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

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

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

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

PART A - Initial Impact Assessment

Proposal Name:	Workforce change 592
EIA ID:	2167
EIA Author:	Tony Middleton (NCC)
Proposal Outline:	The purpose of this document is to set out the proposal to merge the Children's service Preparation For Adulthood Team (PAT) and the Adults service Transitions team to form one Adult Social Care Transitions service which sits within Adult Future Options. This service will work with young people that: • are aged between 14 and 25; • are not already or previously known to adult social care; • have or are likely to have eligible social care needs under the Care Act 2014 when they turn(ed) 18 due to a diagnosed disability (unless their primary or presenting need is related to their mental health); and • remain within a period of 'transition' – e.g. current social care or educational support has ended or will end soon and alternative options need identifying to meet any eligible social care needs. There are currently two social care transitions teams, one within the Childrens service and the other in Adults. These two services ostensibly work with the same cohort at differing points of their transitions journey. This proposal will improve the transitions offer with a streamlined service which will reduce handovers and provide clarity for young people and their families. Young people will ordinarily have a single worker through their entire transitions period.
Proposal Type:	Non-Budget
Year Of Proposal:	23/24
Lead Director for proposal:	Alexis Chappell
Service Area:	Adult care and Wellbeing

EIA Start Date:	14/06/2023
Lead Equality Objective:	Workforce Diversity
Equality Lead Officer:	Richard Bartlett

Decision Type

Committees:	Other (Please Specify) Officer decision

Portfolio

Primary Portfolio:	Adult Care and Wellbeing	
EIA is cross portfolio:	Yes	Childrens services
EIA is joint with another organisation:	No	

Overview of Impact

Overview Summery:	This change will impact on all staff and users of the service equally, other than 1 member of staff who will have a grade reduction but will be on a protected salary for 2 years. There are no planned or expected reductions in team members or service provision, nor any recruitment other than normal turnover of staff where we will take the opportunity to review the makeup of the team and encourage recruitment from any under-represented groups.

Impacted characteristics:

Consultation and other engagement

Cumulative Impact

Does the proposal have a cumulative impact: No

Impact areas:

Initial Sign-Off

Full impact assessment required: No

Review Date: 14/06/2023

Action Plan & Supporting Evidence

Outline of action plan:

Action plan evidence:

Changes made as a result of action plan:

Mitigation

Significant risk after mitigation measures:

Outline of impact and risks:

-

Review Date

Review Date:	14/06/2023

Report to Policy Committee

Author/Lead Officer of Report:
Dawn Bassinder, Chief Social Work Officer

Report of:	Strategic Director Adult Care and Wellbeing
Report to:	Adult Health & Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Adult Safeguarding Delivery Plan Update

Question	Yes		No	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 2313 (formally 1243)				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"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)."*

Purpose of Report:

This report provides the third update on progress made with the Adult Safeguarding Delivery Plan which was endorsed by Committee in September 2022. An update was provided in March 2023 and this update is a six month onwards update in line with the Cycle of Assurance approved in June 2023.

The aim of the Delivery Plan is to ensure that we have robust response towards safeguarding Adults from abuse and neglect and are continually learning so that we deliver the best care and support to people of Sheffield.

Recommendations:

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

1. Endorse progress made with implementing the Adult Care and Wellbeing Safeguarding Delivery Plan.

2. Endorse a consultation programme during September and October on Safeguarding responsibilities noted at Appendix 2, to enable final approval at Committee in November 2023.

3. Requests that the Strategic Director of Adult Care and Wellbeing continues to provide the Committee with updates on progress against the Delivery Plan on a six-monthly basis, including updates made based on ongoing learning.

Background Papers:

- Appendix 1 – Adults Care and Wellbeing Safeguarding Adults Delivery Plan
- Appendix 2 – Safeguarding Responsibilities
- Appendix 3 – Performance Report
- Appendix 4 – Equalities Impact Assessment

<table>
<tr><th colspan="3">Lead Officer to complete: -</th></tr>
<tr><td rowspan="4">1</td><td rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Laura Foster</td></tr>
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<tr><td>Lead Officer Name:
Dawn Bassinder</td><td>Job Title:
Chief Social Work Officer</td></tr>
<tr><td colspan="2">Date: 09th August 2023</td></tr>
</table>

1.	**PROPOSAL**
1.1	Safeguarding is everyone's responsibility.
1.2	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.
1.3	This paper provides the second update on progress made since the Adult Safeguarding Delivery Plan was approved by Committee in September 2022. The Safeguarding Delivery Plan update can be found at *Appendix 1* and aims to ensure that Sheffield has robust response towards safeguarding Adults from abuse and neglect and continuous learning so that we deliver outstanding services.
1.4	Over the past six months good progress has been made in implementing the Delivery Plan and, increasing the resourcing available to enable implementation has been further progressed through introduction and successful recruitment to the following dedicated posts: • Adult Safeguarding Board Manager – previously the role was shared with children services and following review a dedicated adult's role and a dedicated children's role have been established to build capacity to Safeguard Adults in the City. • Safeguarding Coordinator, Social Work Practice Consultants and Business Support – these support delivery upon the MASH and assurance regards practice quality in safeguarding.
1.5	A 'Safe and Well' performance clinic is now embedded, this is to provide assurance of safe systems of working, governance policies and procedures. As the clinic progresses, any actions identified as a result of the learning will be reflected in the Safeguarding Delivery Plan to ensure that all improvements related to safeguarding are coordinated within the same plan.
1.6	There has also been good progress in the implementation of regular safeguarding audits, this was started in August 2023 and is continuing lead by the Safeguarding Co-ordinator and the MASH Social Work Consultant. A Safeguarding Audit Toolkit has been developed and shared with Members as part of our briefing on our safeguarding improvements.
1.7	As a result of the progress made over the past twelve months, several of the actions on the original endorsed plan have been successfully completed. A record of the actions successfully completed is noted at Appendix 2. The Delivery Plan has been updated to reflect this, and to reflect alignment to Making Safeguarding Personal Principles. Any new actions that have been incorporated in the plan as they have been identified.

1.8	This ensures that the Delivery Plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement work.
1.9	A dedicated Safeguarding Assurance Lead is in process of recruitment to provide the resource to coordinate delivery upon the plan, cascade learning across the service and benchmark with other authorities so that we can become outstanding in our approach to safeguarding in the City.
1.10	**Performance Update**
1.10.1	Our ambition is to respond on a timely basis, reduce risk and improve outcomes in line with Making Safeguarding Personal. The Adult Performance Report is at Appendix 3, providing details of our performance position and trajectory towards meeting our targets. In line with our Cycle of Assurance this enables scrutiny of our performance to the Safeguarding Board, Committee and Council.
1.10.2	The Performance Report highlights that: ✓ Feedback to referrers where the concern has not progressed to enquires has improved by 13% and is now standing at 87% ✓ 52% increase in referrals to Safeguarding referrals to First Contact (MASH) since January 2023. ✓ Accessibility of services has plateaued due to maintaining reduced waiting lists for safeguarding and DoLs renewals. ✓ For 93% of people, risk was removed or reduced, which is an increase of 12% compared to April (83%) ✓ An increase of 55% in people reporting their outcomes were fully met compared to April (66.67% vs. 42.86%) ✓ Satisfaction with the safeguarding process remains consistently high, and above target at 77%.
1.10.3	This is a journey of continuous improvement, and it is positive to see performance is improving in most areas. A more detailed examination of some of the key performance measures is outlined below.
1.10.4	• Responsivity to Safeguarding Referrals Sheffield City Council has adopted the safeguarding timescales as recommended in the Northern ADASS Regions Collective document 'ANRC Assurance - What Good Looks Like' (December 2022). This prescribes: • Any referrals regarding a potential emergency safeguarding concern must receive an immediate response. • Initial screening (to establish urgency) should take place within 24 hours of referral receipt. • Majority of planning (strategy) discussions should take place within 5 days and s42 enquiries within 28 days, taking into account, exemptions to enable Making Safeguarding Personal to apply.

	Due to this, local measures have been updated to reflect guidance and the impact is – • 75% screened in 24 hours. • s42 safeguarding concluded currently on average 50 median days. Since the commencement of the Adult MASH, the screening process has been further streamlined to ensure it is more effective. Approximately 400 referrals are being received per week for new and known customers where potential safeguarding concerns have been identified. This is in a context where Adult Care is responding to an 52% increase in referrals from February 2023. Despite volume and increase, this is a significant shift from the previous process which typically saw around 200 referrals being held on a waiting list (and therefore not being screened within one working day) and demonstrates the success of the Adult MASH. While this is not reflected in the current measure of response in 24 hours it is linked to the increased improvement in providing feedback to referrers and workforce capacity. Due to this further improvement activity is planned over next quarter to ensure there is an increase in timely responses to referrals to meet our target. This includes recruitment to agency staff as a short-term risk mitigation while recruitment is underway for permanent posts in the team. In August 2023, the median average days to complete s42 enquiries was 50 days. While this is not meeting the locally set target of 28 days it is an improving picture since January 23 where the median was 68 days. Our risk mitigation is the recruitment to agency staff as a short-term measure whilst recruitment is underway and implementation of dedicated practice development and review so that we are delivering timely assessments. In addition, a paper is to be presented for comments to the Adult Safeguarding Board setting out Safeguarding organisational responsibilities based on best practice and an agency-to-agency best practice approach to improve proportionality of referrals as a further means of ensuring an effective and proportionate response to Safeguarding. The document for comment and consultation is at Appendix 2
1.10.5	• <u>Satisfaction with Safeguarding Process</u> This measure indicates if the person being safeguarded is satisfied with how the safeguarding episode went. Performance against this measure has remained consistently high over the past twelve months at 78.65%. The Safeguarding Adult Partnership Board, Performance and Quality subgroup has recently discussed the appropriateness of this measure and agreed it should be changed to "do you feel safer?" for future reports. This

	aligns well with the national ASCOF Measure and will be used for reporting from later this year.
1.10.6	• <u>Were the person's Outcomes Met?</u> This measure indicates where a person was able to express their desired outcomes, how well they were met. The three response options are not met, partially met, and fully met. In Q1 of 23/24, of people who expressed their desired outcomes, in 97% of cases these outcomes were fully or partially met (All Enquiries). Further practice activity will be undertaken to progress deliverable safeguarding outcomes which are supportive resolutions as key learning from the data.
1.10.7	• <u>Impact on Risk</u> In 93% of concluded **S42 safeguarding enquiries** during the quarter, where risk was identified, the reported outcome was that risk was reduced or removed. This is the same as the figure for All England in 21/22 (S42 Enquiries) which was 91%. However, over the last 4 quarters, the % of enquiries where the risk was removed has decreased, and the % of enquires where it was reduced has increased. This is a positive direction of travel towards achieving and maintaining our target of 95%.
1.10.8	• <u>Accessibility of Services: Deprivation of Liberty (DoLS) waiting lists</u> The Government's Liberty Protection Scheme has been withdrawn for the foreseeable future. A DoLS improvement plan has been developed and implemented to mitigate short term risks whilst creating a more resilient structure over the next 12 months to manage DoLS. This includes building an in-house team to reduce reliance on independent contractors. The improvement plan has been discussed and agreed with Members and at the Safeguarding Adults Board during summer 2023. The waiting list at the end of December was 505 for new referrals compared with 529 at the end of July 22. By the end of July 2023 this was at 578, mainly due to staff retirements and challenges of recruiting to posts. The waiting list for renewals, has in the last 3 months increased from its lowest in February 2023 294 (below target of 334) to 468 at the end of July 2023. A risk has been added to the risk register regards the availability of social workers to meet DoL's demand in Sheffield, with a risk mitigation of review of resource required, agency support alongside dedicated a social work recruitment campaign which has went live in September 2023.

1.11	**Implementation of the Safeguarding Delivery Plan Progress Update**
1.11.1	Good progress has been made in relation to delivery upon the safeguarding plan. Key areas of progress in each area of work are outlined below.
1.11.2	Adult Multi Agency Safeguarding Hub (MASH) The Sheffield Adult MASH has been developed and, over the past six months, has become embedded in our practice and way of working. Future monitoring of the Adult MASH performance will be undertaken as part of the SASP Performance Subgroup to support ongoing continuous improvement. This includes the implementation of a Multi-Agency Safeguarding Audit process to ensure a high standard of good practice is being carried out across Sheffield. In particular, the "MASH Huddles" has been very successful and there are now well established on a twice weekly basis, with regular attendance from partners within South Yorkshire Police, Probation Service and Council Housing and information shared regularly from SHSC. We are continuing to develop relationships with colleagues from, Children's Social Care, South Yorkshire Fire and Rescue, Domestic Abuse Coordination Team and Sheffield Teaching Hospitals to continue build the MASH as a centre for partnership working and safeguarding excellence. The use of preventative conversations alongside Making Safeguarding Personal principles at the point of initial triage response ensures that the need to progress to a safeguarding episode unnecessarily is reduced and enables community resources to be utilised. As a key next step, the priority is to complete recruitment to posts within the Adult MASH and build partnerships with additional stakeholders including Yorkshire Ambulance Service (YAS), Dept. for Work and Pensions (DWP) and Office of the Public Guardian (OPG) to further build the role of the MASH. An example of how the MASH is working in practice has been provided at a Member Briefing.
1.11.3	Thematic Review and Trauma Informed Practice The Sheffield Adult Safeguarding Partnership Board Independent Review has been completed and an action plan in response has now been agreed. The report and action plan has been shared with Members and the Board and will be implemented during 2023 to 2024. As a key next step, a Council wide safeguarding review is being undertaken to take forward a One Council approach to Safeguarding including an approach to Trauma Informed Practice. The review is progressing well and on track for recommendations and learning points to be provided by the end of January 2023. In addition to this Trauma Informed Practice guidance has been established and training being sourced for implementation in 2024.

1.11.4	Practice Principles, Learning and Development The Safeguarding Local Policy and Procedure has been updated and is now available on our new share point site called the Adult Care and Wellbeing Manual. This includes a clear process and practice guidance for a "planning meeting" with an agenda for safeguarding managers to follow. This is in line with the "what good looks like" ADASS guidance. A Job Profile Learning framework is now also completed and on the new Adult Care and Wellbeing Manual. This makes it clear that Safeguarding Training is mandatory for all Social Care Practitioners, Social Workers and Team Manager and must be renewed every 3 years. Going forward this will be monitored through service performance clinics and updates provided to Directors and Members as part of the cycle of assurance approved at Committee in June 2023. As a key next step, our priority will be to update our electronic recording system to ensure Outcomes and Consent to next steps are clearly recorded.
1.11.5	Organisational Safeguarding and Early Indicators of Concerns Our priority had been to further develop our response to Organisational Safeguarding. The implementation is progressing well with Commissioning and Social Work Teams recording Organisational Safeguarding concerns in a shared system. This sharing of information in one space will improve our responses, particularly in relation intervening early to prevent escalation into greater concerns and in early identification of organisational concerns. This went live on the 1st of September starting with the Adult MASH and Care Homes Teams. It's planned to implement across all Adult Care between September and December 2023 and thereafter use learning gained to continuously improve our response to organisational safeguarding and embed an approach based around intervening early to prevent harm. This work compliments our activities over the last year to establish market sustainability and continuity of care set out in our Market Sustainability Plan approved at Committee in February 2023 and our recommissioning of homecare, supported living and day activities so that all of our commissioned services are of good quality and sustainable.
1.11.6	Enhanced Assurance Framework At Committee in June 2023 a Cycle of Assurance was agreed which included a six-monthly update to Committee on Safeguarding performance. In addition to this embedding of service and team performance clinics through the performance clinics.

	A Safeguarding Adults Partnership performance framework is in place and this will be updated in 2023 – 2024 following a recommendation from the thematic review. The enhanced assurance framework has been added to the Safeguarding Polices and Procedures and the Safeguarding Assurance Lead, when recruited, will lead on ongoing implementation and coordination of the Adults Enhanced Assurance Framework alongside the Delivery Plan.
1.11.7	Communication and Engagement A weekly e-bulletin is circulated to Adult Care Teams and from September there will be a dedicated Safeguarding e-Bulletin setting out progress made, learning and next steps. With the successful recruitment to the Safeguarding Adults Board Manager, a communications plan is underway to connect the work of the Board to Adult Care Practitioners and Partners. A particular focus is on learning from Domestic Homicide Reviews (DHR's) and Safeguarding Adults Reviews (SAR's) being shared more clearly. As part of the recent Adult Care and Wellbeing 'Festival of Involvement', a safeguarding event was co-hosted by SCC and the Safeguarding Board Customer Forum. Members of public were invited to join discussions about what good adult safeguarding looks like, how it can be measured and information and advice around adult safeguarding. It has been agreed that Adult Care and Wellbeing will have its own website going forward.
1.11.8	Internal Audit Update As of the 9th of August 2023, Internal Audit have followed up progress on the implementation of recommendations and associated actions originally reported in September 2021. Internal Audit have been satisfied that progress has been made against the recommendations and actions have been implemented. Only one recommendation regarding risk governance is in progress. This is on the updated Safeguarding Delivery Plan.
2.	**HOW DOES THIS DECISION CONTRIBUTE?**
2.1	The safeguarding delivery plan contributes to delivery upon the Safe and Well and Effective and Efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy Living the Life You Want to Live.
2.2	This proposal directly supports the future design of Adult Care (operating model) and, as such, enables removal of avoidable demand and helps to ensure an efficient, effective system. The design of the new system is rooted in improving the experience of people through the care system, ensuring individuals are protected from abuse and harm and maximising their independence wherever possible.

2.3	The plan also supports a broad range of strategic objectives for the Council and City, and is aligned with existing policies and commitments, including: - • *The Council Delivery Plan and Our Sheffield:* *One Year Plan* . • ADASS Making Safeguarding Personal and using Strengths-based approaches to social care. • Sheffield Safeguarding Adults Partnership – Action Plan and Strategic Direction • Safeguarding means protecting people's right to live in safety, free from abuse and neglect. This is everyone's responsibility. • *Unison Ethical Care Charter*[13]*:* signed up to by SCC in 2017[14], the Charter 'establishes a minimum baseline for the safety, quality and dignity of care'.
3.	**HAS THERE BEEN ANY CONSULTATION?**
3.1	As part of the recent Adult Care and Wellbeing 'Festival of Involvement', a safeguarding event was co-hosted by SCC and the Safeguarding Board Customer Forum. Learning from the festival of involvement has informed an update to the Safeguarding Delivery Plan.
3.2	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.
3.3	To deliver upon that ambition, there is a dedicated customer forum through the Safeguarding Board in place and in addition to this Adult Care have invested in a dedicated post who is co-designing and leading development of a citizen board.
3.4	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.
3.5	The design and build of the multi-agency safeguarding hub is being led by a multi-agency group. 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.
4.	**RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**
4.1	Equality Implications
4.1.1	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.
4.1.2	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.
4.1.3	The nature and purpose of Adult 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.
4.1.4	The updated Equalities Impact Assessment is at Appendix 4 and learning from the EIA has informed an update to the Safeguarding Delivery Plan, for example, in relation to action 6b 'Further support Citizens Involvement to support and enable co-production and engagement with people who use our services and their families and carers'.
4.1.5	Analysis completed as part of the EIA had provided evidence that safeguarding referrals related to people who share the protected characteristic of disability are more likely to be progressed to require a safeguarding enquiry, than for those without a disability (see EIA for analysis).
4.1.6	Attendees at the Festival of Involvement included individuals with physical and/or learning disabilities, and in some cases the individual's carer, ensuring the views of individuals within particular cohorts were represented in discussions about what does good safeguarding look like, how it should be measured, and the information and advice available.
4.2	Financial and Commercial Implications
4.2.1	All activity arising from the delivery plan must be covered within the available budgets, or otherwise mitigated.
4.2.2	Full consideration will be given to the affordability and viability of any proposals arising from the plan.

4.3	<u>Legal Implications</u>
4.3.1 4.3.2 4.3.3 4.3.4	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. 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. The Care Act Statutory Guidance at paraph 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". This report therefore sets out how the Authority will meet its statutory obligations in relation to Safeguarding and it is itself a requirement of the wider Care Act framework.
4.4	<u>Climate Implications</u>
4.4.1 4.4.2 4.4.3	There are no direct climate implications associated with approving this report. However, Sheffield City Council – and its 10 Point Plan for Climate Action – is a partner in the Safeguarding Board. We are committed to working with partners aligned with our Net Zero 2030 ambition and where specific procurement/commissioning exercises take place related to safeguarding provision we will aim to consider providers approach and performance in terms of managing the climate impacts of the services they provide. This would be done via more detailed CIAs for specific procurements. To support a multi-agency approach to Climate Action in relation to Safeguarding, the Safeguarding Partnership Board has been asked to consider a collective response and in particular role of the Board and partner organisations in delivering upon the 10 Point Plan.

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.
5.	**ALTERNATIVE OPTIONS CONSIDERED**
5.1	This is an update on previously endorsed delivery plan in line with recommendations approved at Committee. No alternatives options are available due to this.
6.	**REASONS FOR RECOMMENDATIONS**
6.1 6.2	An approved delivery plan for the strategy gives a structured approach to delivery of safeguarding improvements so that Members and the public can be assured that Adult Care is delivering upon its commitment to protect people from abuse and harm. It will also provide greater accountability and transparency of how will do this. 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.

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Adult Health and Social Care

Safeguarding Adults Delivery Plan 2022 to 2024

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

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

Our Vision and Ambitions for people of Sheffield

Our vision set out in our Adult Care Strategy Living the Life You Want to Live 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 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.

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

Our Governance

Adult Safeguarding overarching governance is through the Sheffield Adult Safeguarding Board and the Adult Health and Social Care Policy Committee.

- 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 Health and Social Care Policy Committee has a strategic and scrutiny role regards the delivery of Adult Health and Social Care Services across Sheffield and with that oversight of Adult Care Safeguarding performance. To support and deliver upon this function a performance management framework and a cycle of assurance is in place to ensure 6 monthly assurances to Committee.

- Adult Health and Social Care Policy Committee also has a sub committee called the Monitoring and Advisory Board which has an oversight and scrutiny role specifically regards the quality of care in the City. This is support through a joint health and care quality board and a social care providers quality board.

Our Commitment to Safeguarding – Our Delivery Plan

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

- Performance and governance milestones so that Adults and Carers experience timely and effective support keeping the wishes and best interests of the person concerned at the centre. People can participate in the safeguarding process as much as they want to. People are supported to make choices that balance risks with positive choice and control in their lives.
- How we are embedding Making Safeguarding Personal so that Individuals can understand what being safe means to them as well as with our partners on the best way to achieve this.
- 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. There is a clear understanding of the key safeguarding risks and issues in the area and a clear, resourced strategic plan to address them.
- Lessons are learned when people have experienced serious abuse or neglect and action is taken to remove future risks and drive best practice.

Making Safeguarding Personal – Our Key Principles for Safeguarding Adults

Introduced by the Department of Health in 2011, 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. 7.

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).

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. We will assess our journey

Partnership & Accountability

- ✓ Strategic leaders work together, and evidence joined up visible and effective leadership around a shared vision and plan.
- ✓ Staff, Adult's, Carer and Partners are confident and feel confident about the support, leadership and plans in place.
- ✓ There is continuous improvement in the following areas: 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 is a programme of self-evaluations of safeguarding, effective multi-agency audits and thematic reviews to determine areas for improvement, and then delivery of the improvements identified.
- ✓ There is transparent and visible performance and risk reporting on safeguarding delivery, and this is used to inform safeguarding improvements on a continuous basis.

Empowerment & Prevention

- ✓ 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.
- ✓ Referrers receive timely feedback about referral systems.
- ✓ Making Safeguarding Personal is embedded across services.
- ✓ There is a stable care market with the majority of providers rated good or outstanding and a low turnover of providers, leading to better care and continuity of care for individuals and lower risk of provider failure.

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.

Protection and Proportionality

- ✓ 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.

Our Forward Look - Building Upon Foundations Developed from 2021 - 2023

Over the past year, our focus has been on stabilising Adult Care Services and building foundations and the partnerships to which we can deliver outstanding care and services and with that prevent abuse and harm.

Partnership & Accountability

- ✓ Commissioning a thematic review of safeguarding adults arrangements through the Safeguarding Adults Partnership to promote multi-agency approaches towards preventing abuse and harm. This has informed a Partnership Action Plan for delivery and implementation in 2023 - 2024.
- ✓ Self-evaluation through Internal Audit, s11 Safeguarding Review and use of Towards Excellence in Social Care. Learning has also been undertaken through benchmarking and this has informed a new operating model and the initial safeguarding delivery plan approved at Committee in September 2022.
- ✓ Introduction of practice reviews, case file audits, a cycle of assurance and performance clinics to enable and promote a continuous improvement and learning culture across Adult Care.
- ✓ Introduction of a dedicated Chief Social Work Officer, Adults Safeguarding Board Manager and practice development resource to build capacity, communications, and confidence in our delivery of safeguarding in the City.
- ✓ Introduction of performance reporting measured in relation to Making Safeguarding Personal principles, to provide assurance to the public, Safeguarding Board and Committee regards our delivery of Safeguarding arrangements and commitment to continuous improvement.

Empowerment and Prevention

- ✓ A customer forum is in place through the Safeguarding Board and a festival of involvement took place in Summer 2023. Both are informing our approach to Safeguarding and directly is leading to recruitment of speak up champions as a priority for 2023 - 2025.
- ✓ Independent advocacy arrangements are in place with plans to recommission to further meet need and to heighten understanding of advocacy planned for 2023 - 2024. A measure in relation to the offer of Independent Advocacy has been added as a performance measure to build and develop our approach to advocacy.
- ✓ Carers Delivery Plan approved at Committee in December 22 and continued focus on supporting unpaid carers across the service.
- ✓ The majority of referrers (87%) receive timely feedback about referrals and this is now measured with our performance reporting to ensure improvements are sustained.
- ✓ 8 out of 10 homecare, supported living and residential care providers are now rated as good or excellent.
- ✓ Recommissioning of homecare, supported living and day activities into a new longer term arrangement so that we can ensure high quality care, continuity of care and stability of our market.

Confident Practice

- ✓ Establishing safeguarding as a requirement as part of all job descriptions in Adult Care along with introduction of a new operating model which provides dedicated focus on individuals according to need.
- ✓ Establishing training requirements by job profile so that a standard is set that safeguarding is mandatory for all staff. This along with dedicated training and performance reporting from 2023 to 2024 will ensure confidence that all staff are appropriately trained and supported in safeguarding, and they know what to do if they suspect an adult is at risk of harm and are focused on prevention of abuse and neglect.
- ✓ Setting the standard of professional case recording and invested in dedicated resource in relation to safeguarding audits and practice improvement so that our workforce are supported to record and deliver safeguarding practice.

Proportionality & Protection

- ✓ Investing in and developing a multi-agency Adult MASH, which has enabled swifter response to referrals and the foundations for operational multi-agency practice.
- ✓ Updating our safeguarding policies and procedures and investing in an nationally accredited system so that we have policies and procedures updated on an annual basis to reflect new legislation and guidance.
- ✓ Persons In Position of Trust guidance along with a review of our Organisational Abuse Guidance to ensure an effective way of protecting people from harm.
- ✓ We share information (electronic and non-electronic) about adults effectively and timeously.
- ✓ There is quality monitoring of commissioned services and a Monitoring and Advisory Board has been set up to have governance and oversight of quality of care.

Safeguarding Adults Delivery Plan: Live Actions

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.

Legend						
Legend	(green)	Action Underway and on Track for Completion	(amber)	Action Delayed and requires additional support to complete	(red)	Risk of Non Delivery - Action Requires further support to complete

Accountable Officer Strategic Director Adult Care and Wellbeing

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

Theme	Milestone	By When	Lead and Resources	Benefit of the Action	Update & RAG
Partnership & Accountability	**Partnership with Communities & Social Care Providers** - Implement a series of workshops with Individuals, Carers, Communities, Social Care Providers, VCF and Carers to involve in determining areas for continuous improvement and priority in 2024 to 2025 and update at March Adult Policy Committee.	August 2024	Chief Social Work Officer	Improvement Upon: People who use services who feel safe. (ASCOF 4A) People who use services who say that those services have made them feel safe and secure. (ASCOF 4B) ASCOF 3B: Overall satisfaction of carers with social services ASCOF 1D: Carer-reported quality of life ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	The festival of involvement event went well and this is to become a regular event. Its planned to organise a series of workshops in 2023 – 2024 once the assurance lead is in post to openly discuss safeguarding in communities and with partner as a partnership with SASP.
	Partnership Working through SASP- Contribute to the delivery of the SASP Action plan and strategy in particular positive multi-agency working which prevents abuse and harm.	Ongoing	Chief Social Work Officer AD Mental Health		CSWO & AD Mental Health Chair Sub Groups within SASP and supporting delivery upon the SASP Plan.
	Accountability - Embed service risk registers across all new service structures in Adult Care to ensure effective escalations in place to identify and act upon risks. (Action from Internal Audit - Safeguarding)	March 2024	Deputy DASS and Assistant Director Care Governance		Directorate risk register in place and to be embedded across all new portfolios between October and December.2023 as a key next step.
	Accountability - Lead a further self-evaluation of safeguarding, taking learning from SASP, Thematic Reviews, System of Peer Reviews, Festival of Involvement, Benchmarking, Making Safeguarding Personal and CQC to inform progress made and determine areas for continuous improvement and priority in 2024 – 2025 and update at March Adult Policy Committee.	April 2024	Chief Social Work Officer		This is a new action to support ongoing continuous improvement. An Adults Assurance lead is being recruited to build capacity for ongoing self-evaluation, safeguarding delivery and cascading of learning across the service.
	Accountability - Undertake a Council Wide Independent Review of Adult Safeguarding to inform further learning and development of a one council approach to Safeguarding to inform progress made and determine areas for continuous improvement and priority in 2024 – 2025 and update at March Adult Policy Committee	April 2024	Chief Social Work Officer (Lead) External Reviewer Adults Assurance Lead		The Independent Reviewer has met with Members and key officers. The review will take place between July and December 2023. Actions and recommendations will be added to safeguarding delivery plan.
	Communication and Learning - Communicate learning from Safeguarding improvements, SARS and Safeguarding Board on a monthly basis and review communication framework during workshop sessions to ensure that all staff and social care providers feel confident about plans in place.	March 2024	Chief Social Work Officer Adult Safeguarding Board Manager		The first specific adults safeguarding bulletin is planned for September 2023.
Proportionality & Protection	Further develop and embed the multi-agency safeguarding hub (MASH) as a way of promoting multi-agency responses to Safeguarding. Key aspects and next steps are: - • Liquid Logic system changes to enable measurement of agreed metrics. • Implement process for PiPoT (People in Positions of Trust) and learning from high profile cases to further ensure robust human resources processes in place. • Implement 'Planning Meetings'. • Establish health representation.	July 2024	Deputy DASS Assistant Director Mental Heath and Wellbeing MASH Team Manager and Team; Business Support	% People Screened in 1 Day % Strategy discussions in 5 Days %s42 enquiries completed in 28 days.	MASH implementation completed and embedded. Processes are being tested for both PiPoT and 'Planning Meetings'. A business case is being prepared by SY ICB to establish health representation and this will be raised at SASP in September 2023. The professional support line is being trialled with housing and learning from this will inform further development with partners. An update will be provided to SASP on outcome of trial and next steps.

	• Explore feasibility of introducing a professional support and advice telephone line (Links to SASP Action Plan) • Establish and embed the Responsibility paper (2021 ADASS paper on joint working)			Impact on safeguarding outcomes Impact on safeguarding risks Proportion of safeguarding enquiries that were reported as a s42 enquiry	
	Continue to improve responsivity so that majority of safeguarding concerns are screened within 1 day and s42 enquiries completed in 28 through: • Recruitment to social work staff in First Contact, including additional investment to enable and ensure a timely response to concerns. • Implementing interim agency capacity whilst recruitment underway to mitigate risks. • Reviewing interagency responsibilities and reasons for referrals to Adult Care so that there are clear pathways in place to mitigate increased demand. • Transparent reporting to Committee on progress made.	January 2024	Deputy DASS Assistant Director Mental Health and Wellbeing Investment in social work staff and interim agency capacity		Operational plan and backlog management in place to achieve screening of referrals in 1 day. Recruitment underway. Risk mitigation in place via recruitment to agency staff as a short term measure whilst recruitment underway. Report to be submitted to SASP setting interagency responsibilities in line with good practice. Performance position and summary of improvement actions reported as part of performance report in Appendix 1 to Committee report. The number has remained stable despite a 52% increase in safeguarding referrals being seen in last quarter.
	Deprivation of Liberty Waiting Lists reduced to acceptable risk levels and an operating model is in place which delivers a timely and ongoing response. • Recruitment to social work staff in DoLS, including additional investment to enable and ensure a timely response. • Implementing interim agency capacity to mitigate current risks whilst recruitment underway. • Embedding new operating model. • Transparent reporting to Committee on progress made.	Sept 2024	Deputy DASS Assistant Director Mental Health and Wellbeing Investment in social work staff and interim agency capacity		Operational plan and backlog management in place to reduce backlog and deliver the Standard Operating Model. This was reported to SASP Board on 19/06/23 and Members 19/07/23. Performance position and summary of improvement actions reported as part of the Safeguarding performance report in Appendix 1 to Committee report. Interim risk management arrangements in place – agency staff are being recruited to support a change.
	Implement robust, competent, effective, and integrated safeguarding and ensuring safety practices, pathways, and models of working in place. • 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.	April 2024	Deputy DASS Assistant Director Mental Health and Wellbeing Chief Social Work Officer		All elements have been mapped to provide a governance framework overview and is included in the new Policy and Procedures. Review will now take place to identify any potential to streamline and ensure effective arrangements in place.
	Ensure there is clarity around what constitutes a safeguarding concern and risk responsibilities and that there is clear, good quality information available about types of abuse, processes, referral methods and thresholds. This includes: • clarity on what constitutes a safeguarding concern and concerns arising from the quality of services. • Ensuring training opportunities include referral process and use of single referral form including good practice examples. (Links to SASP Action Plan) • Ensuring risk thresholds and responsibilities are clearly documented and produced.	April 2024	AD Adult Commissioning and Partnerships Chief Social Work Officer Assistant Director Mental Health and Wellbeing	Improvement Upon: People who use services who feel safe. (ASCOF 4A) People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	SASP website and Sheffield Directory contains a wealth of information and social care web offer currently under review. Implementation of the MASH is helping to improve understanding. What is a safeguarding concern will be included on the new SCC website, and Sheffield Directory and will be linked to SASP. The referral process is included as part of core training offer for Adult Care. Guidance is included on the new Adult Care policies and procedures SharePoint site. An E-bulletin guidance has also been shared by Adult Care and SASP. To support partners to use the referral form, the Committee and SASP will be formally asked to note and promote the approach in September 23.
Empowerment & Prevention	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.	Dec 2023	AD Adult Commissioning and Partnerships Chief Social Work Officer Enhanced Assurance Lead	Improvement Upon: People who use services who feel safe. (ASCOF 4A) People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	Market Position statement approved and sustainability plan to committee in February 23 and June 23. Organisational Abuse module has been added to Liquid Logic to enable a systematic approach to recording abuse and responding to concerns. Social care staff alert Commissioning to concerns via an incident report form. MASH will also support early indicators implementation. New recording process be reviewed in Dec 23.
	Launch a power of attorney campaign to promote least restrictive option in safeguarding.	Dec 2023	Chief Social Work Officer		This will be included in future dedicated e-bulletin and included in training going forward. Campaign to be launched 2024.

	Advocacy – Complete recommissioning of advocacy services which includes an additional offer in relation to improving understanding and professional training.	June 2024	AD Adult Commissioning and Partnerships		Approval to recommission proposed for at September 23 Committee
	Recommissioning of Care – complete mobilisation of homecare, day activities and supported living contracts and complete recommissioning of residential care services.	June 2024	AD Adult Commissioning and Partnerships		Recommissioning programmes well underway and reporting to committee with updates. Homecare update at September 23 Committee.
	Whistleblowing – We will commission voluntary sector agency to have an independent voice and availability for raising safeguarding concerns as well as taking learning from the Race Equality Commission.	June 2024	Chief Social Work Officer and Assistant Director Commissioning		This is a new action from the festival of involvement and scoping will be undertaken between October and December 2023 with VCF.
Confident Practice	**Case File Auditing and Record Keeping** – Continue to embed case file auditing and practice reviews as routine across Adut Care including sharing learning to embed continuous improvement and learning and ensure effective recording of practice (Action from Internal Audit - Case File Audit and SASP Thematic Review)	April 2024	Chief Social Work Officer Strategic Coordinators and practice consultants	Improvement Upon: People who use services who feel safe. (ASCOF 4A) People who use services who say that those services have made them feel safe and secure. (ASCOF 4B) ASCOF 3B: Overall satisfaction of carers with social services ASCOF 1D: Carer-reported quality of life ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	Feedback to referrers is included as part of the performance report to monitor and drive improvements. Data shows an improvement on feedback and now up to 87%. Recording keeping – the priority and focus for adult care in 2023 – 2024 is drive casefile recording practice aligned with electronic system. This will be taken forward as a separate item.
	Safeguarding Training - 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	April 2024	Chief Social Work Officer and Assistant Director Adult Commissioning		Training matrix in place on the new share point site adult care and wellbeing manual and role profile to be launched in September 2023.
	Feedback to Referrers - Explore digital opportunities to enable appropriate and timely feedback to referrers without affecting response rate to safeguarding concerns within one day.	April 2024	Assistant Director Access, Mental Health, and Wellbeing.		Benchmarking with other authorities underway.
	Transitional Safeguarding – Embed transitional safeguarding within new transitions team, in new mental health service and through MASH using best practice approaches.	April 2024	Deputy DASS and Chief Social Work Officer		Transitions update to Committee September 23 and seeking endorsement of new model. MASH continuing to develop and Mental Health Model planned for Nov Committee.
	Trauma Informed Practice – Information and training about trauma informed practice on new policies and procedures website.	Sept 2024	Chief Social Work Officer		These is included in the new policies and procedures. Training around trauma informed practice and safeguarding procedures will be embedded in 2023 to 2024.
	Liquid Logic - Implement learning from the SASP Performance and Quality subgroup performance report. • Complete change in liquid logic to allow reasons to be recorded why someone has not been asked their desired outcomes of a safeguarding enquiry. • Change the measure 'is the person satisfied with how the safeguarding process went?' to 'do you feel safer?'	April 2024	Chief Social Work Officer		This is a new action that has been built into the LAS action plan for development over the next 6 months. Resourcing of LAS being reviewed and prioritised.

TABLE1. A SUMMARY OF RESPONSIBILITIES FOR SAFEGUARDING: WHEN AND HOW TO USE THE SHEFFIELD MULTI-AGENCY SAFEGUARDING HUB (MASH).

Appendix 1. Table of responsibilities	**INDIVIDUAL STAFF MEMBER RESPONSIBILITY**	**REQUIRES ORGANISATIONAL RESPONSIBILITY TO BE TAKEN**	**THE MASH SHARES RESPONSIBILITY**
	Low risk: minor or very low impact	Medium risk: some harm or risk of harm	High risk: Significant harm or risk of harm
	Lower level concern where threshold of further enquires under safeguarding are unlikely to be met. However, agencies should keep a written internal record of what happened and what action was taken, following internal processes. Where there are a number of low-level concerns consideration should be given as to whether the threshold is met for a safeguarding enquiry due to increased risk	Incidents at this level need to be dealt with by the organisation with the concern. The additional guidance document should be used, (specifically the flow chart): LGA and ADASS 2021. Understanding what constitutes a safeguarding concern and how to support effective outcomes: Suggested multi-agency framework to support practice, recording and reporting. LGA: London	SCC want concerns at this level to be reported into the MASH. However, Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. See additional guidance document: LGA and ADASS 2021. Understanding what constitutes a safeguarding concern and how to support effective outcomes: Suggested multi-agency framework to support practice, recording and reporting. LGA: London If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented by the organisation with the concern.
TYPES OF ABUSE AND OR NEGLECT WITH EXAMPLES ACCORDING TO THE LEVEL OF ESCALATION:			

1. **PHYSICAL**	Examples: • Isolated incident • Physical contact but not with sufficient force to cause a mark or bruise, and adult is not distressed • Appropriate moving and handling procedures not followed on one occasion not resulting in harm • Error by staff causing little/no harm e.g. skin mark due to ill-fitting hoist • Simply resolved • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place • Minor incident that meets the criteria for "incident reporting" accidents • Incident	Examples: •Unexplained minor marking or lesions, minor cuts or grips marks found on a number of occasions or on a number of service users cared for by the same team/carer • Repeated incidents/patterns of similar concerns • Carer breakdown • Inappropriate restraint that causes marks but no external medical treatment/ consultation required • Risk can/cannot be managed appropriately with current professional oversight • Accumulation of minor incidents • Incident not caused by Person in a Position of Trust	Examples: •Unexplained, significant injuries. • Assault • Intended harm towards a service user • Deliberately withholding food, drinks or aids to independence • Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult. • Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused • Inappropriate restraint that requires medical treatment • Incident caused by a Person in a Position of Trust
Relevant actions and outcomes to be considered	Provide advice, information, review any care plans and risk management plans, review staff training.	Staff members discuss with managers. Think about reviewing the care and support provided. Consider the need for a re-assessment of need. Make any necessary onward referrals. Use organisational complaints processes if suitable, consider use of disciplinary processes with staff if relevant.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted.

			Immediate safety plans must be implemented
2. SEXUAL When an incident of a sexual nature has taken place This does not have to be physical contact and can happen online.	Examples: •Not committed by a Person in a Position of Trust, AND: • Isolated incident or unwanted attention, either verbal or physical (excluding genitalia) where the impact is low • Isolated incident when an inappropriate sexualised remark is made to an adult with capacity and no distress is caused whether the threshold is met for a safeguarding enquiry due to increased risk	Examples: • Non-contact sexualised behaviour which causes distress to the person at risk • Verbal sexualised teasing or harassment • Being subject to indecent exposure where the service user is not distressed. Where there is harm or risk of harm move directly to 'Red'	Examples: • Concern of grooming or sexual exploitation (including online) e.g. made to look at sexually explicit material against their will or where consent cannot be given • Rape, sexual assault • Voyeurism • Sexual harassment • Contact or non-contact sexualised behaviour which causes distress • Indecent exposure that causes distress • Any sexual act without valid consent or pressure to consent • Sex activity within a relationship characterised by authority, inequality or exploitation e.g. receiving something in return for carrying out sexual act • Any concerns about a Person in a Position of Trust
Relevant actions and outcomes to be considered	Education around safe sexual relationships and conduct. Case management, review of care plan and risk assessments	Think about using organisational resources to address issues: complaints, disciplinary processes, information for service users around expected standards of conduct, increased monitoring for specified period. Outward Referrals: health, police	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted.

			Immediate safety plans must be implemented
3. PSYCHOLOGICAL There has been a psychological/ emotional incident(s)	Examples: • No impact has occurred • Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused. • Simply resolved • Internal policies and procedures followed • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place. • Infrequent taunt or outbursts that cause no distress • Withholding information from an adult, where this is not intended to disempower them • Incident not caused by a Person in a Position of Trust	Examples: • Repeated incidents/patterns of similar concerns. • Carer breakdown • Risk can/cannot be managed appropriately with current professional oversight or universal services • The withholding of information leading to disempowerment but minor impact. • Treatment that undermines dignity and damage self esteem • Occasional taunts or verbal outburst that do cause distress • Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive. • Incident not caused by Person in a Position of Trust	Examples: • Prolonged intimidation • Denial of Human Rights/civil liberties, forced marriage, DoL/LPS • Prolonged intimidation • Vicious, personalised verbal attacks • Emotional blackmail • Frequent and frightening verbal outburst or harassment • Intentional restriction of personal choice or opinion • Concerns regarding “cuckooing” • Cyberbullying • Radicalisation – see PREVENT guidance • Incident caused by Person in a Position of Trust
Relevant actions and outcomes to be considered	Input from mediation services information for service users detailing expected standards of conduct use of behaviour chart staff training re de-escalation Referral to Adult Social Care, Onward referrals for support Neighbourhood policing Housing Association.	Incidents at this level need to be dealt with by the organisation with the concern. Think about: Referral to Adult Social Care, Onward referrals for support: Neighbourhood policing and Housing Associations.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

4. **FINANCIAL OR MATERIAL** Concerns raised in regard to people's funds, property and or resources.	Examples: • No impact has occurred • Failure by relatives to pay care fees/charges where no harm occurs, and adult receives personal allowance or has access to other personal monies. • Money is not recorded safely or properly. • Risks can be managed by current professional oversight or Universal Services • Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money. • Isolated and unwanted cold calling/doorstep visits • Not caused by a Person in a Position of Trust	Examples: • Repeated incidents/patterns of similar concerns • Risk can/cannot be managed appropriately with current professional oversight or universal services • Incident impacts on person's wellbeing or causes distress • High level of antisocial behaviour • High level of visitors to property and service user appears unable to say "No" • Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest • Adult not routinely involved in decisions about how their money is spent or kept safe • Non-payment of care fees putting the persons care at risk • Incident not caused by Person in a Position of Trust	Examples: • Significant impact on person's wellbeing and lifestyle • Restricted access to personal finances, property and/or possessions • Incident caused by Person in a Position of Trust including POA • Personal finances removed from adult's control without legal authority • Fraud/exploitation relating to benefits, income, property or legal documents. • Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control • Adult coerced or misled into giving over money or property.
Relevant actions and outcomes to be considered	Disciplinary Training, Office of Public Guardian, Department of work and pensions. Trading standards	This about how the organisation can respond: Referral to Adult Social Care, Legal Services, Neighbourhood Policing. Review of care plan	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

5. **NEGLECT & ACTS OF OMISSION** Concerns or incidents of neglect or omission of care Falls, pressure damage and medication concerns	Examples: • No harm has occurred. • Relevant and appropriate risk assessments/action plan in place • Appropriate care plan in place; care needs not fully met but no harm or distress occurs • Issues or complaints around an adult's admission and/or discharge from Hospital where no harm has occurred • Isolated missed home visit where no harm occurs • Isolated incident of an adult not supported with food/drink and reasonable explanation is given • Adult not being bathed as per agreed care planning • Not having access to aids to independence	Examples: • Repeated incidents/patterns of similar concerns. • Carer breakdown • Risk can/cannot be managed appropriately with current professional oversight or universal services • Health and wellbeing compromised due to ongoing lack of care • Repeated health appointments missed due to unmet needs	Examples: • Gross Neglect • Continued failure to adhere with care plan • Lack of action resulting in serious injury or death • Care plans not reflective of individuals' current needs leading to risk of significant harm • Failure to arrange access to lifesaving services or medical treatment. • Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence. • Missed, late or failed visit/s where the provider has failed to take appropriate action and harm has occurred
Relevant actions and outcomes to be considered	Complaint, RADAR, referral Review of Care.	Think about what the organisation can do to resolve things: Referral to District nurse, GP, OT, review staffing arrangements disciplinary.	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

6. **ORGANISATIONAL** Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an organisation, resulting in ongoing neglect or poor care	Examples: • No impact has occurred. • Relevant and appropriate risk assessments/action plan in place • Good leadership and Management can be demonstrated • Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure activities and where no harm occurs • Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm • Service design where groups of adults live together and are not compatible but no harm occurs • Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service	Examples: • Rigid inflexible routines that are not always in the service users best interests • Dignity is undermined • Repeated incidents/patterns of similar concerns • Risk can/cannot be managed appropriately with current professional oversight or universal services • Unsafe and unhygienic living environments. • Health and wellbeing of multiple service users compromised • Recurrent bad practice lacks management oversight and is not being reported to commissioners/ASC • Denying adult at risk access to professional support and services such as advocacy. • Bad/poor practice not being reported and going unchecked	Examples: • Widespread, consistent ill treatment. • Intentionally or knowingly failing to adhere to Mental Capacity Act • Rigid or inflexible routines leading to service user's dignity being undermined • Punitive responses to challenging behaviours. • Failure to refer disclosure of abuse. • Staff misusing their position of power over service users. • Overmedication and/or inappropriate restraint managing behaviour • Recurrent incidents of ill treatment by care provider to more than one service over a period of time • Service design where group of adults living together are incompatible and harm occurs
Relevant actions and outcomes to be considered	Complete an Incident referral form (IRF) and refer to the relevant commissioning officer. A quality improvement plan will be needed, maybe training / disciplinary / complaint	Think about how the organisation can respond: Review of placement, consultation with family or service user, outward referrals, ICB quality referral	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

7. **DISCRIMINATORY** Treatment experienced by people based on age, disability, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation	Examples: • No harm has occurred • Isolated incident • Simply resolved • Robust recording is in place • Relevant and appropriate risk assessments/action plan in place • Incident not caused by a Person in a Position of Trust • Risks can be managed by current professional oversight or universal services • Isolated incident when an inappropriate prejudicial remark is made to an adult and no distress is caused • Care planning fails to address an adult's culture and diversity needs for a short period	Examples: • Repeated incidents/patterns of similar concerns. • Risk can/cannot be managed appropriately with current professional oversight or universal services • Risk of escalation • Incident not caused by Person in a Position of Trust • Recurring taunts motivated by prejudicial attitudes with no significant harm • Service provision does not respect equality and diversity principles • Recurring failure to meet specific care/support needs associated with diversity that causes little distress • Denial of civil liberties	Examples: • Humiliation or threats motivated by prejudices • Harm motivated by prejudice • Incident caused by Person in a Position of Trust • Compelling a person to participate in activities inappropriate to their faith or beliefs • Movement or threat to move into a place of exploitation or take part in activities against their will • Being refused access to essential services as a result of prejudices • Honour based violence • Hate crime resulting in injury
Relevant actions and outcomes to be considered	Education, training, review policies, Equality Act 2010, national guidance	This about talking to commissioning officers. Discuss issues with the Police / community policing. Think about using PREVENT	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
8. **MODERN SLAVERY** Holding a person (s) in position of slavery,	Examples:	Examples: No direct disclosure of slavery but:	Examples:

forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them	All concerns about modern slavery are deemed to be of a level requiring consultation	• Long hours at work • Poor living conditions • Low wage • Lives in workplace • No health and safety at work • Encouraged to participate in unsafe activities. Where there is harm or risk of harm move directly to 'Red'	• Found living in poor conditions alone/with others – believed under duress • Identification documents held by another person, who is controlling the individual. • Fear of law enforcers • Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional factors such as residing in overcrowded conditions and no control over own finances • Arrived in the area to work in an expected area of employment
Relevant actions and outcomes to be considered	Further guidance can be found here: [Modern slavery - GOV.UK (www.gov.uk)]()	Please contact the MASH for further local guidance	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
9. **DOMESTIC ABUSE** Any incident of domestic abuse by an intimate partner or family member or have been regardless of gender or sexuality. Incidents of	Examples: • No harm has occurred • Adult has capacity and no vulnerabilities identified.	Examples: • Unexplained marks or lesions on a number of occasions • Concerns over controlling behaviour of partner e.g. financial/material • Imbalance of power in a relationship	Examples: • Continues to reside with or have contact with the perpetrator • Escalation of concern for safety • Physical evidence of violence such as bruising, cuts, broken bones.

controlling, coercive or threatening behaviour, violence or abuse	• Robust assessment has been undertaken and links to domestic violence support services made. • Contact with perpetrator has ceased, with no concerns this will be re-established. • One-off incident with no injury or harm experienced. • Adequate protective factors in place		• Recurring patterns of verbal and physical abuse. • Fear of outside intervention, has become isolated – not seeing friends and family. • Disengagement from domestic abuse and/or other support services • In constant fear of being harmed • Denied access to medical treatment • Stalking or harassment • Forced marriage/ FGM (female genital mutilation)
Relevant actions and outcomes to be considered	Refer to Domestic Abuse Services for early intervention and support. Onward Referrals to support agencies	When children are present, ALWAYS make a children's social care referral. Refer to ASC for assessment of need. Complete a risk assessment	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
10. **SELF-NEGLECT** A person living in a way that puts their health/safety or wellbeing at risk *Please refer to the Self neglect guidance for further advice	Examples: • A concern about an adult who is beginning to show signs and symptoms of self-neglect • Property neglected but all services/appliances work • There is no/low risk or impact to self or others	Examples: • Some signs of disengagement with professionals • Indication of lack of insight • Lack of essential amenities/food provision • Collecting a large number of animals in inappropriate conditions. • Increasing unsanitary conditions	Examples: • Living in squalid or unsanitary conditions • There is extensive structural deterioration / damage in the property causing risk to life • Refusal of health/medical treatment that will have a significant impact on health/wellbeing.

	• Risks can be managed by current professional oversight or universal services • The person is not at risk of losing their place within the community. • Some evidence of hoarding – no impact on health/safety. • No access to support • Noncompliant with support but no impact on health/safety/wellbeing	• There is medium risk and some impact to self / others • Non-compliance with medication – medium risk to health and wellbeing. • Property neglected, evidence of hoarding beginning to impact on health/safety • Where animals in property are impacting on the environment with risk to health	• High level of clutter/hoarding impacting on health and wellbeing, including fire hazard • Behaviour poses risk to self and others • Life is in danger without intervention • Appearance of malnourishment • The individual is not accepting any support or any plans to improve the situation
Relevant actions and outcomes to be considered	Assessment by service/professional of concern Engage person Onward referrals for support	A Care Act Assessment may be needed. Refer to First Contact. Refer to Self-neglect guidance: Self-neglect: At a glance | SCIE . May need a multi-agency meeting to discuss concerns. Link to Environmental Health	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
11. **PRESSURE ULCER** Pressure ulcers (also known as pressure sores or bedsores) are injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin NB: Pressure ulcers are primarily a clinical issue and should be referred to the appropriate health professional in	Examples: One person one pressure ulcer Grade 1 or 2 where avoidable and all advice and care is followed. Higher grades of pressure ulcers where: • A care plan is in place • Action is being taken • Other relevant professionals have been involved	Examples: Grade 3 or 4, ungradable or multiple grade 1 and 2, where: • The Care plan has not been fully implemented • It is not clear that professional advice has been sought • There are other similar incidents of concerns • There are possible other indicators of neglect	Examples: Grade 3 or 4, ungradable and suspected Deep tissue injury, where: • The person has not been assessed as lacking capacity, treatment and prevention not provided • No assessment and care planning has not been completed • No advice or professional input has been sought • Other incidents of abuse or neglect

the first instance. However, where there are obvious signs of neglect they should be reported to safeguarding. Whilst not all pressure Ulcers are due to neglect (deliberate or unintentional) each individual's care should be considered, taking into account the persons medical condition, prognosis, skin condition, poor personal hygiene, living environment, nutrition/hydration and their own views on care and treatment	• Full discussion with the patient, family or representative • No other indicators of abuse or neglect		• This is part of a pattern/trend • Serious injury or death as a result of consequences of avoidable pressure ulcer development e.g. septicaemia.
Relevant actions and outcomes to be considered	Follow own policy/procedure NICE guidelines: [2 Research recommendations | Pressure ulcers: prevention and management | Guidance | NICE] Onward referrals for support, e.g Tissue Viability Nurses Consider medical condition, prognosis, hydration/ nutrition	A Care Act Assessment/ Review may be needed so onward referral to First Contact may be suitable. It may also be suitable to request nursing input from District nursing teams	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
12. **FALLS** Please refer to local organisational guidance. NB: Everyone should be supported to stay active and independently mobile as possible, and support should be recorded in their care plans. Some people who are frail or have mobility problems may have a greater risk of	Examples: Isolated or multiple incidents where no harm has occurred and: • Care plans in place and adhered to • Action taken to minimise the risk further • Other professionals have been notified	Examples: More than one incident in a 6-month period required hospital attendance. Multiple incidents where: • The care plan has not been fully implemented • It is not clear that professional advice or support has been sought • There are other concerns about abuse/neglect	Examples: Any fall resulting in significant injury or death where there is suspected abuse or neglect by a staff member or other person's failure to follow relevant care plans, policies or procedures

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falling. Following a fall the individual may require more intensive services for longer and in some cases, may never return to previous levels of mobility. A fall does not automatically indicate neglect and each individual case should be examined to understand the context of the fall	• Full discussion with persons, family or representative • No other indicators of abuse/neglect	• Any fall where there is suspected abuse/neglect of a staff member or Person in a position of trust or failure to follow care plans, policies, and procedures	
Relevant actions and outcomes to be considered	Follow own policy/procedure Onward referrals for support, e.g Falls team Consider medical condition, prognosis, hydration/nutrition. Review Care plan/Risk Assessment. Consider the use of Technology Enabled Care	A Care Act Assessment/ Review may be required. Think about a referral to First Contact. Think about an OT referral or the use of Technology Enabled Care (TEC)	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
13. **MALADMINISTARTION OF MEDICATION** Mismanagement/ misadministration/ misuse of drugs Please refer to local organisational guidance	Examples: • Isolated incidents where the person is accidently given the wrong medication, given too much or too little medication or given it at the wrong time but no harm occurs. • Isolated incident causing no harm that is not reported by staff members. • Isolated prescribing or dispensing error by GP, pharmacist or other medical professional resulting in no harm	Examples: • Recurring missed medication or administration errors in relation to one service user that caused no harm • Recurring prescribing or dispensing errors that affect more than one individual but cause no harm • Over reliance on sedative medication to manage behaviour • Covert medication without correctly recorded authorisation with no harm caused	Examples: • Recurrent missed medication or administration errors that affect one or more adult and/or result in harm • Deliberate maladministration of medicines (e.g. sedation) • Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact • Pattern of recurring administration errors or an incident of deliberate

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			maladministration that results in ill-health or death. • Fabricated illness/ induced illness • Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting
Relevant actions and outcomes to be considered	Follow own policy/procedure Training Disciplinary Complaints Medication review	Complaint Training Medication review Learn lessons from the safeguarding concern. Speak with GP/Pharmacy	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented
14. **INCIDENTS INVOLVING ANOTHER PERSON WITH CARE AND SUPPORT NEEDS**	Examples: • Isolated incident where no harm was caused • More than one incident where there was no impact on the person and: - Care plan is in place and adhered to - Action has been taken to minimise the risk - Other professionals have been notified - Full discussion with the person, family or representative - No other indicators of abuse/neglect	Examples: • There have been similar incidents involving the same perpetrator • Both people display a dislike for one another but no abuse has occurred • Concerns over escalation of behaviours between identified individuals	Examples: • Any incident resulting in intentional or intent harm • Weapons/other objects are used with the intention to cause harm • Repeated incidents where the person lacks capacity and is unable to protect themselves. • Victim appears fearful in the presence of other person or adapting behaviours to pacify or avoid the person Multiple incidents where: • The care plan has not been fully implemented • Professional advice has not been sought • Other concerns around abuse/neglect

Relevant actions and outcomes to be considered	Follow own policy/procedure Training Disciplinary Complaints Care Review	Complaint Training Compatibility review Liaise with commissioning Learn lessons from the safeguarding concern Care Act assessment/review	Professionals MUST speak with the person concerned to gain their wishes and feelings about the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the MASH. Raise a safeguarding concern with the MASH. If there is an indication a criminal act has occurred, the police MUST be consulted. Immediate safety plans must be implemented

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Sheffield Adult Safeguarding Partnership

Sheffield Safeguarding Adults Performance Data Report

Report to Committee and Executive Board – September 2023

This report includes data submitted to the Partnership from SCC Adult Care and Wellbeing, South Yorkshire Police (SYP), Sheffield Health and Social Care (SHSC), South Yorkshire Fire and Rescue (SYFR), Trading Standards, SCC Housing and Sheffield Carers Centre [external partner data has been excluded from this version of the report, which only includes Adult Care and Wellbeing data].

This report looks at the data for Quarter 1 (2023/24) April to June 2023, including in some cases, comparison with the previous quarters.

This report contains some benchmarking data, using regional data as well as the safeguarding adults collection annual return (Safeguarding Adults, England, 2021-22 - NHS Digital). Due to inconsistencies around how different local authorities report and analyse their data it is difficult to benchmark local authorities against each other and the SACs data does advise caution against it. For example, the point at which a case is counted as a "concern" may vary by local authority, and some report "other" enquiries as well as S42 whilst some only report S42. It is worth keeping this in mind when interpreting these figures and where possible, discrepancies in the data have been highlighted.

Data has been structured under the six principles of safeguarding:

Contents

Empowerment and Making Safeguarding Personal (MSP) 2

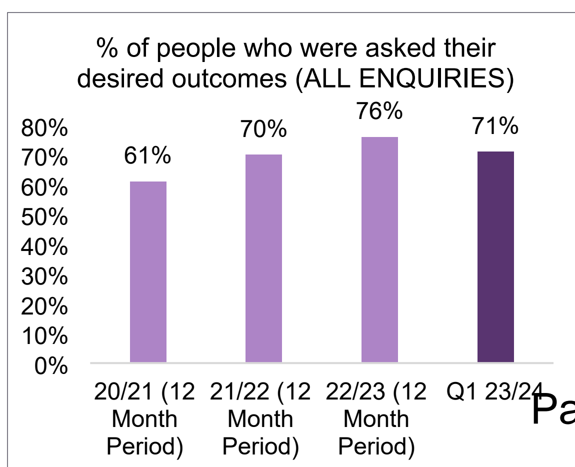
Prevention 4

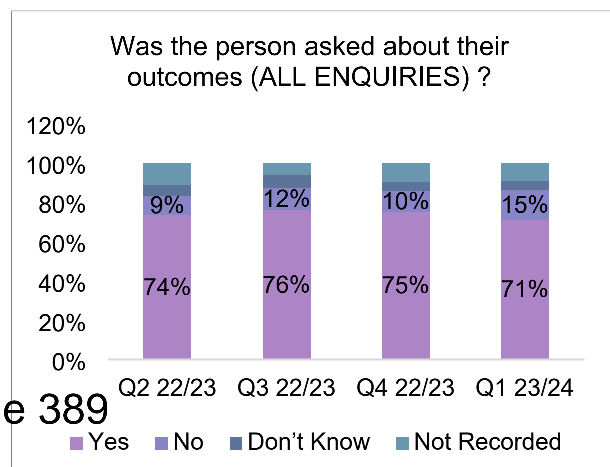
Proportionality 6

Partnership and Accountability 8

Empowerment and Making Safeguarding Personal (MSP)

Was the Person Asked their Desired Outcomes? (ASC Data)





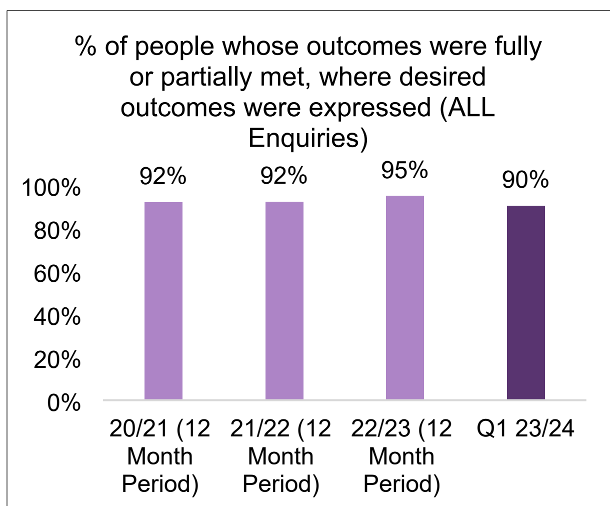
Time Period	20/21 (12 Month Period)	21/22 (12 Month Period)	22/23 (12 Month Period)	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24
% of people who were asked their desired outcomes	61%	70%	76%	74%	76%	75%	71%

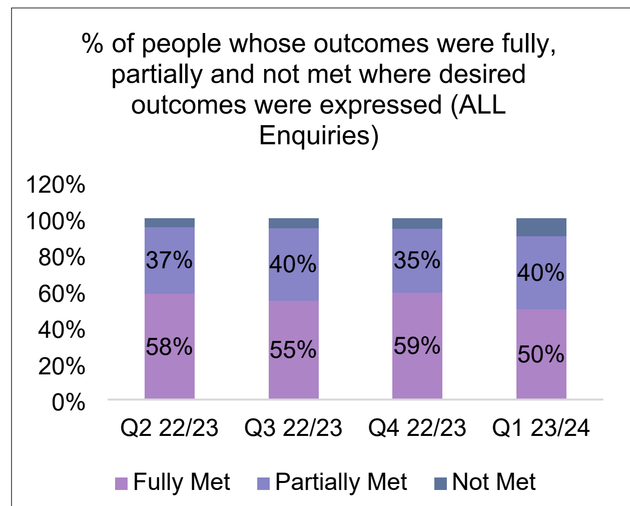
* Against the target of 75%, based on the 12-month period 22/23.

Why is this measure important? This measure demonstrates Making Safeguarding Personal (MSP).
Commentary In Q1 of 23/24, 71% of people were asked their desired outcomes (All Enquiries). This is - 5% against the target of 76% based on the 12-month period 22/23. The performance and quality subgroup have previously discussed reasons why someone may not be asked about their outcomes. One reason may be for example that if the person was in hospital when the concern was raised, they wouldn't always have chance to ask their outcomes, as they may have quickly been discharged. It was discussed that to have the option in liquid logic to allow reasons to be recorded would help us to understand the reasons why someone may not be asked their outcomes. This is noted as a priority action for liquid logic upgrade.

Were the Persons Outcomes Met? (ASC Data)

S42 and Other Enquiries – Sheffield





Time Period	**20/21** (12 Month Period)	**21/22** (12 Month Period)	**22/23** (12 Month Period)	**Q2 22/23**	**Q3 22/23**	**Q4 22/23**	**Q1 23/24**
% of people whose outcomes were fully or partially met	92%	92%	95%	95%	94%	94%	90%

* Against the target of 95%, based on the 12-month period 22/23.

Why is this measure important? If a large proportion of desired outcomes are not being met, this may indicate that the safeguarding process has not been person centred, or people are not being guided as to what is or what is not an achievable outcome.
Commentary In Q1 of 23/24, of people who expressed their desired outcomes, in 90% of cases these outcomes were fully or partially met (All Enquiries). This is - 5% lower than the average over the last 12 month however remains very high. Over next quarter, work will be undertaken to understand reasons why outcomes were not met to inform improvement activity.

Satisfaction

The performance and quality subgroup discussed the appropriateness of this measure as well as the lack of clarity about exactly what part of the process we are asking that they are satisfied with. The group felt that a better measure is whether the persons desired outcomes were met, and whether the risk was removed. It was discussed that potentially a better question would be "do you feel safer?" rather than satisfied.

This was discussed at the Safeguarding Board in June, where it was agreed that a new measure, do you feel safer would be better. Therefore, the satisfaction measure has been removed and the new measure will be taken forward as part of the liquid logic upgrades.

Advocacy

Adult Care has a contractual arrangement with Advocacy Hub to provide advocacy. Advocacy is an important tool in relation to empowering Adults to make decisions and be able to express their views.

As part of our performance reporting going into 2023 – 2024, the % where advocacy was offered where an Adult wishes advocacy will also be measured. At September 2023 our data highlights that 100% people were offered advocacy.

Prevention

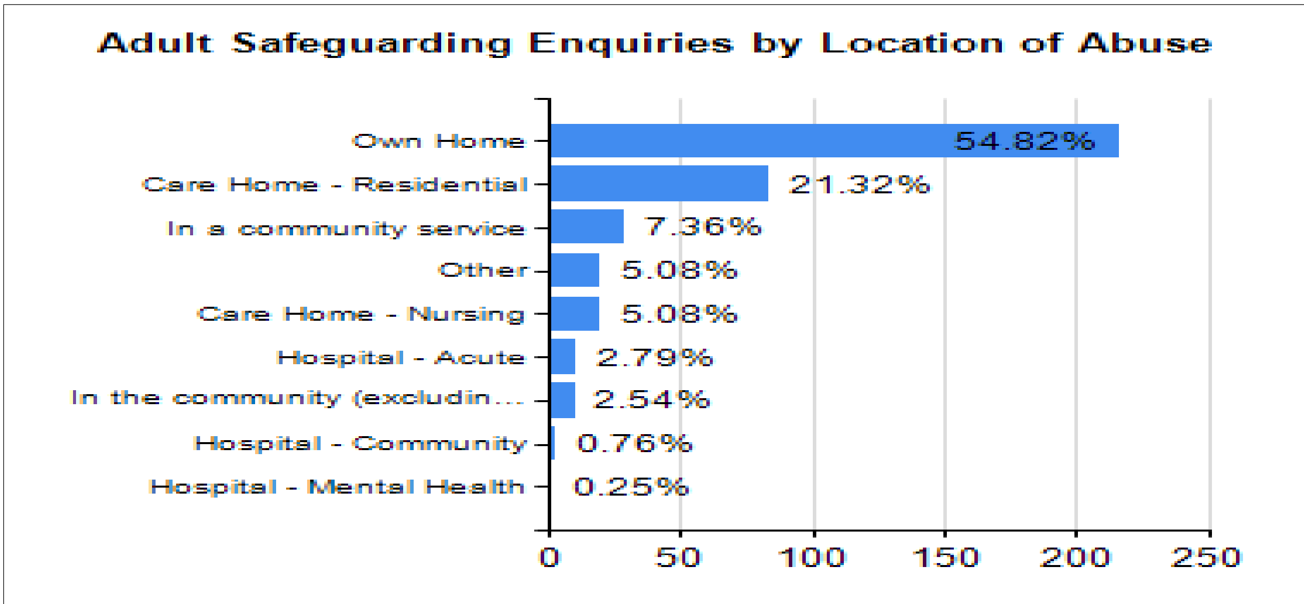
Adult Safeguarding Enquiries by Location (ASC Data)

S42 Enquiries Only – Benchmarking Data

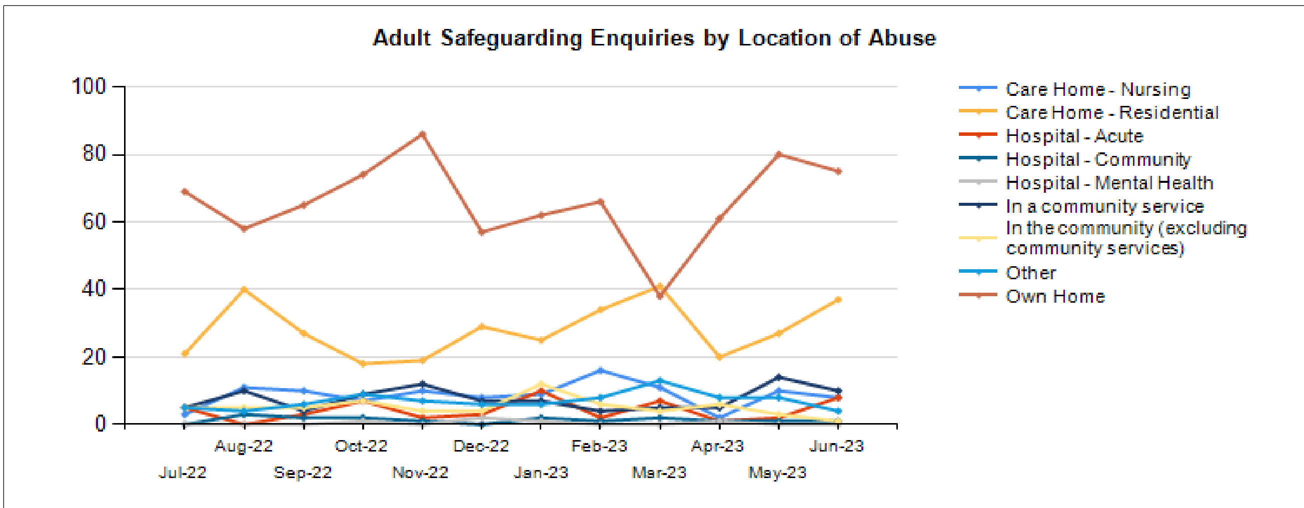
Annual Safeguarding Adults Collection (SAC) Return 2021-22. Top 3 Location of Abuse in S42 Enquiries Only (All England)	
Own Home	48%
Care Home - Residential	23%

	10%

S42 and Other Enquiries – Sheffield



April to June 2023



July 2022 to June 2023

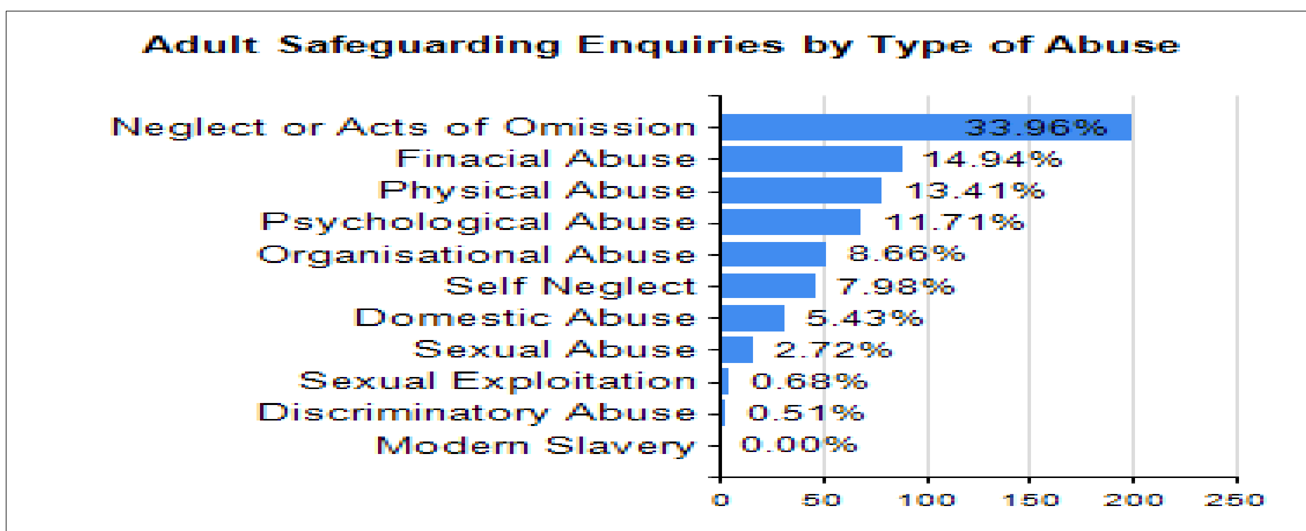
Why is this measure important? This measure provides context for safeguarding enquiries and where abuse is most commonly taking place.
Commentary The top 3 locations of abuse in safeguarding enquiries (S42 and other) Sheffield for Q1 23/24 was: Own home = 54.82% Care home residential = 21.32% In a community service = 7.36% This is differing from the all England figure for 21/22 where the top 3 locations were own home, care home residential and care home nursing. **However, Sheffield figures include both S42 and Other enquiries.** At the performance and quality subgroup in May 2023, it was decided that we would look further into the trends regarding the abuse types, looking at source of risk, location of abuse and type of abuse, to get a better understanding of this data. This information is presented in a different report for discussion at the Performance and Quality Subgroup.

Types of Abuse (ASC data)

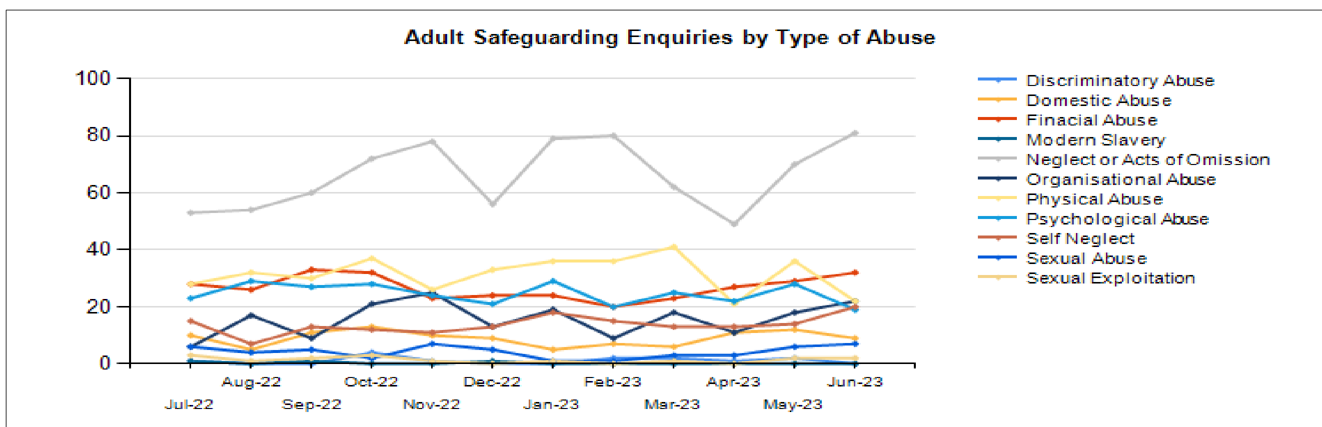
S42 Enquiries Only – Benchmarking Data

Type of Abuse	Annual Safeguarding Adults Collection (SAC) Return 2021-22. Top 4 types of abuse in S42 Enquiries only (All England)	Sheffield S42 and Other Enquiries Q4 22/23
Neglect	30.94%	33.96%
Physical Abuse	18.76%	13.41%
Psychological Abuse	13.60%	11.71%
Financial Abuse	12.57%	14.94%

S42 and Other Enquiries – Sheffield



April to June 2023



July 2022 to June 2023

Why is this measure important? This measure allows us to understand and monitor trends in the different types of abuse identified in Sheffield safeguarding enquiries and where we may need to raise awareness of different types of abuse.
Commentary Similar to the 2021/22 Annual SAC return data for England, the top 4 abuse types for concluded safeguarding enquiries in Sheffield this quarter continue to be Neglect, Physical Abuse, Financial Abuse

and Psychological Abuse. This quarter Sheffield saw a slightly higher % of Neglect and Financial Abuse in Safeguarding Enquiries than the annual SAC return and a slightly lower % of Physical and Psychological Abuse.

At the performance and quality subgroup in May 2023, it was decided that we would look further into the trends in regard to the abuse types, looking at source of risk, location of abuse and type of abuse, in order to get a better understanding of this data. This information is presented in a different report for discussion at the Performance and Quality Subgroup.

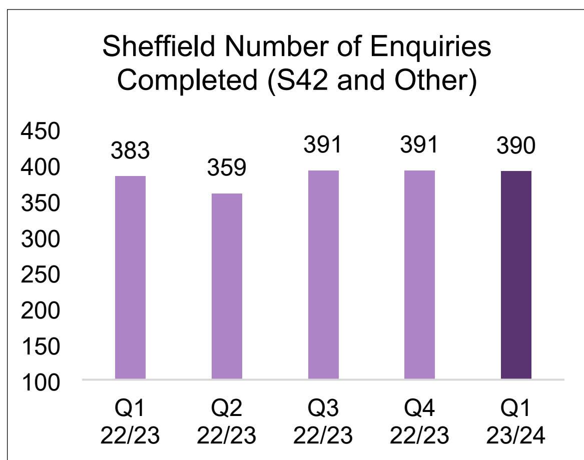
Proportionality

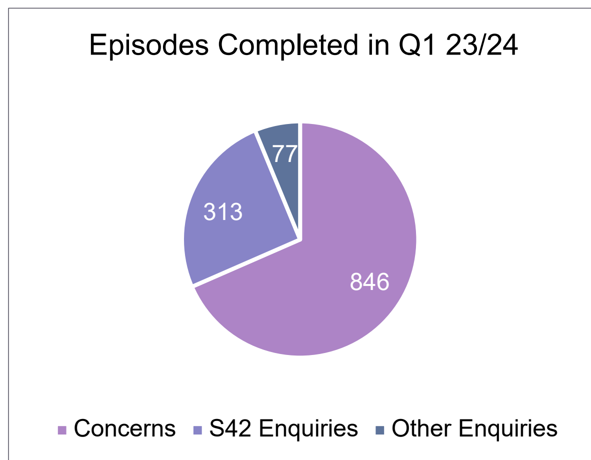
Safeguarding Episodes (ASC Data)

	Number of S42 Enquiries Completed in this Financial Year			
	Sheffield	Leeds*	Doncaster	Rotherham
No of S42 Enquiries Complete	313	748	171	89
Per 100,000 (18+)	70	117	70	42

* CIPFA nearest neighbour, local authority similar in regard to socioeconomic factors.

S42 and Other Enquiries – Sheffield





Why is this measure important? To understand the volume of safeguarding enquiries happening in Sheffield and how this compares with other local authorities.
Commentary The majority of safeguarding concerns completed in Q4 were concern only (846). There were 313 S42 enquiries completed, and 77 "other" enquiries completed (390 enquiries in total). When looking at other local authorities, Sheffield completed less S42 enquiries in the first quarter of 23/24 compared with Leeds. Number of S42 enquiries completed per 100,000 (18+) in Q1 is similar to rates seen in Doncaster and fewer than Leeds. When looking at rates per 100,000 (+18) Sheffield saw higher rates of S42 Enquiries than Rotherham.

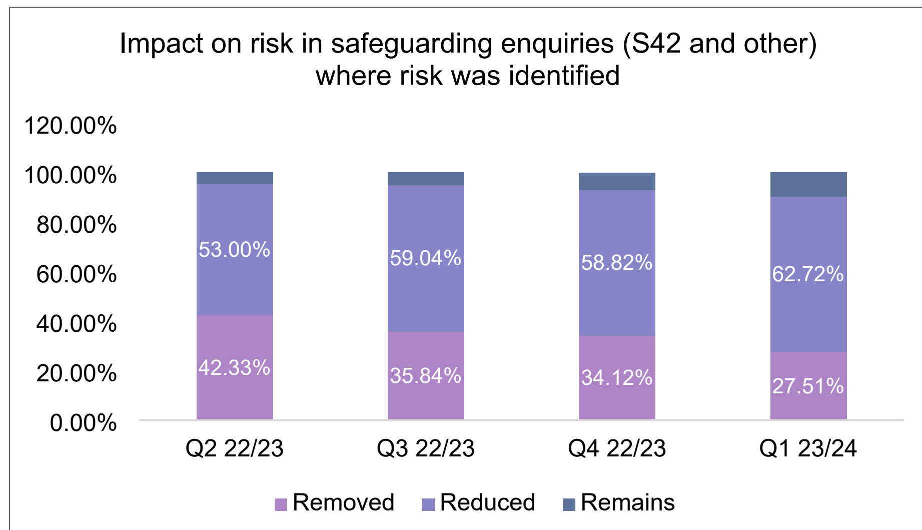
Impact on Risk (ASC Data)

S42 Enquiries Only – Benchmarking Data

	% of ***S42 Enquiries*** ONLY where risk was removed or reduced (where risk was identified)				
	Sheffield Q2 22/23	**Sheffield Q3 22/23**	**Sheffield Q4 22/23**	**Sheffield Q1 23/24**	**All England (S42 Enquiries 21/22)**
Risk Reduced or Removed	96%	95%	94%	92%	91%

S42 and Other Enquiries - Sheffield

Time Period	20/21 (12 Month Period)	21/22 (12 Month Period)	22/23 (12 Month Period)	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24
% of enquiries (S42 and Other), where risk was identified, and it was reduced or removed.	73%	80%	93%	95%	95%	93%	90%



Why is this measure important? This measure establishes what happened to the risk being investigated (where the risk was identified) because of the action that was taken.
Commentary In 91% of concluded **S42 safeguarding enquiries** during the quarter, where risk was identified, the reported outcome was that risk was reduced or removed. This is the same as the figure for All England in 21/22 (S42 Enquiries) which was 91%. However, over the last 4 quarters, the % of enquiries where the risk was removed has decreased, and the % of enquires where it was reduced has increased. The % where the risk remained has been between 5% and 10%.

The % of safeguarding enquiries where the risk was reduced or removed was 90%, this is - 5% against the target of 95% set in the Safeguarding plan.

Partnership and Accountability

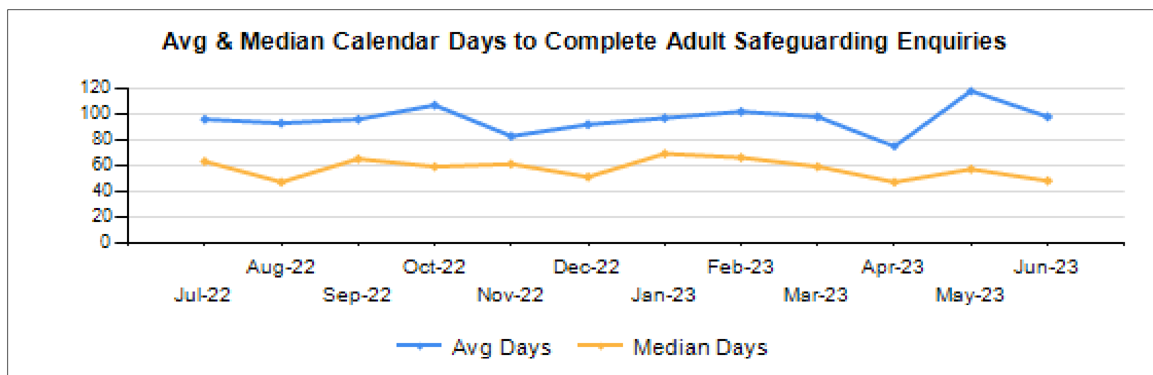
Average and Median Number of Calendar Days to Complete Adult Safeguarding Enquiries (ASC Data)

S42 Enquiries – Benchmarking Data

Average Calendar Days so far, in this Financial Year (Q1 23/24) to Complete S42 Enquiries.					
Local Authority	**Sheffield**	**Leeds***	**Doncaster**	**Barnsley**	**Rotherham**
Average Calendar Days	95	74	37	58	91

* CIPFA nearest neighbour, local authority similar in regard to socioeconomic factors.

S42 and Other Enquiries – Sheffield Data



Why is this measure important? To ensure efforts are made to protect the person from neglect and abuse as quickly as possible and reduce risk.

Commentary

When compared with other local authorities in the region, Sheffield appears to take longer to complete S42 enquiries.

There are some cases where enquiries will be open for a long time, for example, where a court case is ongoing or where there are delays in others not coming back to ASC (this is being looked at as part of MASH).

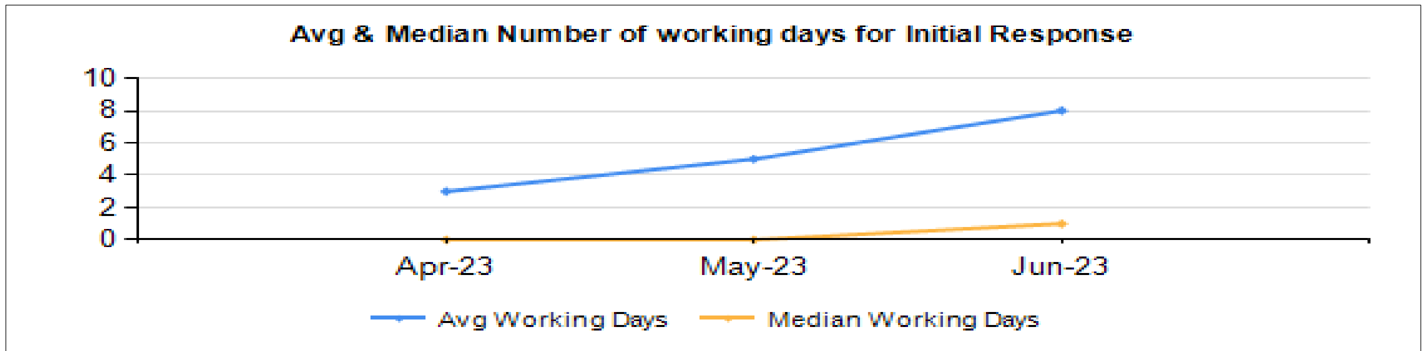
The median number of days continues to be much lower than the average and is potentially a truer reflection of the general length of enquiries in Sheffield as it is less impacted by outliers in the data.

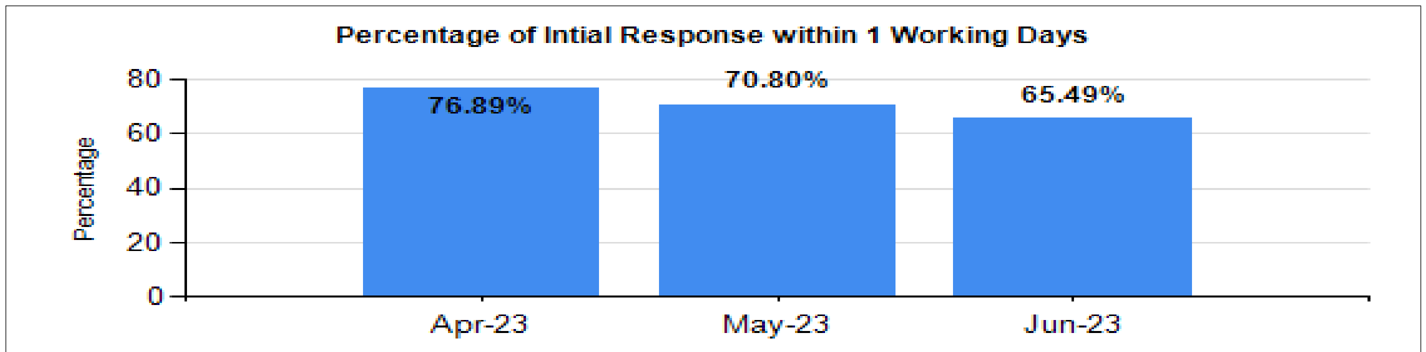
Month	Average	Median
January	99	68
February	108	70
March	100	62
April	75	47

May	118	57
June	98	48

Although Enquiries may be taking longer when comparing to other local authorities, the risk is generally being reduced or removed. The median across the three months of Q1 23/24 was lower than across the three months of Q4 22/23. Although, May saw the highest average length of time to complete safeguarding enquiries, over the last 12 months with an average of 118 calendar days. Over the next quarter work will be undertaken to look at length of time to complete s42 enquiries and areas for further improvement.

Initial Response to Safeguarding Contacts Within 1 Working Day





Why is this measure important? This measure allows us to assess whether we are meeting the target of 24 hours when it comes to the initial assessment of the referral, so that risk is reduced and acted on as quickly as possible. This is the time between the contact being opened and it being closed or progressing to a "safeguarding episode". Measuring this response time was identified as an action in an internal safeguarding audit by Adult Care and Wellbeing in 2021 and is an ADASS Good Practice Standard.

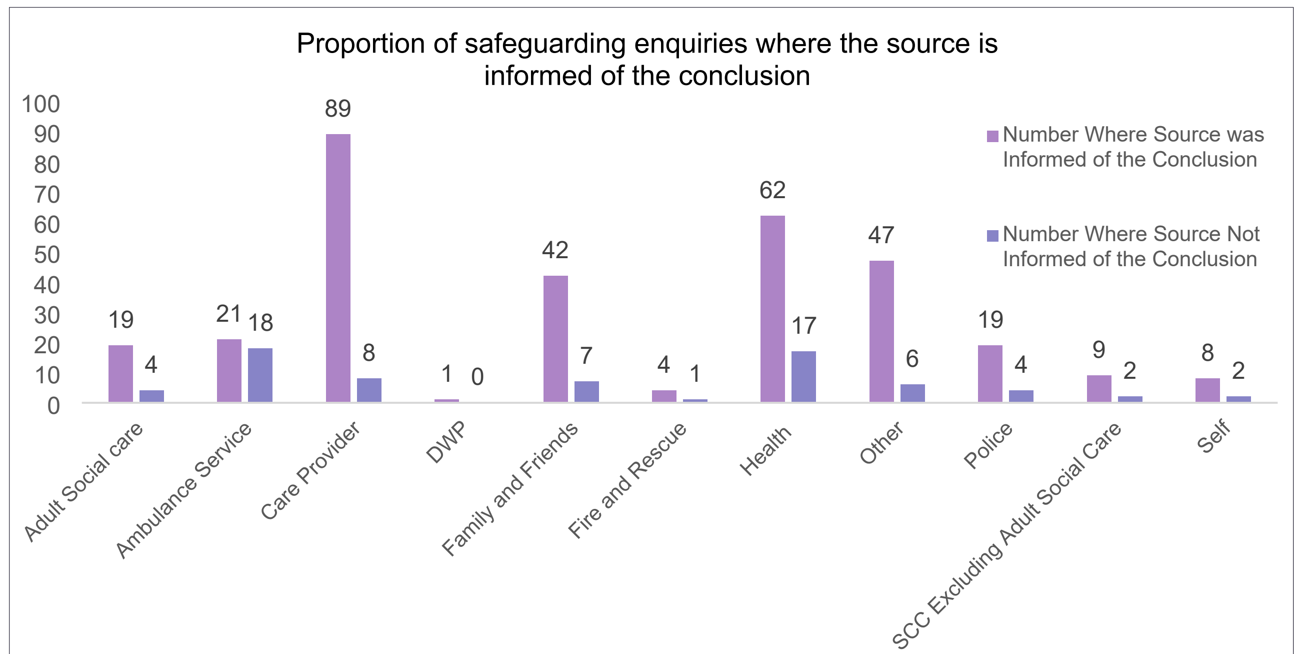
In April, 76.89% of initial responses were completed within 1 working day, 70.8% in May and 65.49% in June, therefore this figure has declined over the quarter.

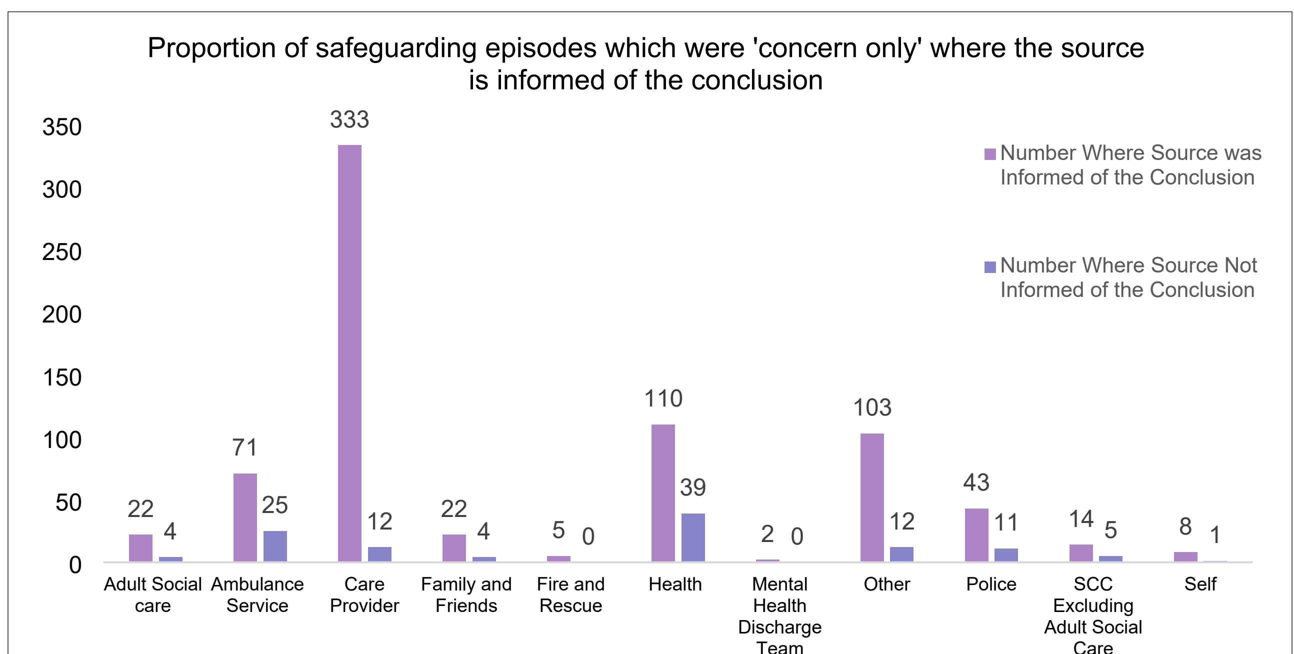
The average number of days taken to complete initial response is higher than the median, suggesting that there are outliers bringing up the average figures. The median number of days was 0 in April and May, and 1 in June, whereas the averages were 3 in April, 5 in May and 8 in June. Its noted that this was undertaken alongside a 52% increase in referrals to Adult Care.

In April the Adult MASH went live, the intention of the new model was that the majority of safeguarding referrals should be made via MASH, and that MASH would complete the triage / initial response i.e., answer the questions 'is there suspected abuse or neglect?' and 'progress to safeguarding episode?', opening an episode if needed. As the model embeds further activity will be undertaken to continue to use the MASH as the central hub for safeguarding and triaging in 1 day.

Proportion of Safeguarding Enquiries and Concerns where the Source of the Referral is Informed of the Conclusion

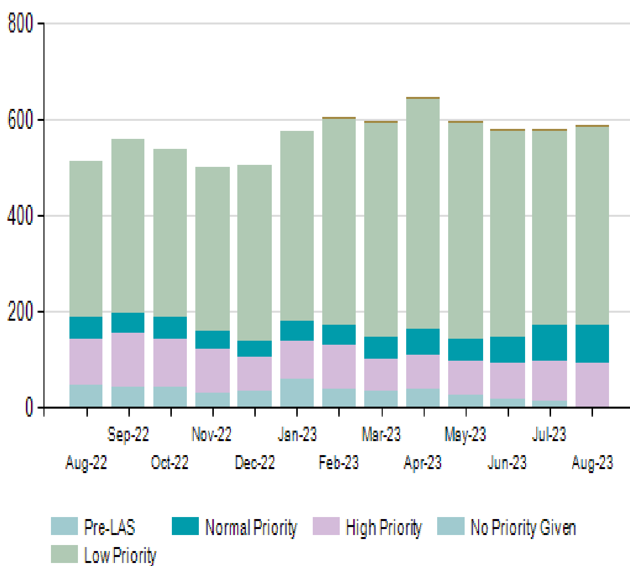
	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q2 22/23
Source Informed of Conclusion - Enquiries	82%	85%	81%	87%	82%
Source Informed of Conclusion - Concerns	74%	77%	74%	83%	87%

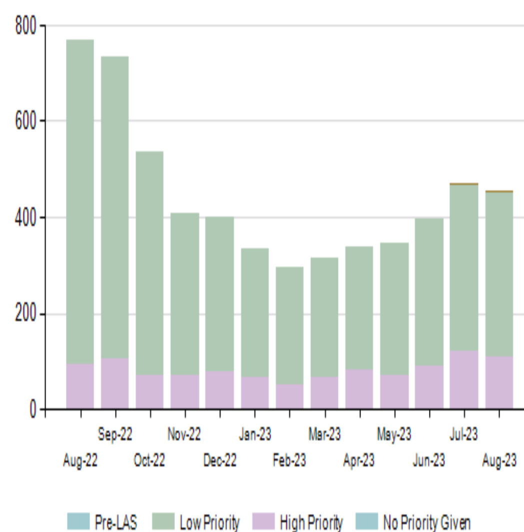




Why is this measure important? A recommendation from SAR Person D recommended "SASP review evidence that all agencies with safeguarding responsibilities receive appropriate feedback on their concerns and challenge circumstances where decisions may continue to leave the adult at risk.
Commentary Overall % where source informed of conclusion in concerns the highest it has been over the last 5 quarters (87%). When looking at the figure by organisation, there are some organisations where the % is higher than others. Unusually, this quarter, the % referrers informed of the outcome was higher for concerns this quarter than enquiries, this was requested by partners be undertaken as a priority. The high number of referrals into first contact, makes providing feedback difficult. It is aimed that the introduction of an Adult MASH will go some way towards improving the feedback loop to referrers therefore, this measure will be included in MASH metrics to measure progress and look for areas of improvement.

Accessibility of Services: DoLS waiting lists





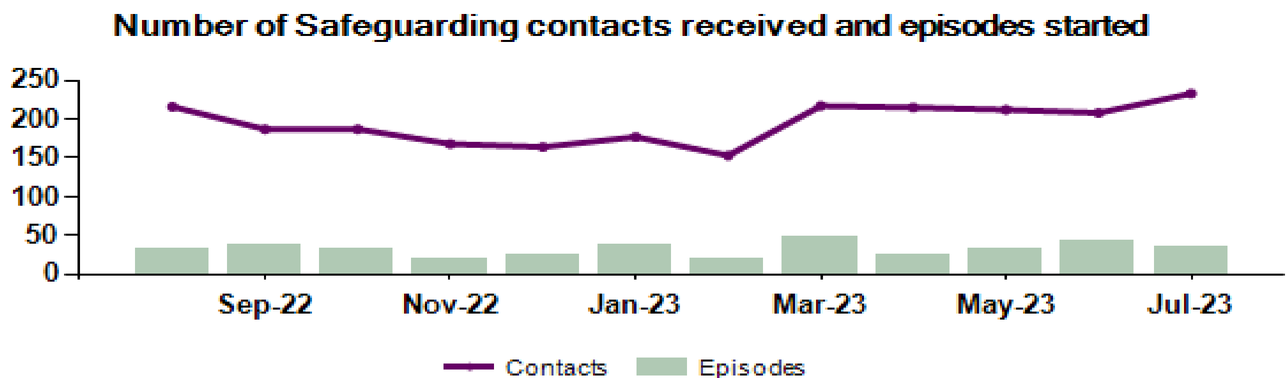
Why is this measure important? Following the Department of Health and social care decision in April 2023 to not proceed with the anticipated liberty protection safeguards, it is clear that local authorities will still have to continue authorising DOLs within the current legal framework of the Mental Capacity Act for the immediate short/ medium term.

Commentary

The last 6 months has seen a plateau in performance. The waiting list at the end of December was 505 for new referrals compared with 529 at the end of July 22. By the end of July 2023 this was at 578.

The waiting list for renewals, has in the last 3 months increased from its lowest in February 23 294 (below target of 334) to 468 at the end of July 2023. A risk has been added to the risk register regards the availability of social workers to meet DoLS demand in Sheffield, with a risk mitigation of review of resource required alongside dedicated recruitment campaign. See section 1.10.3 for actions being taken to mitigate theses risks.

Accessibility of Services: Safeguarding Contacts Received



Why is this measure important? We need to be assured that safeguarding is being managed effectively and efficiently.

Commentary

Since the commencement of the Adult MASH, the screening process has been further streamlined to ensure it is more effective. Approximately 400 referrals are being received per week for new and known customers where potential safeguarding concerns have been identified. These are now being triaged within one working day of receipt. This is a significant shift from the previous process which typically saw around 200 referrals being held on a waiting list (and therefore not being screened within one working day). The screening tray is now cleared each day.

While the number of referrals has risen the waiting times has plateau for further enquiries and the tray is well managed by the MASH manager to ensure the most urgent work is allocated as priority.

While this is not reflected in the current measure of response in 24 hours it is linked to the improvement in providing feedback to referrers. There is ongoing improvement activity to look at response time scales according to risk including resources available.

Equality Impact Assessment ID 2313

(formally 1243)

update August 2023

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

UPDATE August 23
Over the past twelve months good progress has been made towards implementing the delivery plan and several of the actions on the original endorsed plan have been successfully completed. The delivery plan has been updated to reflect this, and now contains only ongoing actions from the original plan and any new actions that have been incorporated in the plan as they have been identified, for example, through the 'Safe and Well' clinic that has been established and the independent review commissioned for the safeguarding partnership. This ensures that the plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement work for adults in Sheffield.

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
☐
☐ Committee (e.g. Adult 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

Lead Director for Proposal
Alexis Chappell

Person filling in this EIA form

Jenna Tait

EIA start date 01/09/2022

Equality Lead Officer

- ○ Adele Robinson
- ○ Annemarie Johnston
- ○ Bashir Khan
- ○ Beverley Law
- ● Ed Sexton
- ○ Louise Nunn

Lead Equality Objective (see for detail)

● Understanding Communities	○ Workforce Diversity	○ Leading the city in celebrating & promoting inclusion	○ 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

● Health	○ Transgender
● Age	○ Carers
● Disability	○ Voluntary/Community & Faith Sectors
○ Pregnancy/Maternity	○ Cohesion
● Race	○ Partners
○ Religion/Belief	○ Poverty & Financial Inclusion
● Sex	○ Armed Forces
○ Sexual Orientation	○ Other
○ Cumulative	

Cumulative Impact

Does the Proposal have a cumulative impact

○ Yes ○ No

○ Year on Year	○ Across a Community of Identity/Interest
○ Geographical Area	○ 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: 02/09/2022 Name of EIA lead officer: Ed Sexton

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.

Disability

Impact on Staff
○ Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

The aim of the safeguarding delivery plan it 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.

UPDATE August 23

Table 4 in the evidence section illustrates the variation in numbers of safeguarding referrals received and safeguarding enquiries completed for people based on the person's recorded primary care reason (where a person is in receipt of care and the reason is known).

Table 4 shows that there is large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon primary support reason. For example, just 8% of referrals related to people with no recorded primary support reason/need are progressed to enquiry compared with 41% of referrals related to people who are recorded to have a learning disability as their primary support reason. As another example, 33% of referrals related to people who are recorded to have a hearing impairment as their primary support reason, are progressed to enquiry.

As a result, it is anticipated that the delivery plan and improvements made will have a positive impact on adults with a disability.

As part of the Adult Care and Wellbeing 'Festival of Involvement' in June 2023 there was an event dedicated to discussing safeguarding and the safeguarding delivery plan. The event was co-hosted with members of the Safeguarding Adults Board Customer Forum, and members of the public were invited. Attendees included individuals with physical and/or learning disabilities, ensuring views of individuals within particular cohorts were represented in discussions about what does good safeguarding look like, how it should be measured, and the information and advice available.

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 it 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

UPDATE August 23

The aim of the safeguarding delivery plan it 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 2 in the evidence section illustrates that the majority of safeguarding enquiries completed are for females. As a result, it is anticipated that the delivery plan will have a positive impact on female adults in Sheffield. However, safeguarding referrals are received in adult social care about adults of all sexes and the changes will have a positive impact for all.

Table 2 also shows that the proportion of referrals received that are progressed to a safeguarding enquiry is very similar for males and females.

Sexual Orientation

Impact on Staff
○ Yes ○ No

Impact on Customers
○ Yes ○ No

Details of impact

UPDATE August 23

The aim of the safeguarding delivery plan it 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 5 in the evidence section illustrates the attempted analysis of safeguarding referrals and enquiries by sexual orientation. Unfortunately, the information is unknown for the majority of individuals and as such the analysis is very limited in use.

One of the actions in the delivery plan that has been completed, is for SCC to issue a statement regarding 'Conversion Practice'. *Is there a link to a public copy of the document that could be added here?* This position statement supports adults and young people with diverse gender and sexuality expressions enabling them to live, work, learn or worship in the city free of abuse i.e., bullying discrimination, homophobia or transphobia, social isolation, and rejection.

Gender Reassignment (Transgender)

Impact on Staff
○ Yes ○ No

Impact on Customers
○ Yes ○ No

Details of impact

UPDATE August 23

The aim of the safeguarding delivery plan it 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.

One of the actions in the delivery plan that has been completed, is for SCC to issue a statement regarding 'Conversion Practice'. *Is there a link to a public copy of the document that could be added here?* This position statement supports adults and young people with diverse gender and sexuality expressions enabling them to live, work, learn or worship in the city free of abuse i.e., bullying discrimination, homophobia or transphobia, social isolation, and rejection.

Carers

Impact on Staff
○ Yes ○ No

Impact on Customers
● Yes ○ No

Details of impact

The aim of the safeguarding delivery plan it 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

Owners of actions on the safeguarding delivery plan are SCC employees alongside representatives from partners from the Sheffield Adult Safeguarding Partnership. Where any actions are identified as impacting staff or customers of partner organisations this will be discussed and managed jointly where required.

The aim of the safeguarding delivery plan it 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.

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 at end of document

Table 4: Safeguarding contacts April 21 – March 22 by primary support reason

See table at end of document

Table 5: Safeguarding contacts April 21 – March 22 by sexual orientation

See table at end 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: 02/09/2022

[partly hidden label] of EIA lead officer: Ed Sexton

Review Date

01/03/2023

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

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%

Table 4: Safeguarding contacts April 21 – March 22 by primary support reason

Primary Support Reason	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of primary support reason contacts that become an enquiry
Learning Disability Support	555	6%	445	8%	225	13%	41%
Mental Health Support	734	8%	282	5%	97	6%	13%
Physical Support - Access and Mobility Only	538	6%	422	8%	172	10%	32%
Physical Support - Personal Care Support	1953	22%	1632	29%	714	41%	37%
Sensory Support - Support for Dual Impairment	5	0%	3	0%	1	0%	20%
Sensory Support - Support for Hearing Impairment	18	0%	16	0%	6	0%	33%
Sensory Support - Support for Visual Impairment	32	0%	18	0%	9	1%	28%
Social Support - Asylum Seeker Support	1	0%	1	0%	0	0%	0%
Social Support - Substance Misuse Support	73	1%	53	1%	19	1%	26%
Social Support - Support for Social Isolation / Other	188	2%	130	2%	38	2%	20%
Social Support - Support to Carer	120	1%	94	2%	24	1%	20%
Support with Memory and Cognition	186	2%	166	3%	80	5%	43%
No support or reason not recorded	4289	49%	2292	41%	353	20%	8%
Total	8692	100%	5554	100%	1738	100%	20%

Table 5: Safeguarding contacts April 21 – March 22 by sexual orientation

Sexual Orientation	Contacts		Episodes		Enquiries		
	No	% of all contacts	No	% of all episodes	No	% of all enquiries	% of sexual orientation category contacts that become an enquiry
A. Bisexual	8	0%	6	0%	2	0%	25%
B. Gay Man	3	0%	3	0%	0	0%	0%
C. Heterosexual/Straight	674	8%	529	10%	239	14%	35%
D. Lesbian/Gay Woman	3	0%	0	0%	0	0%	0%
E. Other - Please State	30	0%	23	0%	10	1%	33%
F. Declined To State	124	1%	101	2%	46	3%	37%
G. Still To Be Obtained	1590	18%	1296	23%	576	33%	36%
Unknown	6260	72%	3596	65%	865	50%	14%
Total	**8692**	**100%**	**5554**	**100%**	**1738**	**100%**	**20%**

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Report to Policy Committee

Author/Lead Officer of Report:
Alexis Chappell, Strategic Director Adult Care and Wellbeing

Report of:	Strategic Director of Adult Care and Wellbeing
Report to:	Adult Health & Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Adult Health & Social Care Strategy Delivery Plan and Performance Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 1148				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -

*"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)."*

Purpose of Report:

Sheffield's Adult Health & Social Care Strategy was approved by the Co-operative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and our social care workforce across the sector. An operating model to deliver on the strategy was subsequently approved by the Adult Care Policy Committee in November 2022.

The Adult Social Care Strategy Delivery Plan was approved by the Adult Health and Social Care Committee on 15 June 2022 and an update regarding Delivery was provided in March 2023 to Committee.

This paper provides a further scheduled update, aligned to our cycle of assurance, setting out our delivery progress and what we have achieved. The paper also demonstrates how impact is being measured so that we can demonstrate our progress in enabling citizens of Sheffield to live the life they want to live. This paper also serves as the DASS update to Committee given the update in this report.

Recommendations:

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

1. Endorses progress in delivering upon the Adult Care Strategy Living the Life You Want to Live and notes realignment of the Adult Care change programme around outcomes in the Strategy.

2. Notes performance update and areas for prioritisation in 2023 – 2025.

3. Requests that the Strategic Director of Adult Care and Wellbeing continues to bring a six-month update to Committee on our performance and delivery upon the Strategy.

Background Papers:

Appendix 1 – Adult Care Performance Dashboard
Appendix 2 – Adult Care Strategy Delivery Plan Update

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: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Alexis Chappell
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**SLB member who approved submission:**	*Alexis Chappell*
3	**Committee Chair consulted:**	*Councillor Angela Argenzio*
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: Alexis Chappell	**Job Title:** Strategic Director Adult Care and Wellbeing
	Date: 3rd August 2023	

1 PROPOSAL

1.1 Sheffield's Adult Health & Social Care Strategy was approved by the Cooperative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.

1.2 The strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, we want to achieve positive experiences and outcomes through excellent quality social work and social care in the city for citizens of Sheffield.

1.3 Delivery upon our strategy has been taken forward through development and delivery of our change programme implemented in June 2021 in response to a self-assessment completed in 2021. This in turn enabled development and implementation of a new operating model, approved in November 2022 and further roll out through our Adult Health and Social Care Strategy Delivery Plan. Updates regards implementation of the model and Strategy delivery plan were provided in March 2023.

1.4 We have implemented annual measurement of 'I statements' to evidence our impact on people as part of delivery on the strategy. It's planned that the I statements, our performance measures and our quality statements will be used to inform evidence of impact of the strategy and with that be able to evidence ongoing improvements in the outcomes and experiences of people who access Adult Care.

1.5 Alongside the delivery upon the Strategy and the One Year Plan, the subsequent Council Delivery Plan was approved, and this set out milestones and deliverables to achieve the Council's priorities. Alongside that budget programmes were also implemented to enable delivery of a financially sustainable Council aligned to the Council's Medium Term Financial Strategy.

1.6 At the same time, the Council introduced the Committee System and Adult Care saw the introduction of Care Quality Commission Assurance, Integrated Care Systems, Fair Cost of Care, Charging Reforms, Office of Local Government and increasing demand for all of our services and supports. These were all undertaken during the COVID pandemic and ongoing recovery.

1.7 It is recognised and noted that the last two years has seen a period of significant change for our workforce and the people of Sheffield. For our workforce, services, and teams to flourish and deliver outstanding services and supports to the people of Sheffield it is important that we celebrate our successes, consolidate, and move forward with refreshed priorities for 2023 – 2025, building on the strong foundations we have developed over the last two years.

1.8 Due to this, this paper sets out an update on our performance and the activities that we said we would deliver to achieve our vision and outcomes set out in the Adult Care Strategy and our change programme, and the activities that we said we would deliver as part of the One Year Plan and Council Delivery Plan.

1.9 Alongside this, a Strategy Refresh and Directorate Plan 2023 – 2025 to align all activities into one plan and set out our priorities and roles and responsibilities in going forward have been brought as a separate paper to the September Committee.

2.0 The Strategy Delivery Plan Update: Impact and Progress Made

2.1 Adult Care Performance and Quality Update

2.1.1 When developing the Strategy and our accompanying future design, it was acknowledged that we needed to improve the outcomes, experiences that people of Sheffield had of care and that we also needed to improve our performance in relation to delivering accessible, timely and effective services. This was set out in reports to Scrutiny Committee and Co-Operative Executive.

2.1.2 In line with the Performance Framework and Cycle of Assurance approved at Committee on 14th June 2023, a performance dashboard has been implemented which aligns National Adult Care Outcomes (ASCOF Measures), our I statements set out within our Adult Care Strategy (Our Measure of success of the Strategy), Adult Care and Councils Key Performance Indicators aligned to our legal duties and director assurance, Office of Local Government (OFLOG) Measures for Adult Care and CQC I Statements against the strategic outcomes set out in our Strategy living the life you want to live.

2.1.3 The purpose in undertaking this task is to simplify our performance information into one place and enable us to communicate transparently how we are delivering upon the outcomes in our strategy as well as local and national outcomes. It also enables our performance clinics to review the data to inform continuous improvement actions. The Adult Care Performance Dashboard is attached at Appendix 2.

2.1.4 To embed the measures as part of our performance improvement, each Assistant Director will use the measures as part of their Business Management Improvement Plans and Service Performance Clinics which were outlined in the performance management framework agreed at Committee in June 2023.

2.1.5 The highlights from the Dashboard are that Adult Care has improved in relation to:

- ✓ Our delivery of regulated care – approximately 8 out of 10 Care Homes are rated as good or excellent.
- ✓ Our impact on people in relation to improving safeguarding outcomes and reducing risk.
- ✓ How people feel safe and secure with services and with that feel confident in the workforce supporting.
- ✓ Our support to unpaid carers and the proportion of people who feel that they have more choice and control over their lives.
- ✓ Our performance in relation to reviews and timescale to deliver support.

2.1.6 The areas of priority identified from the dashboard for going into next two years are to continue to build and improve our:

- ✓ Performance and trajectory towards achieving the very best outcomes for people of Sheffield.
- ✓ Delivery upon safeguarding wellbeing outcomes and responsivity.
- ✓ Support to Unpaid Carers, so that unpaid carers feel supported and involved in decisions about care for the people they support.
- ✓ Support to people with a learning disability and adults experiencing mental ill health to live more independently in their own home or with their family and to access paid employment, linked to development of our specialist services.
- ✓ Accessibility of information so that people can tell their story only once and navigate our systems easily.

2.2 Adult Care Strategic Delivery Plan Update

2.2.1 A programme alignment was undertaken during 2023 to bring together the milestones and activities from the Adult Care Strategy, Council Delivery Plan, Performance Improvements and Change Programme together and aligned to the Strategic Outcomes in our Adult Care Strategy, priorities identified by Members and the associated performance metrics.

2.2.2 In doing so, it aimed to simplify and coordinate Adult Care focus and priorities as well as enable clear communication as to outcomes throughout Adult Care, the Council and to partners about our delivery. It also enables our established service performance clinics to review progress against actions identified in the plan.

2.2.3 Appendix 1 demonstrates that good progress has been made in relation to delivering upon the activities set out in the Adult Care Strategy and the Council's One year plan and Council Delivery Plan both in terms of performance and achievement of milestones. Key highlights of activities completed over the last two years have been.

Safe and Well	**Active and Independent**
✓ Improvements in our Safeguarding Performance and Quality and Continuity of Care ✓ Introduction of an Adult Multi-Agency Screening Hub to promote a partnership approach to safeguarding. ✓ Establishment of a safeguarding delivery plan and cycle of safeguarding report to Committee ✓ Implementation of improvements to how we deliver Deprivation of Liberty. ✓ Establishment of Market Shaping Statements and a Quality Board to set standards of Care. ✓ Development of a new hospital discharge model.	✓ Improvements in our performance in relation to hospital discharge, reviews and clearing backlogs. ✓ New information and advice hub which is gaining around 50,000 contacts and making it easier to access information. ✓ New Direct Payments Strategy and improvement programme which is promoting choice and control ✓ New models of independent living and a transformational homecare contract which stabilised and developed our homecare market. ✓ New models of supported living and day activities which further promote how we support people with a learning disabilities and experiencing mental ill health.
Connected and Engaged	**Aspire and Achieve**
We established and implemented a ✓ Increased referrals to the Carers Centre and a closer working relationship between the Centre and Adult Care. ✓ Joined up offer for all Carers through Carers Centre ✓ Carers Delivery Plan to improve the lives and outcomes of unpaid Carers ✓ A co-production plan and co-design of a festival of involvement and citizens involvement hub which provide foundations for embedding peoples voices across all of Adult Care	Establishment and implementation of: ✓ City Wide, Joint Health and Care Autism Strategy, Emotional and Mental Health Strategy, Learning Disability Strategy, Physical Health Strategy ✓ Early Intervention Delivery Plan and community partnerships ✓ Changing Futures Programme to tackle inequalities and multiple disadvantage which is delivering positive outcomes. ✓ New approach to transitions as a partnership with children services.

2.2.4 In line with Members Policy Priorities we will continue into our refreshed Strategy and Directorate Plan 2023 – 2025 to enable these to be embedded and flourish. These are:

Strategic Outcomes	Priorities
Safe and Well	Safeguarding Adults Quality and Sustainability of Care Prevention of Admission and Timely Discharge from Hospital
Active and Independent	Wellbeing, Emotional and Mental Health Disability Friendly City Living and Ageing Well
Connected and Engaged Aspire and Achieve	Unpaid Carers Citizen Leadership, Involvement and Personalisation Early Intervention, Prevention and Community Connection
Efficient and Effective	Valued Workforce Effective Governance and Financial Resilience Climate and Net Zero

2.2.5 Continuous improvement will be woven in throughout delivery of change and business as usual to ensure that we continue to build on best practice and learn as we progress.

3.0 HOW DOES THIS DECISION CONTRIBUTE

3.1 Organisational Strategy

3.1.1 Living the life, you want to live – the Adult Social Care Strategy 2022- 2030 drives the implementation of our ambitious plans for social care in Sheffield over the next decade.

3.1.2 The strategy met the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. The Delivery Plan update augments this with further detail on how the outcomes were achieved.

3.2 Health & Care System Alignment

3.2.1 The overall strategy was developed in alignment with the Joint Health & Wellbeing Strategy (2019-2024), developed by Sheffield Health & Wellbeing Board, our Joint Commissioning Intentions with NHS colleagues as well as the South Yorkshire Integrated Care Partnership Strategic Plan.

3.2.2 The update to the Delivery Plan and the accompanying Strategy Delivery Plan refresh 2023 – 2025 continues with this alignment and will be delivered working closely with health partners both on a city and regional basis.

4 HAS THERE BEEN ANY CONSULTATION?

4.1 A crucial element in the successful delivery of the 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.

4.2 To enable this, the governance structures 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 so that people with lived experience are equal partners in the delivery of our strategic plan, which has been taken forward through our festival of involvement undertaken throughout the summer.

4.3 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. Our Involvement Delivery Plan was approved by the Adult Health and Social Care Policy Committee in December 2022 and sets out how we aim to achieve those ambitions,

5 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

5.1.1 The strategy was supported by a comprehensive equality impact assessment, which can be found on the Council website Our Social Care vision and strategy This is being kept under review.

5.1.2 The additional detail in this Strategy Delivery Plan does not alter this assessment, although does add a layer of detail.

5.1.3 In the Strategy Delivery Plan Refresh 2023 - 2025 presented at Committee in September 2023, which accompanies this report, there is additional focus on ensuring that we have appropriate attention to equality, diversity, and inclusion and a specific equalities statement has been appended to that report. In particular, we will be looking to incorporate recommendations from the recent findings of the Sheffield Race Equality Commission report and to ensure that our workforce strategy has a diverse workforce at its heart.

5.1.4 Many constituent parts of the Strategy Delivery plan will require their own detailed equality impact assessment, which will be completed to inform plans and decision making. Examples of this are the Learning Disability Strategy planned for November 2023 Committee.

5.2 Financial and Commercial Implications

5.2.1 The strategy was supported by a financial strategy, which can be found on the Council website Our Adult Social Care vision and strategy (sheffield.gov.uk), and is closely aligned with the budget strategy.

5.2.2 The additional detail in this Strategy Delivery plan does not alter this strategy, although does add a layer of detail.

5.2.3 All individual components will be assessed for their financial contribution to this finance strategy and the Council’s budget. This will be used to inform both plans and decision-making.

5.3 Legal Implications

5.3.1 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.

5.3.2 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.

5.3.3 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 demonstrates how we are already delivering on commitments and sets out a clear plan for 2023 and up to 2030.

5.4 Climate Implications

5.4.1 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 adapting to climate change.

5.4.2 Elements of the Strategy Delivery Plan with a significant climate impact, will continue to be considered and reviewed, developing a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:

- Supported living, day services and respite care for working age adults
- Approval of new technology enabled care contract extension and strategy
- Adults Health and Social Care Digital Strategy
- Transforming Care Homes for Citizens of Sheffield
- The Climate Impact Assessment for Recommissioning Homecare Services

5.4.3 It is planned to bring a specific Climate Action Plan to Committee as a refreshed priority within our 2023 – 2025 plan. The plan will cover how Climate Impact Assessments are done across the service, what the common themes are, how these can be addressed consistently.

5.5 Other Implications

5.5.1 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.

6 ALTERNATIVE OPTIONS CONSIDERED

6.1 Do Not Provide an Update on The Strategy Delivery Plan Progress – When the Strategy Delivery Plan was approved by Committee in June 2022 the was a commitment to review the plan regularly and by not reviewing, we would not be meeting that commitment. Due to the significant amount that has been delivered on the plan, leaving it as it would make it harder to identify the priorities for 2023.

6.2 A different delivery plan - The real options for the delivery plan are around the individual elements, which will be worked through as part of the constituent pieces of work. These will be worked through in different ways, with many of them resulting in their own future reports to the Committee.

7 REASONS FOR RECOMMENDATIONS

7.1 Reasons for Recommendations

7.1.1 An approved delivery plan for the strategy for 2023 gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.

7.1.2 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 impact and will provide an additional mechanism to input to future development.

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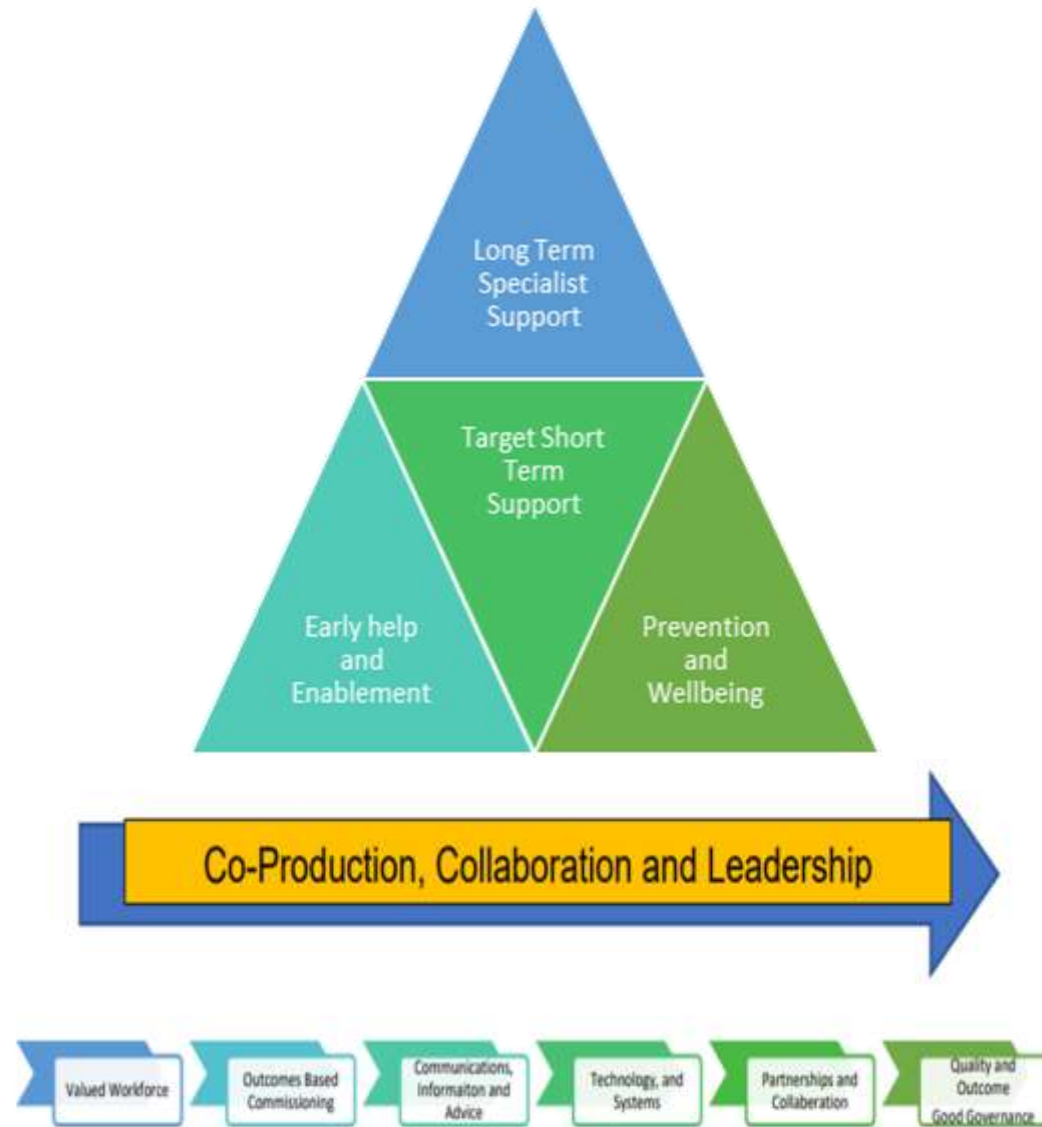
Our Vision

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.

On 16TH March 2022 Cooperative Executive approved our Strategy – Living the Life You Want to Live



Our New Operating Model for Adult Care was agreed in November 2022 to help us deliver on our Strategy – Living the Life You Want to Live

To deliver on our vision, strategy and strategic outcomes, a new operating model was launched in April 2023. This aims to establish a community connected and joined up approach across social care and partners to enable young people, adults, older adults and unpaid carers to achieve their personal outcomes, live independently, safely, and well in communities across Sheffield and tell their story only once.

We want individuals, families, and carers to have easy access to excellent quality social care services and have positive experiences as part of the new operating model.

A programme of activity to implement and embed the operating model is structured around our five strategic outcomes and partnerships with colleagues across the City, South Yorkshire and Yorkshire and Humber. This also includes milestones set the Council Delivery Plan and alignment to the Sheffield Joint Health & Wellbeing Strategy.

Safe and Well
- Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.

Aspire and Achieve
- "Everyone has the right to have purpose and meaning in their lives. We support people to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning".

Independent and Active
- "Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We'll work to simplify the adult social care system, but we know that some people will still need support to access it: we will advocate for people who may need it.

Connected and Engaged
- "Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs

Efficient and Effective
- "Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, led, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions".

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Safe and Well

"Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances."

What Are Our Key Measures and Targets for Each Priority?

Priority 1 - Safeguarding

- Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital)
- Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital)
- Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital)
- DoLS Applications received per 100,000 Adults (NHS Digital)
- Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (CQC)
- % referrers who received feedback about a safeguarding referral from Adult Care
- % Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)
- Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)
- % of safeguarding referrals screened in one working day
- Median number of days to complete S42 Safeguarding enquiries, taking into account Making Safeguarding Personal and personal circumstances.

Priority 2 - Quality and Sustainability of Care

- ASCOF 1A: Social care-related quality of life score (based on several questions)
- ASCOF 1J: Adjusted 1A - Social care-related quality of life score - impact of social care services (excluding non-social care related factors) (OFLOG Measure)
- People who use services who feel safe. (ASCOF 4A)
- People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)
- ASCOF 3A: Overall satisfaction of people who use services with their care and support
- % regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain
- % of Regulated Care – Care Homes - rated good or outstanding
- % of Regulated Care – Community based services – rated good or outstanding
- % of domiciliary care staff with face-to-face contact absent due to Covid-19
- Number of domiciliary care staff with face-to-face contact employed
- Home care waiting list (In People) (Based on daily referral rates)
- % of Care home staff absent due to Covid-19
- Number of directly employed care home staff
- % Care Home Bed Occupancy
- I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.

Priority 3 - Prevention of Admission and Discharge from Hospital

- % acute hospital beds occupied by those medically fit for discharge for over 7 days
- Number of people awaiting support from Adult Care in Acute Hospital Beds (based on average daily referral rates)
- Number of referrals for carers support from hospital services.
- Number of referrals to home first service
- Number of s42 enquires undertaken in hospital setting
- I only tell my story once unless there are changes to 'what matters to me'

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Safeguarding	Between 2021 and 2023 we have: ⇧ Received a 52% increase in safeguarding referrals since January 2023, which demonstrates demand on Adult care. ⇧ Increased our feedback rate to referrers and this is now at 87% and supported 100% people lacking capacity to be supported by an advocate, family member or friend. ⇧ Continued to achieve a high level of Adults expressing outcomes partially or fully met (S42 enquiries). (93%) and have a positive impact on risk reduction with 87% risk removed or reduced (S42 enquiries) despite increase in referrals. ⇧ Screened a high percentage of referrals in one working day (71%) and reduced median number of days to complete s42 safeguarding enquiries to 50 and implemented an improvement programme to enable both to reach targets set by April 2024 on a sustained basis. To improve our performance, we have: - ✓ Implemented a safeguarding delivery plan and a cycle of assurance to build a governance structure and approach to continued learning and development of safeguarding. ✓ Worked with partners to develop an Adult Multi-Agency Screening Hub as a partnership approach towards the response and prevention of abuse and harm. ✓ Implemented an improvement programme to reduce DoLs backlogs and deliver a safe and sustainable approach to deprivation of liberty. ✓ Completed actions identified in a commissioned internal audit report and a thematic review of the Board. ✓ Transferred Mental Health Social Workers back to Sheffield Council and with that brought together safeguarding functions across mental health, substance misuse and adult care into a joined up team. ✓ A new Safeguarding Board Model in which there is a now a dedicated Adult Safeguarding Board Manager and team so that Adult Safeguarding can be prioritised in the City.	Over the next 2 years we will continue to embed and grow: ✓ Safeguarding Responsivity - Our response to safeguarding referrals in 1 working day and completing enquiries in 28 days, where appropriate, so that we know we are delivering timely and responsive approaches to safeguarding concerns. ✓ DoLS Sustainability and Responsivity - A sustainable DoLs Service which there is no backlogs and responsivity to renewals and referrals so that we are protecting peoples rights. ✓ Making Safeguarding Personal – Continue to embed and improve our impact to remove and reduce risk and outcomes, so that we sustainably achieve a high level of risk reduction and satisfaction. ✓ Prevention – Our prevention approaches including developing a prevention strategy and launching a power of attorney campaign. ✓ Governance and Transparency - The safeguarding delivery plan as an approach towards transparency and accountability in our performance and a focus on continual learning and development. This includes, continuing to embed our safeguarding assurance frameworks so that we have self evaluation, audit and learning as core to continuing to improve our performance. . ✓ Proportionality – Develop and implement a partnership risk responsibilities and accountabilities so that safeguarding referrals are proportionate for the individual and carers. ✓ Adult MASH and Partnerships - Adult Multi-Agency Screening Hub as a centre for excellence and partnership working and our connections and engagement with communities, carers and partners so that we continued to develop partnership approaches to prevent and respond well to safeguarding concerns.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

<table>
<tr><td></td><td>✓ Commissioned a thematic review of the Safeguarding Board and from this implemented an action plan so that we have an outstanding approach to safeguarding in the City.</td><td></td></tr>
<tr><td>Quality and Sustainability of Care</td><td>Between 2021 and 2023 we have:

⇧ Increased our % regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain (84%)
⇧ Increased our % of care homes and community-based services rated good or outstanding (86%)
⇧ Increased our % of people who use services who say that those services have made them feel safe and secure (85%)
⇧ Increased % people who use services who feel safe (66%)
⇧ Maintained a stable market with low number of exits from the market.

To improve our performance, we have: -

✓ Brought back Adult Commissioning to Adult Care and further developed and expanded the team to include a specific focus on quality.
✓ Implemented recommissioning programmes related to homecare, day activities, supported living and extra care to achieve long term market sustainability and quality of care.
✓ Delivered a Market Position Statement, Market Sustainability and Oversight Plan and Quality Standards to set standards and sustainability for the Market as well as enabling providers to have the information they need to develop new business models.
✓ Delivered Market shaping statements for mental health,
✓ Improved our governance of quality of care through developing a joint quality board with health services as well as a monitoring and advisory board chaired by Members.
✓ Delivered a proposal for improving infection control across regulated provision.
✓ Completed a fair cost of care exercise and reported these to Committee.</td><td>Over the next 2 years we will continue to embed and grow:

✓ <u>Governance</u> - Our Monitoring and Advisory Board and scrutiny oversight of quality of care in the City, supported by a providers forum and board.

✓ <u>Quality Monitoring</u> - Our quality monitoring and quality assurance function so that there is a quality improvement function across all regulated and non-regulated provision in the City in line with decisions made at Committee.

✓ <u>Excellent Quality and Sustainable Residential Care</u> - Our residential care offer by completing the remodelling and recommissioning of residential care in the City.

✓ <u>Excellent Quality and Sustainable Community Care</u> - Our homecare, day activities, supported living and extra care long term sustainability by completing mobilisation of the services and developing a collaborative approach across our adult future options, mental health and living and ageing well services.

✓ <u>Infection Control</u> - Our approach to infection control, taking learning from COVID and implementing our infection control provision.

✓ <u>Market Position Statements</u> - Our Market Shaping and sustainability of care across the City. Through updating our plans and regularly</td></tr>
<tr><td>Prevention of Admission and Timely Discharge</td><td>Between 2021 and 2023 we have: -

⇧ Reduced the % acute hospital beds occupied by those medically fit for discharge for over 7 days by 50%.
⇧ Reduced the number of people waiting for Adult Care support from 140 people to 10 people.
⇧ Increased the number of referrals for carers support from hospital services so that carers are supported.
⇧ Increased number of referrals to homefirst service and with that supporting people to improve their living conditions and situations.
⇧ Continued to discharge the most amount of people from pathway 1 across Yorkshire & Humber.

To improve our performance we have: -

✓ Established a joint programme with health colleagues across the City to develop an integrated model of working which prevents admission to hospital and enables people to return home from hospital when they are well. This has been reported to Committee and is planned for six monthly updates as part of our cycle of Assurance.
✓ Brought back trusted assessors into core hospital team offer and this has positively reduced waits and established sustainability of approach.
✓ Delivered a test of change and improvement programme relating to short term support and enablement provision, including new approaches to assessment and review.
✓ Delivered a transformation programme to stabilise our homecare workforce and grow to support discharge from hospital. Homecare waits are now reduced.
✓ Implemented an improvement programme relating to our somewhere to assess provision to build capacity and ensure timely response where needed. Its aimed that this will be concluded
✓ Established a joint project and funding with health colleagues to reduce number of waits for people experiencing mental ill health, autistic people and people with a learning disability to be discharged when well.</td><td>Over the next 2 years its aimed to embed and grow

✓ <u>Sheffield Discharge Model</u> – Implement and continue to further develop our model with partners across the city so that people are discharge on the same day they are medically fit for discharge.

✓ <u>Making Discharge Personal</u> – implement a personalised approach which looks at outcomes achieved and risk reduction akin to Making Safeguarding Personal so that our focus is on outcomes for people.

✓ <u>Support to Unpaid Carers</u> – continue to increase our referrals to Carers centre to support families and unpaid carers at a time of crisis.

✓ <u>Enablement and Homecare –</u> implement and further develop our homecare and enablement model so that people can return home when well and live independently. We want to reach a position of no waits.

✓ <u>Mental Health</u> – Implement and continue to further develop our model with partners across the city so that people experiencing mental ill health, autistic people and people with a learning disability are discharge on the same day they are medically fit for discharge.

✓ <u>Somewhere to Assess</u> – implement our somewhere to assess and residential offer so that we have no waits for this reason on a sustainable basis.</td></tr>
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ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Aspire and Achieve and Connected and Engaged

"Everyone has the right to have purpose and meaning in their lives. We support people to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning".

"Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs.

What Are Our Key Measures and Targets?

Unpaid Carers

- ASCOF 1C(2B): The proportion of carers who receive direct payments.
- ASCOF 1C(1B): The proportion of carers who receive self-directed support.
- ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would
- ASCOF 3B: Overall satisfaction of carers with social services
- ASCOF 1D: Carer-reported quality of life (OFLOG)
- ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for
- ASCOF 3D (2): The proportion of carers who find it easy to find information about services. (OFLOG)
- New referrals to the Sheffield Carers Centre
- New referrals to the Sheffield Carers Centre made by adult social care.
- No. Assessments by Carers Centre- Tier 1.
- No. Assessments by Carers Centre- Tier 2
- No Carers Support Plans in Place
- I have balance in my life, between being a parent, friend, partner, carer, employee.

Citizen Leadership, Involvement and Personalisation

- ASCOF 1B: The proportion of people who use services who have control over their daily life.
- ASCOF 1C(2A): The proportion of people who use services who receive direct payments.
- ASCOF 1C(1A): The proportion of people who use services who receive self-directed support.
- ASCOF 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like.
- I feel that I have a purpose.
- I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
- I am listened to and heard and treated as an individual.
- I know that I have control over my life, which includes planning ahead.
- I know that I have some control over my life and that I will be treated with respect
- I can make a choice on whether I move into a care home, and where and with whom I live.
- I can manage money easily and use it flexibly.
- When I need support, it looks at my whole situation, not just the one that might be an issue at the time.
- We start with a positive conversation, whatever my age.
- I only tell my story once unless there are changes to 'what matters to me'

Early Intervention, Prevention and Community Connectivity

- ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG)
- ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG)
- Number of contacts to First Contact (Rolling 12 Month Total)
- % increase in referrals to First Contact Annually
- % of people referred to First Contact who did not require long term support
- The system is easy to navigate. I know how and where I can get the support I need when I need it.
- I know what services are available and can make informed decisions.
- I know where to go and get help.
- I know what services and opportunities are available in my area.
- I can have fun, be active, and be healthy.
- I am confident to engage with friends/support services.

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Unpaid Carers	Between 2021 and 2023 we have: - ⇧ Increased the proportion of carers who receive direct payments and Proportion of carers who reported that they had as much social contact as they would like. ⇧ Increased the carer reported quality of life and overall satisfaction of Carers with social services. ⇧ Increased referrals to Carers Centre and the number of assessments and support plans in place ⇧ Increased the proportion of carers who report that they have been included or consulted in discussion about the person they care for and the proportion of carers who find it easy to find information about services. (OFLOG) To improve our performance, we have: ✓ Established and implemented a Carers Delivery Plan to deliver upon our carer's strategy. The Delivery Plan was approved at Committee on 19/12/2022. We have implemented a cycle of assurance by which we will have an annual report on our progress made and impact on carers. ✓ Implemented a series of events to promote Unpaid Carers and supported increased awareness across the Council. ✓ Recommissioned carers provision to establish a single outcomes focused service via Carers Centre. ✓ Transferred mental health carers support from SHSC to the Carers Centre so that a more holistic approach could be undertaken in supporting carers across the City. ✓ Established a dedicated carers support team within Adult Future Options. ✓ Carers Operational Group was started. The group oversees and improves the number of carers referred from Adult Care to the Carers Centre. The impact of this is an over 40% increase in referrals to the carers centre. ✓ The process and guidance have been launched on how to add young carers to our register and support.	Over the next 2 years we will continue to embed and grow: ✓ Partnerships - Our partnerships with Carers Centre, VCF and health services so that we can continue to promote and value unpaid carers. ✓ Communities and Social Contact - Build our informal offer across and in communities so that Carers have increased supports and opportunities for social contact. ✓ Practice and Awareness - Practice development sessions and awareness raising to continue to increase referrals to carers centre and involvement of carers in discussions about the person they care for and to ensure we are working to NICE Guidance. ✓ Whole Family Approaches - Our whole family approach to assessing and supporting carers including referring more carers from adult social care to the Sheffield Carers Centre and promote identification of young carers and parent carers. ✓ Awareness and Understanding - Our campaigns and awareness raising activities so that we increase understanding and support to unpaid carers. ✓ Carers Health Checks - Carers health checks so that Carers are safe and well

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Citizen Leadership, Involvement and Personalisation	Between 2021 and 2023 we have: ⇧ Increased the proportion of people who use services who have control over their daily life and the proportion of people who use services who receive direct payments. ⇧ Increased the proportion of people who use services who reported that they had as much social contact as they would like. ⇧ Gained feedback from our first I statements survey as to how our services are performing. We know from that that people feel supported and in control, but we need to improve our access to services and ease of navigating our systems. To improve our performance we have: - ✓ Implemented a citizens involvement hub to co-design a best practice approach towards embedding co-production and individual's voices and views across all of Adult Care. ✓ Established a Co-production and Engagement Strategic Delivery Plan in December 2022. This has developed from strength to strength with a festival of involvement taking place in summer 2023 to inform next steps ✓ Embedded a Customer forum through the Safeguarding Partnership Board to ensure peoples voices drive our approach to Safeguarding. ✓ Established a Direct Payments and Personalisation Strategy and Delivery Plan. A dedicated board and a series of events and partnership arrangements are in place to deliver upon the actions in the plan. Ongoing review via committee is planned every 6 months via the Cycle of Assurance and our Strategy Delivery and Directorate Plan 2023 – 2025. ✓ Launched the Direct Payments Strategy and with that sessions to increase awareness of personalisation. ✓ Implemented Direct Payment induction sessions so far and these continue to run each month. A range of other sessions are planned for the next 2 years. ✓ Implemented a new money management service and our approach to Direct Payments audits and practice.	Over the next 2 years we will continue to embed and grow: ✓ Co-Design and Citizen Involvement – continue to build and develop our approach to citizen involvement and engagement using learning from festival of involvement. ✓ Customer Service Standards – work towards customer service standards by ensuring individuals voices and feedback are embedded across all parts of adult care continuous improvement activity. ✓ Personalisation - Our partnerships that we can continue to promote and value personalisation, self-directed support and individuals' choices and wishes. ✓ Direct Payments – our strategy and approach to direct payments building upon learning and successes over last couple of years. ✓ Citizen Leadership – embed and grow citizen leadership as a core function of adult care.
Early Intervention, Prevention and Community Connectivity	Between 2021 and 2023 we have: ⇧ Increased the % of people not needing long term support, which is in line with our strategic ambitions and operating model. ⇧ Increased the proportion of people who use services who find it easy to find information about support. (OFLOG). ⇧ Increased number of referrals to first contact which is an indicator of demand and increasing accessibility of the service. ⇧ Implemented our first I statement's and found that this reinforced our strategic intent to make adult care services easier to navigate and access. To improve our performance, we have: ✓ Implemented a new operating model in April 2023, which aims to focus more on early intervention and prevention and with that streamline and make more accessible our adult care provision. This will be our priority throughout 2023 – 2024 to complete. ✓ A Technology Enabled Care Market Position statement was approved by Committee in November 2022. Significant work has been undertaken since then with a national conference planned for September 2023 to further develop our approach. The Adult Health and Social Care Digital Strategy and delivery plan was approved by Committee in February 2023. These remain a key enabler for delivery upon our operating model and drive to earlier intervention and independent living. ✓ The Sheffield Directory was approved at Committee in December 2022 and launched in January 2023. The Directory is now receiving approximately 50,000 hits and is linked into our website and is a way of improving our Information, Advice, and Guidance Offer. The Council Website is under development and planned for completion by October 2023. ✓ Invested in additional resource in commissioning teams to coordinate our approaches to early intervention and prevention across the service and deliver upon our strategy. ✓ Through the Health & Care Partnership supported a focus on community development and building community resilience. ✓ We have worked in a joined-up way with health, voluntary sector, and housing colleagues to improve outcomes and tackle inequalities, co-develop a city wide outcomes framework and delivery plan and use the Better Care Fund (Doc 29), Better Care Fund Plan 2022 – 2023. There is also joint working across South Yorkshire Integrated Care Partnership and across Yorkshire and Humber networks, with positive ambitions for the future. ✓ A South Yorkshire Integrated Care Partnership Strategy has been developed with partners and is being implemented around 4 bold ambitions - Best start in life for Children & Young People, Living healthier and longer lives AND improved wellbeing for those with greatest need, safe, strong and vibrant communities, People with the skills and resources they need to thrive. Both Chair of Adult Health and Care Committee and the Strategic Director are part of the Board and supporting the strategic ambitions to be realised.	Over the next 2 years we will prioritise: ✓ Information & Advice - Further developing our council website for adult care and linking Sheffield Directory across the system of Sheffield so that it becomes a central hub which enables people to navigate through care. ✓ New Operating Model - Implementing our new operating model and with that a decisive shift to earlier intervention, prevention and community-based initiatives across each portfolio in adult care, aligned to our personalised approaches. ✓ MAST - Implementing a multi-agency approach and model to early intervention and prevention in partnership with communities and VCF at our first contact. ✓ Technology Enabled Care - Build and further develop our approaches to use of technology enabled care and digital working to support earlier intervention and prevention and independent living. ✓ System Wide Prevention and Early Intervention - Through the Health & Wellbeing Board, Health and Care Partnership and South Yorkshire Integrated Care Partnership support system wide approaches which tackle inequalities and build prevention approaches.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Active and Independent

"Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We'll work to simplify the adult social care system, but we know that some people will still need support to access it: we will advocate for people who may need it.

Living and Ageing Well

- ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
- ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.
- The proportion of adults 65 + in contact with Adult Care living at home.
- Overall figure of people receiving community support per 100,000 18+ population
- Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months.
- % equipment provided within timescale once assessment competed (Emergency = same day, Urgent = next day, standard = 5 day)
- Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)
- % people receiving long term support who had an annual review. (Care Act Duty)
- % adults 65 + receiving long term support who had an annual review.
- Number of Reviews Completed (rolling 12 months)
- Median no. of days to determine if support needed.
- Median no. of days to put support in place.
- Number of people awaiting an assessment for long term support (Based on average referral rate per month)

Wellbeing, Mental Health and Adults Future Options

- ASCOF 1E: The proportion of adults with a learning disability in paid employment
- ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.
- ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.
- ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment
- ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.
- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % people receiving long term support who had an annual review. (Care Act Duty)
- Number of Reviews Completed (rolling 12 months)
- Median no. of days to determine if support needed.
- Median no. of days to put support in place.
- Number of people awaiting an assessment for long term support (Based on average referral rate per month)

Disability Friendly City

- ASCOF 1E: The proportion of adults with a learning disability in paid employment
- ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.
- ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.
- ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment
- ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.
- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % people receiving long term support who had an annual review. (Care Act Duty)
- Number of Reviews Completed (rolling 12 months)
- Median no. of days to determine if support needed.
- Median no. of days to put support in place.
- Number of people awaiting an assessment for long term support (Based on average referral rate per month

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Living and Ageing Well	Between 2021 and 2023 we have: - ⇧ Maintained a lower ratio of long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population than core cities comparators. ⇧ Continued to support a higher ratio of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. ⇧ Continued to support higher numbers of people in the Community than comparators, which is in line with our strategy of promoting independent living. ⇧ Reduced our occupational therapy waiting list, our long-term assessment waiting list and increased our annual review rates. ⇧ Maintained and improved our median timescale to put support in place and reduced our homecare waits. To support this improvement activity, we have implemented: - ✓ Occupational therapy improvement programme to reduce waits and reported this through committee for scrutiny. This has included development of eligibility criteria and ensuring transparent and effective use of the Disability Facilities Grant. ✓ Review and assessment waits improvement programme to increase our reviews and reduce assessment waits and with that build a sustainable long-term model which is responsive and enables excellent practice. ✓ Homecare transformation programme to develop a sustainable and enablement focused care & wellbeing service which is focused on improving lives and outcomes for people of Sheffield. The approval to recommission homecare was provided by Committee on 15/06/2022.This has led to the award of 10 year contracts and a new model of working and stable market. ✓ Residential transformation programmes for care homes in the City. The Transforming Care Homes for Citizens of Sheffield review and high level plan was approved by AHSC Policy Committee February 2023. A new model for short term care was approved by Committee on 15/06/22 and delivered. Plan to bring updated model to Committee by December 23. ✓ Homecare services, short term intervention teams and care and assessment teams are now structured around PCN's. As a key next step, AD's living and ageing well will work with community services colleagues to develop integrated approaches with primary care networks.	Over the next couple of years we will embed and grow ✓ Occupational Therapy - Continue to report on our occupational therapy improvement programme so that we reach of our target that people receive an assessment within 28 days of referrals, and we have no backlog. ✓ Assessment & Review Rates - Continue to improve our review rates and reduce assessment waits by building a sustainable community-based model for long term support. This will be supported through our current social worker recruitment underway and development of a named worker approach. ✓ Community Integrated Model - Co-design and implement a community integrated model and multi-disciplinary working to help people avoid crisis and remain in control of their lives, closer working with primary care and shift towards early intervention and prevention as the next stage of implementation of the Target Operating Model. ✓ Residential Care – complete our remodelling of residential and somewhere to assess provision and with that establish sustainable residential provision for the City. ✓ Enablement - Build and further developing our SCC enablement offer so that all of our activity in living and ageing well is strength, outcomes focused and person led, ✓ Integrated working with Pharmacy and Primary – Continuing to establish and implement integrated approaches with Pharmacy and Primary care to improve medication management and falls prevention.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

	✓ Joint working with Pharmacy and Primary care to develop new and innovative approaches towards medication management and fall prevention.	
Adult Future Options	Between 2021 and 2023 we have: ⇧ Identified that the support to people with a learning disability, Autistic people and people with a physical disability needed to improve through our discussions with individuals and review of ASCOF measures and in particular make a decision shift to independent living. ⇧ Continued to transform care and with that reduce people in out of area placements. ⇧ Reduced our long-term assessment waiting list and increased our annual review rates. To improve our performance we have established and implemented a: ✓ New operating model which established a dedicated focus and provision for people with a learning disability, Autistic people and people with a physical disability. This went live in April 2023 and through 2023 – 2024 our priority is to build and strengthen the service and our offer. ✓ New transitions model which Adults reach into children & young people services and with that adopt a named worker approach. Its aimed that this will streamline and enhance our offer to young people. ✓ New Continuing Healthcare Team so that we can develop integrated approaches with health colleagues so that individuals experience a joint up health and care offer. ✓ Co-design of a city-wide health and care strategy and plan for supporting people with a learning disability in partnership with the Learning Disability Partnership Board. A Co-Chair has been appointed to drive forward a focus on people with a learning disability being at centre of change. The Learning Disability Partnership Board will lead implementation of the Strategy along with annual refresh on priorities. ✓ All age Autism Strategy and a Co-Chair to enable creation of an Autism Inclusive City in partnership with the Autism Partnership Board. As part of this, a new information hub will be launched in October 2023 and a city wide approach to reducing waits for access to health services has been approved at the Health & Care Partnerships. ✓ All age Physical Health Strategy to promote physical health and wellness and with that intervene early to prevent longer term harm. ✓ A Supported Living Framework with a greater emphasis on improving outcomes and aspirations for people with learning disabilities. The new contracts went live in May 2023. ✓ Recommissioning and configuration of specialist accommodation so that people can living more independent lives. ✓ South Yorkshire Housing with Support Market Position Statement for people with a learning disability and/ or autism . As a follow up from that a South Yorkshire wide group has been formed, Chaired by Strategic Director Adult Care involving social care, health, and housing colleagues to develop and implement a delivery plan which will continue into next year. An Older Persons Independent Living Strategy is under development.	Over the next 2 years we will embed and Grow: ✓ Transitions - Continue to develop our transitions offer and with that embed transitional safeguarding approaches so that we can deliver best outcomes for our young people. ✓ Disability Friendly City – Implement our All Age Autism Strategy, Learning Disability Strategy and Physical Health Strategy in partnership with the Boards so that we can enable people to live the life they want to live. ✓ Accommodation with Care – Work with housing and system wide health partners to further develop our accommodation offer. ✓ Enablement –Build and further developing our SCC enablement offer so that all of our activity in Adult Future Options well is strength, outcomes focused and person led, ✓ Employment - Build and establish partnerships so that we can increase the offer to people with a learning disability, Autistic people and people with a physical disability. ✓ Physical Health – Work with health partners to implement the physical health strategy so that we can promote physical heath of people with a learning disability and autistic people.
Wellbeing and Mental Health	Between 2021 and 2023 we have: ⇧ Identified that the support to people experiencing mental health or who are vulnerable due to trauma disability needed to improve through our discussions with individuals and review of ASCOF measures and in particular make a decision shift to independent living. ⇧ Continued to transform care and with that reduce people in out of area placements. ⇧ Reduced our DoLs backlogs and continued to improve our AHMPS offer. ⇧ Reduced our long-term assessment waiting list and increased our annual review rates, To improve our performance, we have established and implemented a: ✓ Transformation programme which returned mental health social workers back to line management of adult social care following decision by Cooperative Executive on 1st April 23 and to meet our legal requirements. An update regards mental health provision and future model is planned for November 2023 Committee as part of our cycle of assurance. ✓ All Age Mental Health and Emotional Wellbeing Strategy. This was approved by the Adult Policy Committee on 8 February 2023. The Mental Health Partnership Board will lead implementation of the Strategy along with annual refresh on priorities. ✓ Refresh the Sheffield Mental Health Guide to extend the guide to include children's services.. ✓ Delivery of a joined-up approach to tackling inequalities and multiple disadvantages across Sheffield through design and implementation of the Changing Futures Programme. .	Over the next 2 years we will embed and Grow: ✓ Recovery City – co-design a model of working which supports and enables people to live independently, recover and prevent need for care and support. This looking at our prevention offer, enhanced support to people who have multiple needs and accommodation offer. ✓ Transitions – Work with partners as part of our return of mental health social workers to build robust transitions offer for young people, taking into account learning from transitional safeguarding. ✓ Physical Health – Work with health partners to implement the physical health strategy so that we can promote physical heath of people experiencing mental ill health and / or who are vulnerable adults. ✓ Employment - Build and establish partnerships so that we can increase the offer to people experiencing mental ill health.

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	✓ The recommissioning of mental health services is underway following decision at Committee on 21/09/22 with completion and update planned for November 2023 Committee, including a plan to develop prevention based approaches with VCF.	✓ Tackling Inequalities and Changing Futures – Our changing futures programme so that this becomes a sustainable model for tackling inequalities in the City.

Strategic Outcome – Efficient and Effective

"Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, led, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions".

What Are Our Measures?

Valued Workforce	Financial Resilience	Climate & Net Zero
• ASC Staff Turnover Rate – Sector Wide • ASC Sickness Days Lost – Sector Wide • Number of Posts in Adult Care Across Sector • % of Posts in Independent Sector Providers • % of Posts working for direct payment recipients • Proportion of workforce on zero-hour contracts • % workforce Black, Asian, Minority Ethnic Adult Care Workforce • Economic Contribution of Adult Care Workforce (Gross Value Added)	• Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over • Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64 • Gross expenditure (long term care £000s) per 100,000 18+ population	• Measures to be confirmed

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Valued Workforce	Between 2021 and 2023 we recognised a need to gain stability in our care workforce and with that improve continuity of care and experience of people. We also recognised a need to support and develop our local authority workforce. To value and support our workforce we implemented: ✓ The first Sheffield Adult Social Care Workforce Strategy which empowers and values our adult social care workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and implement the Foundation Living Wage for all social care workers in the city. ✓ Health and adult social care Workforce Engagement Board to drive collaboration, quality and improvement across social care and to establish foundations for delivering a joined up approach to workforce development across health and social care and involvement of our workforce and unions in improving the offer to our social care workforce ✓ Successful recruitment campaign recruitment Sheffield Cares and use of care friends for care staff which supported stability of sector during winter. In addition to this, the approach has been highlighted as a best practice with Kings Fund. ✓ Recruitment campaign to recruit to Social Workers as a partnership with Indeed. Already we have received a high level of applications. ✓ Focused on retention of local authority workforce by investing in progression routes, learning & development offers and career pathways. ✓ A workforce change was completed in 2022 – 2023 which built in automatic progression routes for social workers and for social care practitioners completed ASYE framework. Similar frameworks are in place for Occupational Therapists. ✓ There has been focus on wellbeing and promoting attendance and to this end the Adults has seen a decrease in absence to 7% ✓ The Quality Matters Practice Framework was approved by the AHSC Policy Committee in November 2022. Embedding activity is being led by the new created Chief Social Work Officer postholder and through practice reviews .	Over the next 2 years we will continued to embed and grow: - ✓ Workforce Strategy – Implement our workforce strategy so that deliver upon our ambitions to achieve Unison and GMB charters, LGA standards and investors in people. ✓ Learning and Development Offer and Social Care Academy – a standard offer and learning frameworks for all the care sector so that we can assure citizens about quality of care and support and we retain our workforce through an improved deal. ✓ PDR's – ensure all staff receive annual development reviews to support personal and professional development. ✓ Recruitment campaigns – dedicated campaigns so that we can reduce vacancies, use of temporary workforce and with that ensure continuity of care. ✓ Wellbeing – focus on wellbeing of our workforce so that our workforce feel engaged and valued as care sector staff. ✓ Our Workforce Board – Embedding the Board as a collaborative approach across the sector so that there is a collaborative approach to valuing our social care workforce. Implementing cross-sector task and finish groups to support co-design and delivery upon key elements of our Workforce Strategy.
	Between 2021 and 2023 we have: ⇧ Improved our financial position and with that delivered an improved forecast and reduction in expenditure. ⇧ Improved our governance of adult care, through transparent reporting to committee regards our performance ⇧ Improved most of our performance across adult care. To support this improvement we have implemented: -	Over the next 2 years we will embed and grow: - ✓ Performance Management System – Continue to embed continuous improvement and performance discussions at all levels across adult care so that a learning culture is embedded.

	✓ A new target operating model set out in our Future Design of Adult Social Care approved at Committee on 16/11/2022 and went live on February 2023 ✓ A Care Governance Strategy was approved by the AHSC Policy Committee in June 2023. ✓ The Performance Framework and Cycle of Assurance were approved at AHSC Policy Committee in June 2023. ✓ Service Performance Clinics are now being embedded across each Assistant Director portfolio and with performance targets being embedded into Service BMIPS and Plans to show progression. Committee workplans reflect cycle of assurance and reporting. ✓ A Joint Health & Wellbeing Outcomes Dataset which tells us the impact we are having on people of Sheffield and areas for development The Outcomes Framework has been developed and was approved at Committee on 19/12/2022. ✓ A joint health and care efficiency group has been established which promotes and enables a joint approach to achieving delivery of financial savings.	✓ Governance – Continue to build and grow our care governance approach through embedding the strategy, cycle of assurance, good practice and benchmarking. We will also seek to gain ISO9001 as an external accreditation. ✓ Financial Resilience – continuing with our approach to achieve a sustainable adult care service.

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Strategic Outcome	Performance Indicator	Milestone 23/24	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/ OFLOG	England Average
	Performance Indicator and Outcome			Latest Adult Care Position				Benchmarking (Where Available)			
Safe and Well *(Priorities - Safeguarding, Quality of Care, Prevention of Admission/ Timely Discharge)*	**Priority 1 - Safeguarding**										
	Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor	CSWO AD Access, MH and Wellbeing	Decreased	1280	22//23	1354	England Measure available only			1313
	Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor		Decreased	291	22/23	342				387
	Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital)	To Monitor		Increased	84%	22/23	81%				91%
	DoLS Applications received per 100,000 Adults (NHS Digital)	To Monitor		Decreased	481	22/23	584				601
	Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (CQC)	95%		Same	100%	22/23	100%	Benchmarking data to be confirmed			
	% referrers who received feedback about a safeguarding referral from Adult Care	85%		Increased	87%	Sept 23	74%				
	% Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)	95%		Decreased	93%	Aug 23	95%				
	Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	95%		Decreased	87%	Aug 23	93%				
	% of safeguarding referrals screened in one working day	90%		Decreased	71%	Aug 23	80%				
	Median number of days to complete S42 Safeguarding enquiries, noting exceptions where Making Safeguarding Personal principles and legal circumstances apply.	28		decreased	50	Aug 23	68				
	Priority 2 – Quality, Continuity and Sustainability of Care										
	ASCOF 1A: Social care-related quality of life score (based on several questions)	18.9	AD Commissioning And CSWO	Increased	18.5	22/23	17.5	18.5	18.8	18.8	18.9
	ASCOF 1J: Adjusted 1A - Social care-related quality of life score - impact of social care services (excluding non-social care related factors) (OFLOG Measure)	0.4		Increased	0.4	22/23	0.32	0.4	0.4	0.4	0.4
	People who use services who feel safe. (ASCOF 4A)	75%		Increased	66.6%	22/23	56.9%	67.2%	69.3%	68.8%	69.2%
	People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	85%		Increased	85.9%	22/23	79.4%	85.6%	85.1%	85.6%	85.6%
	ASCOF 3A: Overall satisfaction of people who use services with their care and support	65%		Same	58.3%	22/23	58.7%	63.1%	65.1%	63.2%	63.9%
	% regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain	80%		Increased	84.4%	Aug 23	82.7%	78.7%	78.2%	81.5%	81.5%
	% of Regulated Care – Care Homes - rated good or outstanding	85%		Same	86%	Sept 23	87%	80%	79%	82%	82%
	% of Regulated Care – Community based services – rated good or outstanding	85%		Increased	86%	Sept 23	84%	81%	84%	85%	86%
	% of domiciliary care staff with face-to-face contact absent due to Covid-19 (Capacity Tracker)	To Monitor		Decreased	0.4%	Q1 23	Q1 21 - 0.9%		0.3%		0.2%
	Number of domiciliary care staff with face-to-face contact employed (Capacity Tracker)	To Monitor		Increased	3,982	Q1 23	Q121 - 3,807		2,388		
	% of Care home staff absent due to Covid-19 (Capacity Tracker)	To Monitor		Decreased	0.2%	Q1 23	Q1 21 - 0.3%		0.3%		0.2%
	Number of directly employed care home staff (Capacity Tracker)	To Monitor		Increased	5283	Q1 23	Q1 21 - 4581		3,574		
	Home care waiting list (In People) (Based on daily referral rates)	15		Decreased	21	Aug 23	Mar 23=71	This measure is local to Sheffield and therefore not benchmarked			
	% Care Home Bed Occupancy	85%		Same	86%	July 23	85%				
	I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.	New Measure		n/a	61.9%	22/23	n/a				
	Priority 3 – Prevention of Admission and Hospital Discharge										
	% acute hospital beds occupied by those medically fit for discharge for over 7 days	10%	Deputy DASS	Decreased	10.5%	03/09/23	19%		10.7%		11.9%
	Number of people awaiting support from Adult Care in Acute Hospital Beds (based on average daily referral rates)	10		Decreased	7	05/09/23	09/2022 = 140	This measure is local to Sheffield and therefore not benchmarked			
	Number of referrals for carers support from hospital services. (Rolling 12 month)	250		Increased	273	Jul 23	2022 = 88				
	Number of referrals to Home First service	To Monitor		Increased	462	2023 YTD	2022 = 579				
	Number of S42 enquires undertaken in hospital setting (rolling 12 month)	To Monitor		Increased	160	Aug 23	111				
	I only tell my story once unless there are changes to 'what matters to me'	New Measure		n/a	44.8%	22/23	n/a				

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)			
Strategic Outcome	**Performance Indicator**	**Milestone 23/24**	**Delivery Lead**	**Direction of Travel**	**Current Position**	**Latest Period Available**	**21/22 Position Baseline**	**Core Cities Mean**	**Y & H**	**CIPFA/ OFLOG**	**England Average**
Aspire and Achieve and Connected and Engaged – *(Priorities – Unpaid Carers, Early Intervention & Community Resilience and Citizen Leadership & Personalisation)*	**Priority 4 – Unpaid Carers**										
	ASCOF 1C(2B): The proportion of carers who receive direct payments	20%	Deputy Dass (Operations) and AD Adult Commissioning	Increased	36.9%	22/23	18.6%	78.6%	75.6%	76.6%	77.6%
	ASCOF 1C(1B): The proportion of carers who receive self-directed support	100%		Same	100%	22/23	100%	97.2%	83.1%	92.2%	89.3%
	ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would	31%		Increased	30.9%	21/22	26.6%	26.7%	31.2%	27.5%	28.0%
	ASCOF 3B: Overall satisfaction of carers with social services	37%		Increased	34.7%	21/22	26.6%	33.7%	37.7%	35.1%	36.3%
	ASCOF 1D: Carer-reported quality of life (OFLOG)	7.4		Increased	7.3	21/22	7.0	7.0	7.4	7.2	7.3
	ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	65%		Increased	62.4%	21/22	56.0%	60.8%	64.7%	65.0%	64.7%
	ASCOF 3D (2): The proportion of carers who find it easy to find information about services. (OFLOG)	60%		Increased	53.3%	21/22	51.2%	52.3%	56.3%	56.5%	57.7%
	New referrals to the Sheffield Carers Centre	To Monitor		Increased	532	In Q2 2023	2022=1828	These measures are local to Sheffield and not benchmarked at the moment			
	New referrals to the Sheffield Carers Centre made by adult social care	500		Increased	199	In Q2 2023	2022=458				
	No. Assessments by Carers Centre	500		Increased	252	In Q2 2023	2022=471				
	No Carers Support Plans in Place	To Monitor		Increased	142	June 23	Mar23:133				
	I have balance in my life, between being a parent, friend, partner, carer, employee.	New Measure		n/a	47.9%	22/23	n/a				
	Priority 5 – Citizen Leadership, Involvement and Personalisation										
	ASCOF 1B: The proportion of people who use services who have control over their daily life.	77%	AD's Living and Ageing Well Long Term Support AD Access, Mental Health and Wellbeing AD Adult Future Options AD Commissioning	Increased	75.6%	22/23	68.1%	74.6%	77.2%	75.9%	76.9%
	ASCOF 1C(2A): The proportion of people who use services who receive direct payments	33%		Decreased	31.9%	22/23	34.5%	25.0%	26.7%	23.6%	26.7%
	ASCOF 1C(1A): The proportion of people who use services who receive self-directed support	100%		Same	100%	22/23	100%	94.7%	95.3%	92.0%	94.5%
	ASCOF 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like	40.2%		Increased	41.1%	22/23	36.5%	39.5%	40.2%	40.7%	40.6%
	I feel that I have a purpose.	New Measure		n/a	54.0%	22/23	n/a	These are measures local to Sheffield and therefore not benchmarked			
	I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.	New Measure		n/a	57.8%	22/23	n/a				
	I am listened to and heard and treated as an individual.	New Measure		n/a	50.0%	22/23	n/a				
	I know that I have control over my life, which includes planning ahead.	New Measure		n/a	60.8%	22/23	n/a				
	I know that I have some control over my life and that I will be treated with respect	New Measure		n/a	70.7%	22/23	n/a				
	I can make a choice on whether I move into a care home, and where and with whom I live.	New Measure		n/a	65.5%	22/23	n/a				
	I can manage money easily and use it flexibly.	New Measure		n/a	47.2%	22/23	n/a				
	When I need support, it looks at my whole situation, not just the one that might be an issue at the time.	New Measure		n/a	52.5%	22/23	n/a				
	We start with a positive conversation, whatever my age.	New Measure		n/a	63.2%	22/23	n/a				
	I only tell my story once unless there are changes to 'what matters to me'	New Measure		n/a	44.8%	22/23	n/a				
	Priority 6 – Early Intervention, Prevention and Community Resilience										
	ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG)	67%	AD Access, MH and Wellbeing And AD Living and Ageing Well Short Term Support	Increased	50.8%	22/23	48.1%	57.5%	70.5%	69.0%	77.6%
	ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG)	64.6%		Increased	63.1%	22/23	60.1%	61.9%	64.6%	62.8%	64.6%
	Number of contacts to First Contact (Rolling 12 Month Total)	To Monitor		Increased	21,971	To July 23	17,452	These are measures local to Sheffield and therefore not benchmarked			
	% increase in referrals to First Contact Annually	To Monitor		Increased	22%	22/23	27%				
	% of people referred to First Contact who did not require long term support	67%		Same	68.2%	Q1 23/24	22/23:68%				
	The system is easy to navigate. I know how and where I can get the support I need when I need it.	New Measure		n/a	26.3%	22/23	n/a				
	I know what services are available and can make informed decisions.	New Measure		n/a	36.4%	22/23	n/a				
	I know where to go and get help.	New Measure		n/a	51.1%	22/23	n/a				
	I know what services and opportunities are available in my area.	New Measure		n/a	43.4%	22/23	n/a				
	I can have fun, be active, and be healthy.	New Measure		n/a	42.5%	22/23	n/a				
	I am confident to engage with friends/support services.	New Measure		n/a	36.4%	22/23	n/a				

Performance Indicator and Outcome					Latest Adult Care Position				Benchmarking (Where Available)			
Strategic Outcome	Performance Indicator	Milestone 23/24	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Y & H	CIPFA/ OFLOG	England Average
Active and Independent – *(Priorities – Living & Ageing Well, Disability Friendly City, Mental Health)*	**Priority 7 - Living and Ageing Well**										
	ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.	710	AD's Living and Ageing Well Long Term Support and Short Term Support AD Commissioning	Increased	707	22/23	659	741	611	682	539
	ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82%		Increased	85.0%	22/23	80.5%	81.5%	80.4%	82.6%	81.8%
	ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.	6%		n/a	Not yet available	22/23	6.1%	3.9%	2.2%	3.4%	2.8%
	The proportion of adults 65 + receiving services who are living at home.	70%		Increased	69%	Aug 23	68%	63%	59%	63%	62%
	People receiving Community Support per 100,000 65+ population	3200		Increased	3201	22/23	3109	3000	2037	2641	2132
	Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months.	To Monitor		Increased	5182	Aug 23	3968	These are measures local to Sheffield and therefore not benchmarked			
	% equipment provided within timescale once assessment competed (Emergency = same day, Urgent = next day, standard = 5 day)	98%		Increased	99.7%	Aug 23	98.6%				
	Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)	300		Decreased	1391	Aug 23	2115				
	% adults 65 + receiving long term support who had an annual review.	80%		Increased	63%	Aug 23	42%				
	Number of Reviews Adults 65 + Completed (rolling 12 months)	4300		Increased	4063	Aug 23	2786				
	Median no. of days to determine if support needed for Adults 65 +. noting exceptions where personal circumstances or legal requirements apply.	28		Increased	28	Aug 23	22				
	Median no. of days to put support in place for Adults 65 +.	28		Decreased	6	Aug 23	13				
	Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adult's 65 +	250		Decreased	354	Aug 23	719				
	Priority 8 - Wellbeing, Mental Health and Future Options										
	ASCOF 1E: The proportion of adults with a learning disability in paid employment	4.8%	AD Access, Mental Health and Wellbeing AD Adult Future Options AD Commissioning	Decreased	3.3%	22/23	3.6%	3.5%	4.9%	4.1%	4.8%
	ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family. *(Note Dedicated Adult Future Options Services Initiated 1/4/23)*	78%		Decreased	68.9%	22/23	72.9%	78.1%	79.9%	81.3%	78.8%
	ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. *(Note Mental Health Returned 1/4/23)*	NA		Decreased	9%	22/23	12%	24%	32%	30%	26%
	ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment. *(Note Mental Health Returned 1/4/23)*	NA		Same	4%	22/23	4%	5%	8%	5%	6%
	ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.	17		Increased	18.8	22/23	17.0	15.4%	17.5	17.7	13.9
	People receiving Community Support per 100,000 18 - 64 population	666		Increased	716	22/23	695	666	625	696	631
	% adults 18 - 64 receiving long term support who had an annual review.	80%		Increased	70%	Aug 23	44%	These are measures local to Sheffield and therefore not benchmarked			
	Number of Reviews Completed (rolling 12 months) for Adults 18 - 64	2250		Increased	2130	Aug 23	1245				
	Median no. of days to determine if support needed for Adult's 18 - 64 noting exceptions where personal circumstances or legal requirements apply.	28		Increased	42	Aug 23	34				
	Median no. of days to put support in place for Adult's 18 - 64	28		Increased	30	Aug 23	28				
	Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adult's 18 - 64	250		Decreased	338	Aug 23	493				
Efficient and Effective – *(Valued Workforce, Financial Resilience, Climate)*	**Priority 9 – Valued Workforce**										
	ASC Staff Turnover Rate – Sector Wide	25%	CSWO AD Commissioning	n/a	32.6%	21/22	32.6%		28.1%		30%
	ASC Sickness Days Lost – Sector Wide	8		n/a	9.9	21/22	9.9		8.7		
	Number of Posts in Adult Care Across Sector	To Monitor		n/a	16.500	21/22	16.500		10, 646		1.79m
	% of Posts in Independent Sector Providers	To Monitor		n/a	80%	21/22	80%				
	% of Posts working for direct payment recipients	To Monitor		n/a	12%	21/22	12%				
	Proportion of workforce on zero-hour contracts	15%		n/a	25%	21/22	25%		19%		24%
	% workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield	16%		n/a	16%	21/22	16%		10%		23%
	Economic Contribution of Adult Care Workforce (Gross Value Added)	To Monitor		n/a	£480m	21/22	£480m		£331m		£51.5 billion
	Priority 10 – Effective Governance & Financial Resilience										
	Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over	£1120	AD Care Governance	Lower	£1044	22/23	£1129	£1162			
	Gross expenditure (long term care £000s) per 100,000 18+ population	n/a		Same	£41,716	22/23	£41,895	£38,724	£36,370	£37,579	£37,264
	Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64	£265		higher	£277	22/23	£260	£265			

Performance Indicator and Outcome					Latest Adult Care Position					Benchmarking (Where Available)			
Strategic Outcome	Performance Indicator	Milestone 23/24	Delivery Lead		Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline		Core Cities Mean	Y & H	CIPFA/ OFLOG	England Average

Report to Policy Committee

Author/Lead Officer of Report:
Alexis Chappell, Strategic Director Adult Care and Wellbeing

Report of:	Strategic Director of Adult Care and Wellbeing
Report to:	Adult Health & Social Care Policy Committee
Date of Decision:	20th September 2023
Subject:	Adult Health & Social Care Strategy Refresh and Directorate Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	X	No	
If YES, what EIA reference number has it been given? 1148				
Has appropriate consultation taken place?	Yes	X	No	
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	X	No	
Does the report contain confidential or exempt information?	Yes		No	X

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -

*"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)."delete?*

Purpose of Report:

Sheffield's Adult Health & Social Care Strategy was approved by the Co-operative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and our social care workforce across the sector. An operating model to deliver on the strategy was subsequently approved by the Adult Care Policy Committee in November 2022.

This paper provides an update on developing a refreshed Strategy Delivery and Directorate Plan and sets out a draft Directorate plan and proposals for engagement on the draft plan.

Recommendations:

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

1. Endorses the draft Adult Care Strategy Refresh and Directorate Plan 2023 – 2025.
2. Approves and supports an engagement programme on the draft Directorate Plan throughout October and November 2023.
3. Agrees that the final Directorate Plan will be brought to Committee in December 2023 for approval.

Background Papers:

Appendix 1 – Draft Adult Care and Wellbeing Directorate Plan 2023 – 2025
Appendix 2 – Equality Impact Assessment
Appendix 3 – 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: Laura Foster
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Alexis Chappell
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.	
2	**SLB member who approved submission:**	*Alexis Chappell*
3	**Committee Chair consulted:**	*Councillor Angela Argenzio*
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: Alexis Chappell	**Job Title:** Strategic Director Adult Care and Wellbeing
	Date: 3rd August 2023	

1 PROPOSAL

1.1 Sheffield's Adult Health & Social Care Strategy was approved by the Cooperative Executive on 16th March 2022. The Strategy was developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets our vision and approach to enable people of Sheffield to live the life they want to live.

1.2 The strategy focuses on five outcomes as the guiding principles we will follow to deliver upon the outcomes. By focusing on delivery of outcomes and working in this way, we want to achieve positive experiences and outcomes through excellent quality social work and social care in the city for citizens of Sheffield. The Outcomes are: -

1.3 Delivery upon our strategy has been taken forward through development and implementation of our change programme implemented in June 2021 in response to a self-assessment completed in 2021. This in turn enabled development and implementation of a new operating model, approved in November 2022 and through our Adult Health and Social Care Strategy Delivery Plan. Updates regards implementation of the model and Strategy delivery plan were provided in March 2023 and at Committee in September 2023.

1.4 A key objective within the Strategy was to undertake an bi-annual review of progress made and to update priorities based on learning and feedback. The proposal today is to set out an updated plan based on feedback received and next steps in relation to engagement in the plan.

1.5 To develop the directorate plan, the following has been undertaken to inform the actions and priorities:

- Learning from our Festival of Involvement and complaints so that we are taking on board individuals and carers views and wishes and priorities.
- Learning from our workforce engagement and listening exercise.
- Review of learning from Corporate Peer Review, Adults CQC and Adults Peer Review, Safeguarding Thematic Reviews, Internal Audits, Trees Enquiry, Climate Impact, and equality impact assessment.
- Review of learning from Race Equality Commission and Equality Impact Assessment
- Members engagement and policy session
- Our review of our learning from performance, benchmarking data and review of actions completed and ongoing.

1.6 The plan has identified, 10 key priorities around our key outcomes in line with engagement with Members at a recent session. These are:

Strategic Outcomes	Priorities
Safe and Well	Safeguarding Adults Quality and Sustainability of Care Prevention of Admission and Timely Discharge from Hospital
Active and Independent	Wellbeing, Emotional and Mental Health Disability Friendly City Living and Ageing Well

Connected and Engaged Aspire and Achieve	Unpaid Carers Citizen Leadership and Personalisation Early Intervention, Prevention and Community Connection
Efficient and Effective	Valued Workforce Effective Governance and Financial Resilience Continuous Improvement and Learning Climate and Net Zero

1.7 To enable delivery upon the Directorate Plan, the enabler for the strategy is implementation of the new operating model and with that recruitment to the new posts to build resilience and resource to deliver upon the priorities.

1.8 As a key next step for finalising the Directorate Plan its important that we main our principles and values on wellbeing outcomes, collaboration, and robust engagement as a way of working and enabling openness and transparency in our approach.

1.9 To this end, to ensure the Directorate Plan reflects the feedback received, its proposed that a period of engagement on the Plan will take place between September and November 2023 with individuals, carers, our workforce, and partners. The results of the engagement exercise will then inform any final views and updates on the Plan and a final Plan to then be submitted to Committee in December 2023.

2 HOW DOES THIS DECISION CONTRIBUTE

2.1 Organisational Strategy

2.1.1 Living the life, you want to live – the Adult Social Care Strategy 2022- 2030 drives the implementation of our ambitious plans for social care in Sheffield over the next decade.

2.1.2 The strategy met the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. The Delivery Plan update augments this with further detail on how the outcomes were achieved.

2.2 Health & Care System Alignment

2.2.1 The overall strategy was developed in alignment with the Joint Health & Wellbeing Strategy (2019-2024), developed by Sheffield Health & Wellbeing Board, our Joint Commissioning Intentions with NHS colleagues as well as the South Yorkshire Integrated Care Partnership Strategic Plan.

2.2.2 The update to the Delivery Plan and the accompanying Strategy Delivery Plan refresh 2023 – 2025 continues with this alignment and will be delivered working closely with health partners both on a city and regional basis.

3 HAS THERE BEEN ANY CONSULTATION?

3.1 A crucial element in the successful delivery of the 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.

3.2 To enable this, the governance structures 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 so that people with lived experience are equal partners in the delivery of our strategic plan, which has been taken forward through our festival of involvement undertaken throughout the summer.

3.3 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. Our Involvement Delivery Plan was approved by the Adult Health and Social Care Policy Committee in December 2022 and sets out how we aim to achieve those ambitions,

4 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

4.1.1 The strategy was supported by a comprehensive equality impact assessment, which can be found on the Council website Our Social Care vision and strategy This is being kept under review.

4.1.2 The additional detail in this Strategy Delivery Plan does not alter this assessment, although does add a layer of detail.

4.1.3 In the Strategy Delivery Plan Refresh 2023 - 2025 presented at Committee in September 2023, which accompanies this report, there is additional focus on ensuring that we have appropriate attention to equality, diversity, and inclusion and a specific equalities statement has been appended to that report. In particular, we will be looking to incorporate recommendations from the recent findings of the Sheffield Race Equality Commission report and to ensure that our workforce strategy has a diverse workforce at its heart.

4.1.4 Many constituent parts of the Strategy Delivery plan will require their own detailed equality impact assessment, which will be completed to inform plans and decision making. Examples of this are the Learning Disability Strategy planned for November 2023 Committee.

4.2 Financial and Commercial Implications

4.2.1 The strategy was supported by a financial strategy, which can be found on the Council website Our Adult Social Care vision and strategy (sheffield.gov.uk), and is closely aligned with the budget strategy.

4.2.2 The additional detail in this Strategy Delivery plan does not alter this strategy, although does add a layer of detail.

4.2.3 All individual components will be assessed for their financial contribution to this finance strategy and the Council's budget. This will be used to inform both plans and decision-making.

4.3 Legal Implications

4.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

4.3.2 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.

4.3.3 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 demonstrates how we are already delivering on commitments and sets out a clear plan for 2023 and up to 2030.

4.4 Climate Implications

4.4.1 The Adult Social Care Strategy and Directorate 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.

4.4.2 Elements of the Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making. The elements with the most significant climate impact to date are linked below and information can be seen in Climate Impact Sections of those reports:

- Supported living, day services and respite care for working age adults
- Approval of new technology enabled care contract extension and strategy
- Adults Health and Social Care Digital Strategy
- Transforming Care Homes for Citizens of Sheffield
- The Climate Impact Assessment for Recommissioning Homecare Services

4.4.3 As part of the Directorate Plan there is a specific priority related to Climate and Next Zero which will support us to deliver upon our ambitions to contribute well to the Councils wider ambitions.

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.

5 ALTERNATIVE OPTIONS CONSIDERED

5.1 Do Not Provide an Updated Directorate Plan – When the Strategy Delivery Plan was approved by Committee in June 2022 the was a commitment to review the plan regularly

and by not reviewing, we would not be meeting that commitment. Due to the significant amount that has been delivered on the plan, leaving it as it would make it harder to identify the priorities for 2023.

5.2 A different delivery plan - The real options for the delivery plan are around the individual elements, which will be worked through as part of the constituent pieces of work. These will be worked through in different ways, with many of them resulting in their own future reports to the Committee.

6 REASONS FOR RECOMMENDATIONS

6.1 Reasons for Recommendations

6.1.1 An updated Strategy and Directorate Plan gives a structured approach to delivery of the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.

6.1.2 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 impact and will provide an additional mechanism to input to future development.

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Adult Care and Wellbeing

Directorate Plan

Version
August 2023

Sheffield City Council
Sheffield.gov.uk/home/social-care

Working with you to make Sheffield
HEALTHIER

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DRAFT

Introduction

Welcome to our Bi-Annual Directorate Plan 2024 – 2026.

The purpose of this plan is to set the key priorities which will enable us to continue deliver upon our Adult Care Strategy - Living the life you want to live and through this achieve our vision which is: -

"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 Strategy is for the period 2022 to 2030 and it builds on citywide commitments in the Joint Health & Wellbeing Strategy 2019-2024 and Shaping Sheffield 2019-2024 which provides a framework for all our changes in Adult Social Care. Its shaped around five key outcomes.

The Strategy provided us with a framework to take forward a range of developments over the past two years to improve the lives and outcomes of citizens of Sheffield and for our workforce, supported by our four-phase transformation programme.

The Strategy is operationalised through our Adult Care Target Operating Model. The new model is aimed to improve our impact on people, establish a more sustainable social care market, improve our workforce offer and establish long term sustainability. Our delivery is guided through our Council Values which provide the guiding principles for all we do:

Draft

The design reflects a model which is focused on delivering a greater range of preventative, enabling and self-help activities with partners so that we are targeted in the provision, and our use, of long-term support for those who need it.

It promotes greater independence and choices for individuals and families as well as a more sustainable long term adult social care service. It is underpinned by a focus on co-production, collaboration, and collective leadership.

Key is how we value our workforce, embed technology enabled care and outcomes-based approaches and personalisation.

The design is framed around portfolios of Living & Ageing Well, Adults Future Options, Mental Health & Wellbeing, Adult Commissioning, Care Governance and Chief Social Work Officer in which all assessment and care management, council and commissioned social care provision are led by a dedicated portfolio Assistant Director and who act as one community connected social care team who can work in partnership with colleagues across the City and South Yorkshire to enable people to live the life they want to live.

Our priority and approach is to build upon our partnerships, co-production, strength-based and outcome based models and work with individuals, carers, communities and our partners to build networks and opportunities for greater independent living and wellbeing across the city. It will lead our approach to equalities, earlier interventions, prevention, and enablement so that these are embedded across all we do.

We have sought to improve our governance through developing a Care Governance Framework, Performance Management Framework and Quality Matters Framework and regular review of our performance at Committee, set out in our Cycle of Assurance. Our aim is that these enable clear flow of information, escalation of risks and a consistent focus on driving excellent standards.

Over the initial phase of our programme and delivery of our strategy we have achieved and delivered significant improvements which are set out in our performance dashboard and strategy delivery update and can be summarized as

- ✓ Our delivery of regulated care and our impact on people – approximately 8 out of 10 Care Homes are rated as good or excellent and positive impact on safeguarding outcomes.
- ✓ How people feel safe and secure with services, feel confident in the workforce supporting.
- ✓ Our support to unpaid carers and the proportion of people who feel that they have more choice and control over their lives.
- ✓ Our performance in relation to reviews and timescale to deliver support.

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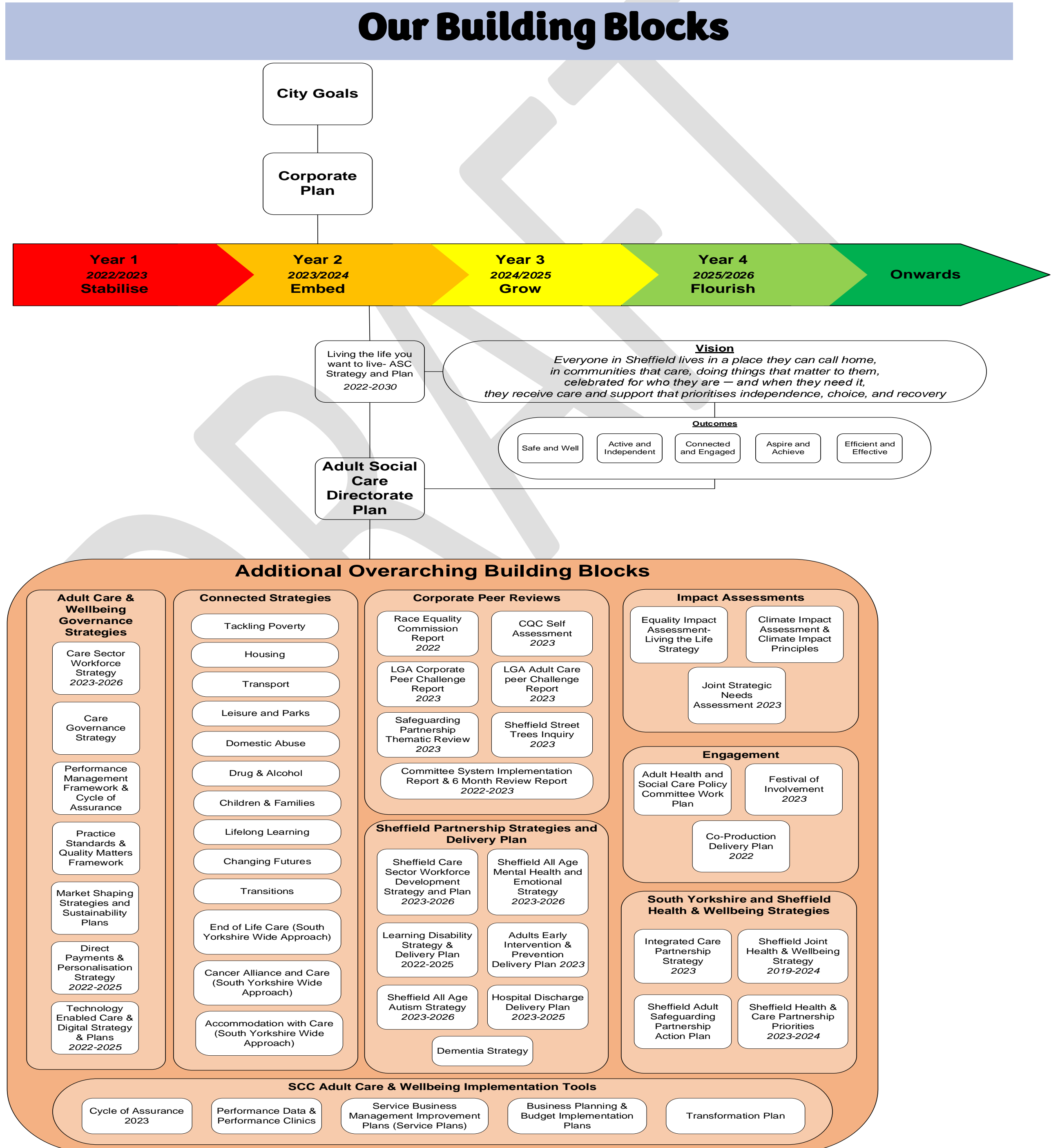
This Strategy refresh and Directorate Plan has been developed using the range of engagement feedback, data, learning, and guidance provided to us, exploring the recommendations suggested and considering how we can incorporate the desired activity in a tangible, purposeful and meaningful way to deliver positive and sustainable change as we move forward. To enable this to be accessible and clear we have structured the priorities and actions arising from this feedback around the strategic outcomes in our Strategy.

With the Directorate Plan setting the direction for our services and providing the overarching framework for activity, our individual service plans will then further underpin this, with localised detailed and measurable actions. This will ensure a consistent and accountable approach for all of us and transparent reporting on delivery.



Outcomes, Priorities and Activities

Strategic Outcome 1 - Safe and Well

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Priority 1 – Safeguarding Adults

Our ambition is to prevent abuse and neglect of vulnerable adults, with a secondary emphasis on making safeguarding personal for vulnerable adults in Sheffield.

Adult Care Senior Leads:	Our Governance:	Relevant Strategic Plan:
Chief Social Work Officer	Sheffield Adult Safeguarding Board	Safeguarding Delivery Plan

Our Measures of Success:
- Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital)
- Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital)
- Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital)
- DoLS Applications received per 100,000 Adults (NHS Digital)
- Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (CQC)

Our Measures of Success
- % referrers who received feedback about a safeguarding referral from Adult Care
- % Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)
- Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)
- % of safeguarding referrals screened in one working day
- Median number of days to complete S42 Safeguarding enquiries, noting exceptions where Making Safeguarding Personal principles and circumstances apply.

Our Key Milestones

Our priority is to have achieved and delivered: -

- ✓ Our *Adult Multi-Agency Screening Hub* (Adult MASH) as a centre of excellence for partnership working to protect people from abuse and harm and used this as a platform to develop intelligence led initiatives to prevent abuse and harm, with embedded practice and successful performance measures demonstrating an first-rate service. Further development of our Multi-Agency First Contact Hub, using the learning from our MASH pilot to inform a new triage function with our partners, encouraging wider contribution of perspectives and professional insight to ensure that the right services are involved at the start for people receiving care. We aim to establish a sustainable service, with consistently met targets.

- ✓ Our *Safeguarding Delivery Plan* and with that evidenced through our performance that Making Safeguarding Personal is fully embedded in Adult Care, we are embedding learning from SAR's into practice, screening 95% referrals within 1 day on a consistent basis and maintaining 95% people whose risk has reduced or fully reduced and outcomes fully or partially achieved.
- ✓ Our *Deprivation of Liberty Safeguarding (DoLS) Improvement Plan* to ensure a sustainable DoLs Service which there is no backlogs and responsivity to renewals and referrals so that we are protecting people's rights.
- ✓ Investment in our *Safe Space Offer* as key enablers which individuals, families or staff can easily report abuse and harm and with that removed any barriers to reporting safeguarding concerns. This is in response to feedback from citizens of Sheffield and partners through our engagement that it is not yet easy to raise concerns about abuse or harm within any health or care provision across the City.
- ✓ Launch of a *Power of Attorney Campaign* and practice development to lay foundations for increasing use of Power of Attorney as the least restrictive option.
- ✓ A revision of our *Prevention of Abuse Strategy through the Safeguarding Board* which sets out our actions and activities to prevent abuse and harm and with that use the least restrictive option to enable Citizens of Sheffield to feel safer.
- ✓ Commissioning of our *advocacy arrangements so that we can enhance the offer and* provide professional training, increase understanding and maximise capacity through peer support and volunteers.
- ✓ Build our Learning and Development offer to include *trauma informed practice, transitional safeguarding and learning from reviews* across the care sector so that our approaches are informed by best practice and benchmarking.
- ✓ Taking Learning from Race Equality Commission, Peer Challenges build our partnerships by implementing a series of workshops with Individuals, Carers, Communities, LAC's, Social Care Providers, VCF and Carers to involve in determining areas for continuous improvement, building community resilience, ensuring that our approach is equitable and ensures those seldom heard are listened to and valued.

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Priority 2 – Quality, Continuity and Sustainability of Care

Our ambition is to deliver outstanding care and support for all citizens of Sheffield.

Adult Care Senior Leads:	Our Governance:	Relevant Strategic Plan:
Assistant Director Adult Commissioning and Chief Social Work Officer	Monitoring and Advisory Board chaired by the Elected Members. This will be supported through our Joint Health and Care Quality Board and Providers Quality Board.	Market Shaping and Sustainability Plans; Quality of Care Delivery

Our Measures of Success:

- ASCOF 1A: Social care-related quality of life score (based on several questions)
- ASCOF 1J: Adjusted 1A - Social care-related quality of life score - impact of social care services (excluding non-social care related factors) (OFLOG Measure)
- People who use services who feel safe. (ASCOF 4A)
- People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)
- ASCOF 3A: Overall satisfaction of people who use services with their care and support
- % regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain
- % of Regulated Care – Care Homes - rated good or outstanding

Our Measures of Success:

- % of Regulated Care – Community based services – rated good or outstanding
- % of domiciliary care staff with face-to-face contact absent due to Covid-19
- Number of domiciliary care staff with face-to-face contact employed
- Home care waiting list (In People) (Based on daily referral rates)
- % of Care home staff absent due to Covid-19
- Number of directly employed care home staff
- % Care Home Bed Occupancy
- I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.

Our Key Milestones

Our priority is to have achieved and delivered: -

- ✓ *Robust Infection control and prevention across residential care provision* supported through dedicated investment from public health and inclusion of infection control and prevention in our quality monitoring activities.
- ✓ Use of *Early Indicators of Concern as a framework* for both highlighting early any concerns about care delivery of a provider, aligned to our new approach to recognising Organisational Abuse, and intervening early to prevent provider failure. The Quality Monitoring Team will lead this activity in partnership with the Chief Social Work Office.

- ✓ Development and implementation of a *Care Home Residential Framework* for the people who receive support in this way, including older people, people with learning disabilities and people with mental health conditions.
- ✓ *Continue close partnership working* between adult social care services and the Integrated Care Board to ensure continuation of positive relationships and in particular build upon foundations over last two years to have a shared quality strategy, approach and board with health colleagues.
- ✓ Commissioning of a learning report and action plan to *understand the further work required for cultural sensitivities needed to ensure appropriate care and support equitably*. We must understand the lived experiences of the people who use our services to ensure that all care is delivered in a meaningful, compassionate and positive way.
- ✓ *Quality Monitoring and Improvement* across all Care Provision in the City including Council, Commissioned and Non-Commissioned regulated Care so that an assurance can be given regarding quality, sustainability of care and that all individuals and unpaid carers have positive experiences of care and support and we continue to reduce risks of provider failure through a proactive and preventative approach. We will look to have a shared portal to ensure coordination of data and learning to support this and commission a review of workforce and human resources advice so that all providers in the City feel safe and able to act when there are concerns about care delivery.
- ✓ *Experts By Experience, Unpaid Carers and Mystery Shoppers* being fully involved in all of our quality monitoring activities across Adult Care from assessment to delivery of care so that we can ensure that all of our care delivery is person led, customer focused and continually improving based on feedback.
- ✓ Collaboration across the sector and with partners for sharing best practice. We will have established joined up peer review and continuous improvement activity as well as shared measures which evaluate the impact we are having on people's lives and enable system ownership of driving forward these actions.
- ✓ Update of our Market Shaping Statements to reflect learning and to embed a quarterly report which provides providers with an understanding of current market position and need to support proactive and ongoing planning of care.

Priority 3 - Prevention of Admission and Timely Hospital Discharge

Our collective ambition across health and care services in Sheffield is to prevent admission and readmission to hospital where possible so that individuals can live independently and well at home. Prevention is our preferred and local approach in Sheffield. Where individuals do require a period in hospital our collective ambition in line with the introduction of the Health and Care Act 2022 is that we make discharge personal where individuals and their families have good experiences during their stay in hospital, experience a positive, safe, and timely discharge and feel involved in planning for discharge. Partners across the city agree on and are committed to the principle of 'home first' and optimising on-going care and support through timely out of hospital assessment.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Deputy DASS (Director of Operations)	Urgent and Emergency Care Board and Discharge Delivery Group chaired by the Depute Place Director South Yorkshire Integrated Care Board. This will be supported through our Sheffield Council Discharge Operational Group to monitor and improve Adult Care Performance led by Deputy DASS.	Hospital Discharge Model and Winter Plan

Our Measures of Success:
- ➢ % acute hospital beds occupied by those medically fit for discharge for over 7 days
- ➢ Number of people awaiting support from Adult Care in Acute Hospital Beds (based on average daily referral rates)
- ➢ Number of referrals for carers support from hospital services.

Our Measures of Success
- ➢ Number of referrals to home first service
- ➢ Number of s42 enquires undertaken in hospital setting
- ➢ I only tell my story once unless there are changes to 'what matters to me'

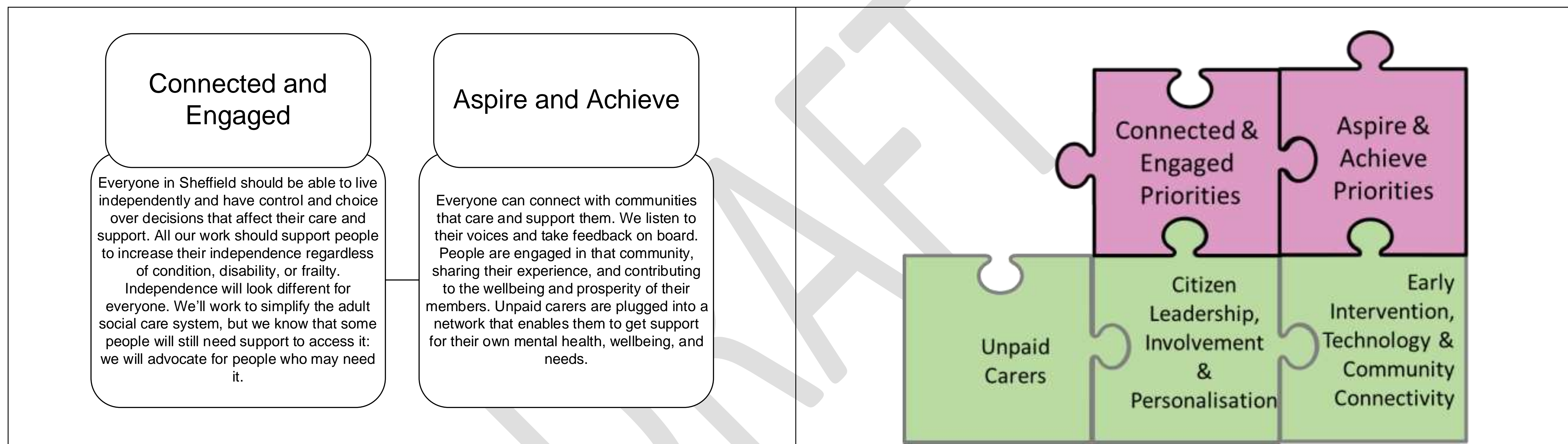
Our Key Milestones

Our priority is to have achieved and delivered:

- ✓ Our *new model for hospital discharge* as a partnership with city wide colleagues and, with that, individuals who need social care support upon discharge are assessed and gain support within 24 hours of being medically fit for discharge on a regular basis, enabling them to live independently in the place that they call home.
- ✓ A *new approach and model to supporting Autistic people, people with a learning disability and people experiencing mental ill health* to be discharged when well and where possible prevent admission.
- ✓ *Making hospital discharges personal* across Adult Care so that our focus is on improving outcomes and experiences of people being discharged from hospital and to unpaid carers.

- ✓ *Joint approaches* with pharmacy, primary care, health and VCF colleagues which continue to build upon our medication management, falls prevention and community resilience programmes to prevent admission to hospital and enable people to remain living independently at home.
- ✓ Establishing a *funding pipeline* via the Better Care Fund to support an increase in Social Worker capacity supporting discharges as well as an increase in discharge beds, resulting in a decrease in delays to hospital discharges for those fit to leave hospital safely.
- ✓ Contribution to improving outcomes and experiences of people by *supporting the development of a South Yorkshire Integrated Care Strategy* focused around prevention and wellbeing.

Strategic Outcome 2 – Connected & Engaged; &
Strategic Outcome 3 – Aspire & Achieve



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Priority 4 – Unpaid Carers Our ambition is that Sheffield is a city where Carers are valued and have the right support to continue to care for as long as they want to.		
Our Senior Leads: Deputy DASS	**Our Governance Board:** Carers Partnership	**Relevant Strategy or Delivery Plan:** Unpaid Carers Delivery Plan and Strategy: - Appendix 1 - Carers Delivery Plan.pdf (sheffield.gov.uk)

Our Measures of Success:	Our Measures of Success
➢ ASCOF 1C(2B): The proportion of carers who receive direct payments ➢ ASCOF 1C(1B): The proportion of carers who receive self-directed support ➢ ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would ➢ ASCOF 3B: Overall satisfaction of carers with social services ➢ ASCOF 1D: Carer-reported quality of life (OFLOG) ➢ ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	➢ ASCOF 3D (2): The proportion of carers who find it easy to find information about services. (OFLOG) ➢ New referrals to the Sheffield Carers Centre ➢ New referrals to the Sheffield Carers Centre made by adult social care ➢ No. Assessments by Carers Centre- Tier 1 ➢ No. Assessments by Carers Centre- Tier 2 ➢ No Carers Support Plans in Place ➢ I have balance in my life, between being a parent, friend, partner, carer, employee.

Our Milestones
Our priority is to have achieved and delivered by June 2025;

- ✓ Our *City-Wide Unpaid Carers Strategic Delivery Plan* which sets out how we will improve experiences and support to unpaid carers in partnership with the Carers Partnership Board and become Carer Friendly employers. This builds upon our partnerships with Carers and integrated working with colleagues across the City.
- ✓ *Publication of an Annual Carers Report* setting out our performance in relation to unpaid carers and our forward plan.
- ✓ A *City-Wide Campaign and Practice Model* to highlight and promote role of unpaid carers in partnership with colleagues across the City and with that increase identification and referrals to Carers Centre.
- ✓ *A* whole family approach in doing so, increasing identification of young carers, parent carers and adult carers when assessing adults with care and support needs and implement best practice, benchmarking and NICE guidelines.
- ✓ *Investment in Local Area Committees* (LACs) so that unpaid carers feel supported in their communities with community resilience and infrastructure in place to offer a range of informal support to unpaid carers. This particularly takes learning from the Race Equality Commission and our festival of involvement.
- ✓ Improving access to, information regarding and arrangements of Appointeeships.

Priority 5 – Citizen Leadership, Involvement and Personalisation

Our ambition is that the people who receive care and support feel empowered to set the direction, tone and expectations of their care to suit their lives and their own aspirations and that we will support them in doing so. Sheffielders will have everything they need to have equal access to our services, equal voices and equal opportunity to tell us what is and isn't working for them.

Our Senior Leads:	Our Governance Board:	Relevant Strategy or Delivery Plan:
Assistant Director Adult Commissioning	Direct Payments Board; Citizen Involvement Hub	Direct Payments and Personalisation Strategy and Co-Production Delivery Plan.

Our Measures of Success:

- ASCOF 1B: The proportion of people who use services who have control over their daily life.
- ASCOF 1C(2A): The proportion of people who use services who receive direct payments
- ASCOF 1C(1A): The proportion of people who use services who receive self-directed support
- ASCOF 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like
- I feel that I have a purpose.
- I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.
- I am listened to and heard and treated as an individual.

Our Measures of Success

- I know that I have control over my life, which includes planning ahead.
- I know that I have some control over my life and that I will be treated with respect
- I can make a choice on whether I move into a care home, and where and with whom I live.
- I can manage money easily and use it flexibly.
- When I need support, it looks at my whole situation, not just the one that might be an issue at the time.
- We start with a positive conversation, whatever my age.
- I only tell my story once unless there are changes to 'what matters to me'

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Expanded ongoing *engagement and co-production mechanisms* through our co-production delivery plan with existing and new networks; ensuring our involvement work is regularly reviewed and *people's voices and feedback* are embedded across all aspects of social care delivery. This includes development of our *Citizens Involvement Offer* and proceed with embedding recommendations, learning as we make these improvements and being committed to continuing this work. We want purposeful engagement that is done early, using appropriate and tailored methods, with the feedback taken into account when developing plans, strategies, processes and services.
- ✓ Upon our *Direct Payments and Personalisation Strategy and Plan* and from that enhanced our direct payments offer across the City. We will bring annual reports and hold annual events on our progress so that we recognise and celebrate progress made as well as continually co-produce and improve our offer. This includes increased *workforce training about the benefits of, and access to direct payments,* so that people can have more control over their care provision.
- ✓ Assurance that our *pathways and access points across the system are made clearer* to ensure pace, responsiveness and that appropriate support is provided when needed to those who need it most considering. This will include a new model of which supports and makes it easier to navigate our systems.

- ✓ *Commission a review of our offer to people with minority characteristics*, so that we ensure access, communication, information and outcomes are embedded to all our activity. We will proactively and creatively engage with people who receive care from minority groups to ensure that we identify blockers in our system, barriers to receiving the right support and are able to mobilise quickly to provide a resolution. This will bring us closer to our ambition to increase awareness within the systems we operate of the cultural factors affecting uptake of social care.

Priority 6 – Early Intervention, Technology and Community Connectivity

Our ambition is to support Sheffield's localized community resilience and work tirelessly to reinforce infrastructure and mechanisms working well. Communities are safe and comfortable for the people receiving care and support, they nurture each other, cultivate bonds, and thrive when services join up and work together to deliver dynamic, responsive, and proportionate services where needed.

Our Adult Care Senior Leads:	Our Governance Board:	Relevant Strategy or Delivery Plan:
Assistant Director Adult Commissioning and Partnerships and Assistant Director Access, Wellbeing, Mental Health	The Health and Care partnership Community Development Group	Early Intervention and Community Resilience Delivery Plan, Technology Enabled Care Strategy and Market Statement.

Our Measures of Success:
- ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG)
- ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG)
- Number of contacts to First Contact (Rolling 12 Month Total)
- % increase in referrals to First Contact Annually
- % of people referred to First Contact who did not require long term support

Our Measures of Success
- The system is easy to navigate. I know how and where I can get the support I need when I need it.
- I know what services are available and can make informed decisions.
- I know where to go and get help.
- I know what services and opportunities are available in my area.
- I can have fun, be active, and be healthy.
- I am confident to engage with friends/support services.

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Deliver a new *Adults Early Intervention, Prevention and Community Resilience Model* in partnership with City Wide colleagues which enables people to live independently and healthier at home for longer. This also includes ensuring timely responses to requests for support and support to navigate health & care easily.
- ✓ Deliver on our *Technology Enabled Care Integrated Approach* and strategy building upon our UK wide conference in September 2023 and become a leader of innovative and integrated working to deliver around technology around the person and become embedded across all we do.
- ✓ Greater community resilience by *enhancing supporting social care infrastructures* in order to enable choice and empowerment in local spaces for people, in ways that serve them.
- ✓ *Increased visibility, presence, and support in communities* and with individuals, ensuring familiarity through building face to face relationships and a partnership approach with Primary Care, Communities, LAC's, VCF and Faith Sector. This will include establish effective and supportive ways of working across the city, identifying local strengths and assets, in aid of building robust relationships through which people can receive the best care and thrive, our citizens and workforce can navigate easily. We will do this my involving our partners, and building relationships founded on trust, respect, awareness, challenge, and support.
- ✓ Seek opportunities and tests of change to engage in *cross-organisational working* with our colleagues who operate in the lives of people who receive care (such as housing, repairs etc), this will improve our 'one Council' culture, and accountability of us all.

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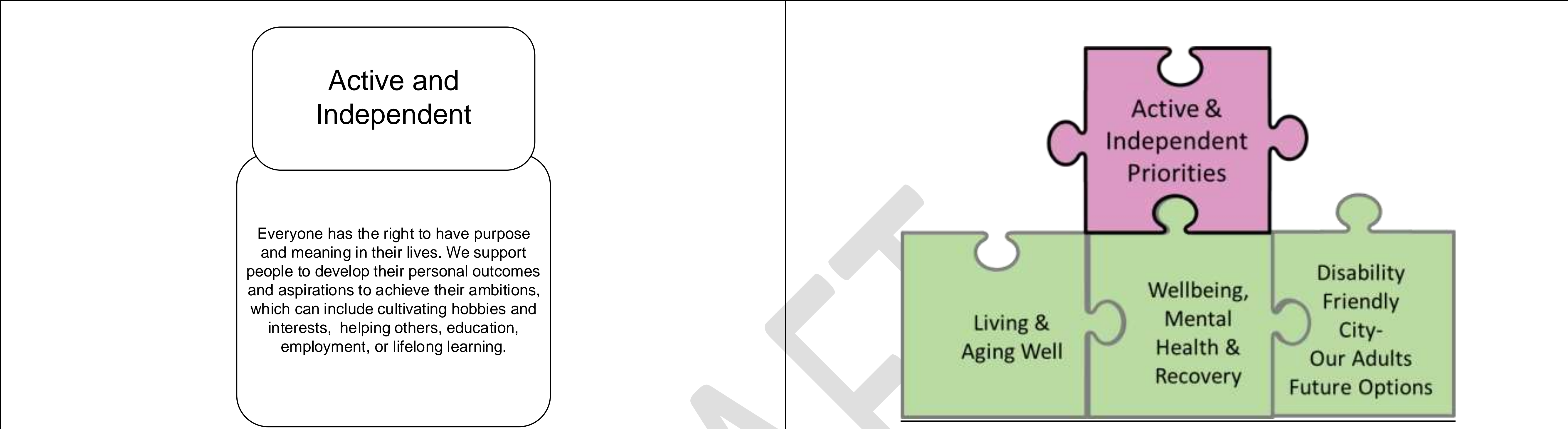
Strategic Outcome 3 – Active and Independent



Priority 7 – Living and Ageing Well

Our ambition is to drive forward our successful work so far in terms of community-based prevention, using multi-disciplinary teams that are well supported, high functioning and delivering excellent outcomes for the people who receive care and support. We will identify barriers preemptively and put in place actions to enable pace, progress and listening, ensuring that we understand needs and their complexities to help people to live happier, healthier and more independently at home for longer.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Directors Living and Ageing Well	Care Governance and Strategy Delivery supported by Dementia Strategy Group and Community Services Board	Working with People Delivery Plan, Citywide Older Adults/Aging Well Strategic Delivery Plan

Our Measures of Success:

- ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.
- ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.
- The proportion of adults 65 + in contact with Adult Care living at home.
- Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months.
- % equipment provided within timescale once assessment competed (Emergency = same day, Urgent = next day, standard = 5 day)

Our Measures of Success

- Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)
- % people receiving long term support who had an annual review. (Care Act Duty)
- % adults 65 + receiving long term support who had an annual review.
- Number of Reviews Adults 65 + Completed (rolling 12 months)
- Median no. of days to determine if support needed for Adults 65 +.
- Median no. of days to put support in place for Adults 65 +.
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 65 +
- Overall figure of people receiving Community Support per 100,000 65+ population

Our Milestones

Our priority is to have achieved and delivered.

- ✓ Our *Technology Enabled Care and Digital Solution Strategies* being embedded into our practice and new and innovative models of supporting people to live independently.
- ✓ Our Living and Ageing Well *community connected integrated model* as a partnership with city wide colleagues which promotes and enables people to live independently and well in communities that care and multi-disciplinary ways of working that deliver joined up services and supports in communities. This includes ensuring that we have a timely response to requests for assessment, equipment & adaptations, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.

- ✓ Continue to *develop our Working With People Delivery Plan* and drive forward the activities within our services to ensure that we are delivering the right services in the right way as well as being CQC compliant. This includes ensuring that we have a timely response to requests for assessment, equipment & adaptations, deliver annual reviews and deliver support in a timely way.
- ✓ The codesign of a new *Sheffield Dementia Strategy* to provide strategic direction for activity across the city and enable people to live independently, safely and well.
- ✓ Our new *transformational care and wellbeing services* focussing on individual outcomes, person centred care and community wellbeing services that maximise independence and improve our workforce offer. Through this we will see joined up services around local areas connecting health & care and ensuring responsive delivery of care in the City.
- ✓ Complete phase two of the *Care Home Residential Plan*, resulting on a one team approach between care management, internal provision and commissioned providers, which delivers outstanding and resilient care for people of Sheffield.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

Priority 8 – Wellbeing, Mental Health, and Recovery

Our ambition is to develop a community connected and joined models of care and support which enable people to live independently, safely and well and live the life they want to live.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Access, Mental Health and Wellbeing	Care Governance and Strategy Delivery Board	All Age Emotional and Mental Health Strategy.

Our Measures of Success:

- ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.
- ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment
- ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.

Our Measures of Success

- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % adults 18 - 64 receiving long term support who had an annual review.
- Number of Reviews Completed (rolling 12 months) for Adults 18 – 64
- Median no. of days to determine if support needed for Adults 18 – 64
- Median no. of days to put support in place for Adults 18 – 64
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 18 - 64

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ The implementation of the *City-Wide Mental Health and Emotional Wellbeing Strategy* as a partnership with city wide colleagues through the Mental Health Partnership Board alongside the implementation of the *City-Wide Joint Health and Care Physical Health Strategy and Plan* for supporting people to promote physical health. We will ensure that these strategies are culturally embedded into our ways of working and reflect the population and communities of Sheffield.
- ✓ A *prevention model* which improves outcomes of people experiencing mental ill health in need of care and support, promotes recovery, builds community resilience, delivers a range of informal support and preventative services in communities across Sheffield and enables people to live independently at home or homely setting as a partnership with city wide colleagues.
- ✓ Embedding our *Support and Independence Framework* which works in partnership with our mental health service provision to enable a joined-up approach to recovery in the City.
- ✓ *A recovery orientated Mental Health Social Care Service* which works in partnership with individuals, carers and city wide partners to promote and enable individuals to recover and live the life they want to live. This includes developing robust transitions offer for young people, taking into account learning from transitional safeguarding and ensuring that we have a timely response to requests for assessment, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.
- ✓ *An outstanding Approved Mental Health Practitioners Service which is benchmarked and enables timely response where people are in crisis and at risk.*
- ✓ A *city-wide long-term plan for tackling multiple disadvantage and inequality* taking the learning from and building upon our successful Changing Futures Programme as well as the insightful feedback provided from the Race Equality Commission Report.

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- ✓ A new model which promotes and enables people experiencing mental health to gain access to paid employment and meaningful voluntary and day activities.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

Priority 9 – Disability Friendly City – Our Adults Futures Options

Our ambition is to become a disability friendly city in which change is led by people's voices, and that people with a disability can live active, independent lives in the way that they want to live.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Adult Future Options	Autism Partnership Board, Learning Disability Partnership Board, Mental Health	South Yorkshire Market Shaping Statement, All Age Autism Strategy, All Age Physical Health Strategy and Learning Disability Strategy.

Our Measures of Success:

- ASCOF 1E: The proportion of adults with a learning disability in paid employment
- ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.
- ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.
- Median no. of days to put support in place for Adults 18 – 64

Our Measures of Success:

- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % adults 18 - 64 receiving long term support who had an annual review.
- Number of Reviews Completed (rolling 12 months) for Adults 18 – 64
- Median no. of days to determine if support needed for Adults 18 – 64
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 18 – 64

Our Milestones

Our priority is to have achieved and delivered.

- ✓ *Our initial priorities* set out in the All-Age Autism Strategy, Learning Disability and Physical Health Strategy and co-designed actions which will enable us to deliver upon our strategies and with that, work to becoming a disability friendly city and employers. We must ensure that these strategies are culturally embedded into our ways of working and reflect the population and communities of Sheffield.
- ✓ A South Yorkshire *five-year plan for developing specialist accommodation* with care to reduce out of area placements and improve opportunities for people to live in their own homes near their families. This will compliment and build upon a Sheffield housing, health and social care accommodation with care plan which sets out the type of accommodation with care we will develop over next 10 years to promote and enable active and independent living.
- ✓ Our Adult Futures Options *community connected integrated model* as a partnership with city wide colleagues which promotes and enables Autistic people, people with a learning disability and all people with a disability to live independently and well in communities that care and multi-disciplinary ways of working that deliver joined up services and supports in communities. This includes ensuring that we have a timely response to requests for assessment, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.
- ✓ A new model which promotes and enables people with a learning disability, autistic people and people with a physical disability to gain access to paid employment and meaningful voluntary and day activities.
- ✓ Embedding of our *new model to improve our transitions offer* and experiences for young people who will need ongoing support as an adult and their families.
- ✓ *Reviews in partnership with social care providers*, building capacity in partner services and sharing knowledge and experience to assure robust decisions and strengths-based conversations.
- ✓ A *Continuing Health Care (CHC) change programme* so that people receive joined up health and care with their views at the heart of delivery and decisions.
- ✓ A R*ecovery and Enablement Plan regarding Learning Disability services* to review opportunities to achieve financial resilience without negatively impacting on outcomes for those who receive support.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

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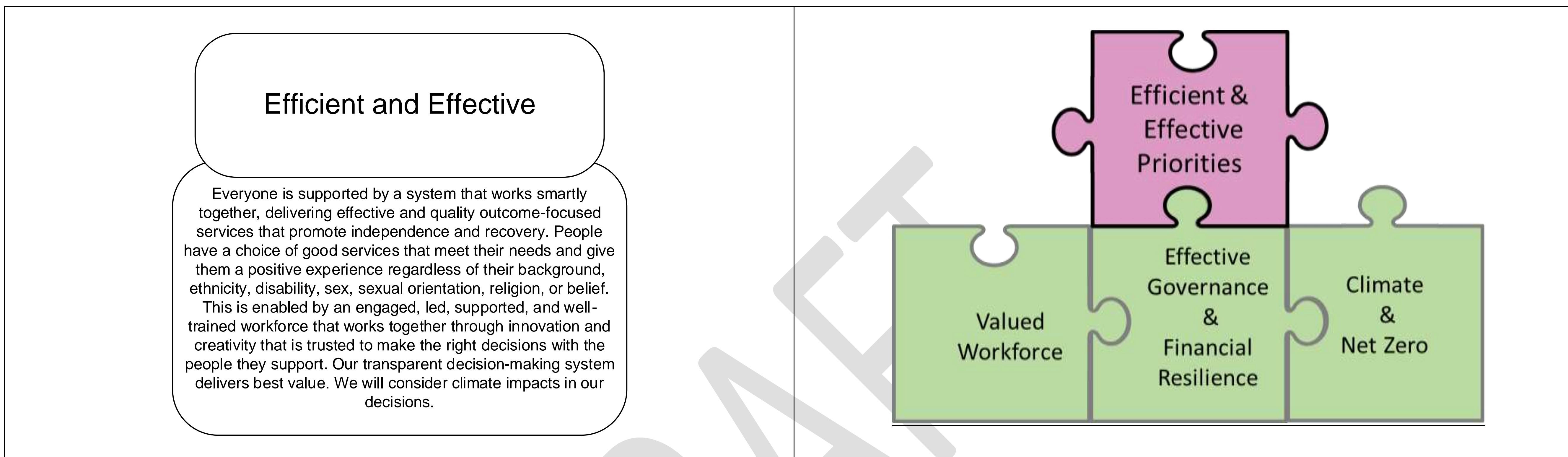
Strategic Outcome 5 – Efficient & Effective



Priority 10 – Valued and Confident Workforce

Our ambition is that we recognize and value social care workforce and the contribution they make to our city. Our ambition is Sheffield Adult Care workforce is representative of our diverse communities and feel engaged with the work they do and are supported to continuously improve the information, support, care they provide. We want to have the conditions and arrangements in place that we retain, grow, and recruit our workforce.

Our Senior Leads:	Our Governance Board:	Relevant Strategic Plan:
Chief Social Work Officer	Adult Care Workforce Board	Adult Care Workforce Strategy and Delivery Plan

Our Measures of Success:

- Achievement of LGA Workforce Standards for Social Workers and Occupational Therapists
- Achievement of Unison and GMB Care Charters.
- Investors in People Accreditation – External Recognition

Our Measures of Success

- ASC Staff Turnover Rate – Sector Wide
- ASC Sickness Days Lost – Sector Wide
- Number of Posts in Adult Care Across Sector
- Proportion of workforce on zero-hour contracts
- % workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Delivery upon our *Adult Social Care Workforce Strategy and built our Workforce Board* as a centre of excellence in partnership working with the Sector and wider partners. This includes a workforce plan and support networks which sets out how we support workforce wellbeing and the workforce needed to deliver wellbeing outcomes and which improves understanding of the whole of the social care workforce in Sheffield, for example those with a disability, who are informal carers and staff with protected characteristics.

- ✓ *Visible and open values led and compassionate leadership* so that our workforce and partners feel confident and empowered to deliver the best outcomes for people of Sheffield. This includes models for keeping workforce and partners connected and up to date about workforce developments and embedding our new operating model.
- ✓ *A resourced and sustainable ongoing workforce engagement programme sector wide so that our workforce feel listened to, valued, and heard and are able to contribute to the ongoing development of adult care and continuous improvement of support to people of Sheffield.*
- ✓ *A resourced and sustainable learning, induction, career progression, career pathways and personal development reviews (PDR'S) offer for our social care, commissioning and business support workforce across all sectors and professions, so that all staff feel confident and supported to deliver excellent care and support. The includes the First Social Care Academy* so that all of our care workforce across the City have the same standard opportunity for training and progression no matter what organisation our care staff work for.
- ✓ *Successful recruitment marketing campaigns* building upon developments which reduce vacancies, turnover and ensures our workforce is reflective of the population of Sheffield.
- ✓ Delivery of a clear data, processes, and assurance mechanisms to identify and address disparities in outcomes between white and BAME workforce as well as throughout all characteristics and intersectionality. Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.
- ✓ Robust *communication plans*, supporting the timely and transparent flow of information, learning, and thinking from senior leaders through to our valued operational delivery staff. We need to ensure we balance this well, at the right level of detail, at the right times and invite opportunities to feedback.
- ✓ Continuously and proactively *embedding improvement recommendations* to ensure that these changes result in positive impacts and outcomes for the people including working with our partner services to capture outstanding practice, areas of learning and actions to take forward, approaches to disseminating this learning must be clear across our network of social care.

Priority 10– Effective Governance & Financial Resilience

Our ambition is to have a clear direction forward in terms of our financial position that is sustainable and realistic that can meet future challenges head on with limited service and support impact. We will make the best possible decisions in clear and transparent ways, with our focus on value for money balanced with ensuring the right care is in place for the people that we serve. We will use evidence-based approaches, monitor rigorously and be sure to invest in areas that will wield the best results and outcomes for Sheffielders.

Our Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Care Governance and Financial Inclusion	Joint Health & Care Efficiency Board	Care Governance Strategy and Performance Framework

Our Measures of Success:

- ➢ Achievement of ISO9001 – Quality Management External Accreditation
- ➢ Completion of Centre for Governance and Scrutiny The governance risk and resilience framework
- ➢ Completion of CIPFA Standards – External Accreditation.
- ➢ Customer Service Standards of Excellence – External Accreditation

Our Measures of Success

- ➢ Gross expenditure (long term care £000s) per 100,000 18+ population
- ➢ Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64
- ➢ Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ As advised by the Race Equality Commission Report, ensure that we have *appropriate and strong governance* to manage and challenge our progress, keep us on track with attaining the right outcomes, holding us to account and providing clear steer when it comes to our equality ambitions. This governance should be clearly outlined and accessible to diverse teams and individuals. As part of this we, will ensure that our governance system is validated through external accreditation, building upon our developments over the last 2 years.
- ✓ Delivery of a *Joint NHS and Social Care Financial and Strategic Plan*, so that we can evidence how we are using our joint funding effectively to achieve best outcomes for people of the City
- ✓ An *approach to managing risk in terms of short-term grants and loans* in consideration of baselining and stabilising our financial position for the next year onwards and developing a medium to longer term plan to support this.
- ✓ *A review of record management and information management requirements and implementation of an action plan to ensure effective governance of information.*

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- ✓ Horizon scanning of *charging reforms* should these come to bear to ensure that we are aware, have a response planned, ensure the appropriate continuation of care with limited impact on our financial resilience across the sector.
- ✓ A review of our *investment balance in prevention services* for those in minority communities considered vulnerable and/or at risk. With investment early in the process, we will prevent escalation, particularly in cases where those with minority characteristics are more likely to experience difficulties within the social care system and reduce down expensive longer term support where more appropriate preventative support can be delivered locally, within a community space, where people feel safe and comfortable.
- ✓ A model of working, which embeds *data integrity and maturity* across Adult Care so that leaders use the patterns, trends and indicators to learn quickly from data and take action, make robust decisions based on accurate and informative data as well as being able to learn from our performance in real time. This includes delivery of a clear data, processes and assurance mechanisms to identify and address disparities in outcomes between white and BAME individuals as well as throughout all characteristics and intersectionality. Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.
- ✓ Embedding of *Adult Care Performance Improvement Framework, Cycle of Assurance, our Governance Strategy and Service Performance Clinics* so that we have ongoing learning and continuous improvement across all teams and services in Adult Care as well as opportunities to review these implementations, validate clear escalation routes are working well and ensuring the satisfactory embedding of governance

Priority 11– Climate & Net Zero

Our ambition is to contribute proactively towards the Council's Net Zero Ambition, being creative in our practices to design new ways of sustainable and meaningful care delivery.

Our Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Adult Commissioning and Assistant Director Care Governance and Financial Inclusion.	Care Governance and Strategy Delivery Board	Our Climate Impact Assessment, linkages to the 10 Point Climate Action Plan

Our Measures of Success:

We will define performance measures as part of wider engagement to ensure that we commit to activities that matter, make the biggest impact and are able to demonstrate positive change.

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ An understanding of our mid to longer-term opportunities to *pool or share resources* to reduce our overall carbon footprint.
- ✓ Increase visibility and consideration for the Climate Crisis by introducing *Climate Champions* who will be responsible for holding us to account, providing a climate steer, horizon scanning and identifying opportunities for improvements.
- ✓ A review of our *supply chain buildings and features.* We know that care homes, for example, will have a more sustainable future if they are in modern buildings with up-to-date climate amenities and in the right places i.e., not at risk of flooding. We will work with providers to agree our climate expectations and opportunities for development.
- ✓ Undertake a *holistic view of extreme weather responses from our provider services*, ensuring a coordinated approach, joined up mitigative actions and that all considerations are taken into account as part of business continuity.
- ✓ An investigation into the opportunity to move towards *fleet vehicles* and/or electric vehicles for our workforce.
- ✓ An *overview of our travel for social care* delivery in Sheffield, attaining relevant data to demonstrate our travel impact and our resultant carbon footprint.
- ✓ As part of the embedding of more locality and community-based working, we will endeavour to make sure that *caseload planning* accounts for the minimum travel necessary to reduce our carbon footprint.
- ✓ Launch an *inter-agency car share scheme,* promote the use of bicycles and walking routes
- ✓ Promotion of '*buy and use local'* as using local resources has a substantially better impact on our climate than importing from other areas.

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- ✓ Where this meets the needs of the person receiving care, optimise the use of *assistive technology or wider digital applications*, enabling more remote working, a reduction of risk and transport emissions.
- ✓ Our comprehensive Climate Impact Assessment has developed a range of actions and criteria to take forward and can be referenced directly.

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Equality Impact Assessment

Introductory Information

Budget/Project name

Living the life you want to live – AH&SC Strategy

2023 Directorate Plan Review and Refresh

Proposal type
- ○ Budget
- ● Project

Reference number 1148

Decision Type
- ● Cooperative Executive
- ○ Leader
- ○ Individual Cooperative Committee Member
- ○ Executive Director/Director
- ○ Officer Decision (Non-Key)
- ○ Council (e.g. Budget and Housing Revenue Account)
- ○ Regulatory Committee (e.g. Licensing Committee)
- ○ Local Area Committee

Lead Cooperative Executive Member Cllr Angela Argenzio

Entered on Q Tier

○ Yes ● No

Year(s)

○ 18/19	○ 19/20	○ 20/21	● 21/22	● 22/23	● 23/24	● 24/25	● 25/26

EIA date 25/07/2023

EIA Lead
- ○ Adele Robinson
- ○ Annemarie Johnston
- ○ Bashir Khan
- ○ Bev Law
- ● Ed Sexton
- ○ Louise Nunn
- ○ Richard Bartlett
- ○ Rosie May

Person filling in this EIA form

Charlotte Murrie

Lead officer

Alexis Chappell

Lead Corporate Plan priority

● Understanding Communities	○ Workforce Diversity	○ Leading the city in celebrating and promoting inclusion	● Break the cycle and improve life chances	○ Becoming an anti-racist organisation and city

Portfolio, Service and Team

Cross-Portfolio

● Yes ○ No

Portfolio

Adult Care and Wellbeing

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

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield's population. Prior to 'Living the Life you want to live', Sheffield had been without a clear strategy that unifies this whole system for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, rising costs of living and reductions in funding, and we must continue to develop a response that commits to improving the lives of people who draw on care and support.

The ASC strategy 2022-2030 meets our obligations under the Care Act to have a robust and considered strategy for adult social care. It was developed with citizens, providers, and partners across Sheffield and it sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

Our annual delivery plan, also codesigned with our communities and partners, sets the priorities for the year and highlights progress.

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 strategy is fully consistent with the Duty and is particularly focused on ensuring equality of opportunity for people and communities who draw on care and support. Not enough people in Sheffield who need support in their daily lives are able to live the life they want to live.

The vision of our strategy - *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* – is a statement of intent that everyone in Sheffield should be able to live the life they want to live. The strategy outlines that it is our role as advocates of the adult social care system to make sure this is the reality for the people of our city who draw on care and support.

The strategy sets out key values of how we as an adult health and social system should work – these are person-centred and strengths based, collaborative and empowering, and compliant and best value. These values highlight how we should recognise strengths, assets, skills, and talents who should be supported by flexible services that focus on the outcomes they want to achieve. By working in this way, we aim to remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people's lives and the care they receive.

We set out high-level actions that indicate how we'll focus our work over the next ten years to achieve the vision of the strategy. These include:

- Working with communities to develop and deliver the care and support people are looking for – moving away from fitting people into inflexible services that don't meet their specific needs or outcomes
- Developing an accessible team model where social work staff can work in partnership with and get to know their community – whatever and wherever this may be
- Providing more options for care with accommodation – that helps people retain or regain control over their life, connected to their strengths and networks
- Transforming care at home – so that people can continue to live in their homes, as they choose, in a way that meets their needs and doesn't limit their opportunities
- Improve how we share information and how people access our services – so it's straightforward and recognises people have different access needs
- Ensure everyone, no matter how they access social care and support, receives the same standard of person-centred care
- Make sure everyone has an equal voice in designing the support and services they receive
- Deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support – around what they want to achieve

These actions are a commitment to working with our communities and understanding what they need to live the life they want to live and ensuring equal opportunity of access. Through this we deliver on the Public Sector Equality Duty.

Impacts

Proposal has an impact on

● Health	● Transgender

● Age	● Carers
● Disability	● Voluntary/Community & Faith Sectors
● Pregnancy/Maternity	● Cohesion
● Race	● Partners
● Religion/Belief	● Poverty & Financial Inclusion
● Sex	● Armed Forces
● Sexual Orientation	○ 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

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The strategy sets a clear commitment to recognising the value of staff right across adult health and social care. In this context we have taken staff to refer to anyone who works in the sector, including unpaid Carers and volunteers, not just people employed by the Local Authority. It outlines the role of all parts of the system in ensuring people who draw on care and support can live the life they want to live. It sets a commitment to deliver a workforce strategy that is cross-sector and Sheffield-focussed.

Adult social care has faced significant challenges over the last decade, and this has impacted on staff. The sector has not been sufficiently funded over recent years through austerity measures and improvements have been slow to be embedded due to the ongoing, day-to-day challenge of delivering care. Population changes, the ongoing stress of the day-to-day job, zero-hours contracts, increasing vacancy rates, a perception that social care is an unskilled profession – all contribute to challenging staff wellbeing.

Much of the impact on staff can be found in the ASC Care sector Workforce Development Strategy, but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The strategy recognises the importance of wellbeing as a determinant of health and that health creation takes place in communities. We have embedded the 5 ways to wellbeing throughout the strategy.

We want to encourage our citizens to:

- keep healthy, active, and safe — including managing emerging and existing conditions
- give — volunteer if they can, share their knowledge and experience
- get connected — reach out to friends, talk to a neighbour, engage with their community
- keep learning — learn, relearn, and grow skills
- take notice — pause and reflect, focus on the here and now, look out for one another

Health and social care are intrinsically linked. The proportion of life spent disability-free has remained roughly constant over time, at around 80%, Evidence suggests that overall increases in longevity are associated with more years spent in ill health – all likely to increase pressures on the NHS and social care (Institute of Fiscal Studies, Securing the future: funding health and social care into the 2030s).

We identified Integrated Care Systems as an enabling factor in the continued join up between health and social care, recognising that many people need social care support due to a health issue – whether that's in recovery from a crisis or as an ongoing issue.

The strategy was endorsed by the Health & Care Partnership, CCG commissioning directors group, and Health & Wellbeing Board, recognising that in order to succeed in our vision for adult social care, we all have to work as a partnership and we need cross-sector buy in to ensure everyone has a good experience of health and social care.

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

29.8% of the council's adult wellbeing and care service is aged 56 and over. Skills for Care data for Sheffield in August 2023 indicated that 28% of the adult social care workforce in the city are aged 55 and above This proportion of the workforce represents years of experience and skill and it's important this is valued and recognised in ASC Care Workforce Development Strategy. As a social care system, we must ensure that all the organisations in our system are age-friendly, with opportunities for flexible working, access to training and technology and investment in staff wellbeing. Age UK estimates that there are likely to be more over 50s in work than those under 30 in the next decade – this aligns with our strategy period and should be an important part of our approach.

Skills for Care workforce data in August 2023 identified a 9.2% vacancy rate in 2021/22, increasing from the 7.3% vacancy rate in 2020/21 (itself an increase on 2019/20). We're exploring opportunities to reengage recently retired staff members in short term work where this suits them. We must also make social care an attractive career. This means breaking the perception that it is an unskilled profession and in the shadow of the NHS and means working to attract younger workers.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. The Institute for Fiscal Studies and Health Foundation paper, 'Securing the future: funding health and social care to the 2030s', identifies that nationally, the number of people aged 65 and over is growing three times faster than the number aged under 65. The paper also identifies that the number of people living with a single chronic condition has grown by 4% a year -outpacing population growth – the number living with multiple chronic conditions has grown by 8% a year.

The National Institute for Health and Care research states that 'two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity) by 2035. Seventeen percent would be living with four or more diseases, double the number in 2015. One-third of these people would have a mental illness like dementia or depression.' This makes care and support more challenging in old age. The paper also highlights that 'the growing number of younger people with multi-morbidity, particularly obesity-related diseases, will contribute to the health and social care burden as they age.' As this data is based on predictions, it's likely that some of these health conditions are developing in the working age population – a preventative approach would benefit the longer-term provision of care.

Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care — from family, friends,

or neighbours. For older people, family care can come from spouses and partners, who are themselves elderly with their own changing needs.

Older people are significantly the highest proportion of users of adult health and social care services. Much of the initial engagement and strategy development work focused on understanding people's experiences of ageing and how the strategy can suitably change the system to ensure this is a more positive experience in Sheffield, building on community and at-home resilience.

The strategy details Commitments which should improve people's experience of ageing:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed – supporting people to live at home where this is the right choice for them and connecting them to their community, reducing loneliness and isolation
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis – for example following a fall or a diagnosis
- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home – including care homes but expanding our options to ensure people have a choice of accommodation that best meets their needs

The strategy recognises that transition between services is a key issue in how people experience adult social care in Sheffield. This has often been defined by services, rather than people's experience. We have particularly noted that the transition between children and young peoples' services to adult services needs improvement, as we heard from people who contributed to the strategy development and through the Accelerated Progress Plan to improve multi-agency support at transition points in children and young people's lives. The strategy sets the context for improving this transition and will further be explored in our subsequent and more detailed annual delivery plans in line with the commitment in Sheffield's One Year Plan 2021-22.

Disability

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

Skills for Care provides information on the social care workforces in local authority areas, enabling comparison across the country. The information provided allows us to understand the number of roles and demographics of the workforce. Unfortunately it does not indicate the proportion of the workforce that class themselves as having a disability.

16% of SCC Adult Wellbeing and Care Services staff declared they had a disability according to July 2023 figures. Recent figures (SCC, 2021) indicate that 11.3% of the Council's entire workforce is disabled. House of Commons library data indicates that 23% of the working age adult population reported that they were disabled in January to March 2023. The proportion of people reporting they have a disability is rising and

has nationally risen from 19% in 2010/11. In the wider adult social care workforce, if this followed in line with this 23% figure, approximately 3680 of that workforce may have a disability, compared to the 2660 estimate in 2022. The increase is accounted for by more filled care sector posts in 2021/22 (16000) than 2020/21 (14000) and the increased reported national disability percentage for working age adults. We need to do further work to understand these demographics of our workforce.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

Census 2021 data indicates 9.1% of Sheffield residents identified as being disabled, a decrease from 10.6% in 2011 (age-standardised proportions). This equates to approximately 33000 people. For those of State Pension age, the percentage reporting a disability has been between 42% and 46% in every year of the past decade, which could mean approximately 43500 people with a disability 65 and over (there will be some discrepancies in these figures due to matching across state pension age, which has been increasing gradually, with population figures that are set at 65 and over)

The Family Resources Survey 2021/22 gives us an overarching understanding of the prevalence of different impairments – here it's compared to the Family Resources Survey 2019/20 utilised in the 2022 Strategy EIA. Mental health impairment continues to in the latest report – a 7 percentage point rise since 2017-18.

Impairment type*	2019/20	18-64	Over 65	2021/22	18-64	Over 65**
Mobility	49%	41%	68%	47%	43%	64%
Stamina/breathing/fatigue	36%	32%	44%	35%	34%	43%
Dexterity	25%	21%	32%	25%	23%	35%
Mental health	29%	42%	10%	32%	44%	13%
Memory	16%	16%	17%	13%	13%	13%
Hearing	13%	8%	23%	9%	5%	16%
Vision	12%	9%	18%	9%	7%	13%
Learning	14%	15%	8%	13%	15%	8%
Social/behavioural	9%	9%	2%	11%	10%	2%
Other	17%	18%	16%	20%	20%	20%

'* figures add to over 100% as individuals can report multiple impairments
** Described as State Pension Age in 2021/22 data

This helps us have a picture of our communities and changing needs: the system needs to ensure it supports and responds to these.

The CQC State of Care 2020 report identified that there were higher rates of death from coronavirus during the pandemic for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic.

The strategy sets high level actions that recognise the differing needs of individuals to ensure the system can best support people with a disability in Sheffield:

- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will ensure people can move between care and support more easily, including health, social care, providers and the voluntary, community, and social enterprise sector.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.

Pregnancy/Maternity

Staff
● Yes ○ No

Impact
○ Positive ● Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

As a strategy for the whole of the adult social care workforce, we must ensure our workforce strategy enables whole social care workforce, across the city to have the same rights and equality of access. This includes pregnancy and maternity.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

The strategy focuses on people living the life they want to lead. This includes enabling people to make informed choices around pregnancy. We need to ensure the need to ensure the system doesn't discriminate and that people are supported in positive risk-taking. Pregnancy and maternity are an opportunity for the adult social care system to advocate for people, where required, ensuring they receive the same quality of service and access to pregnancy and maternity services and support. This is part of our values under compliance and best value – 'Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.'

Race

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

16% of the adult social care workforce is from a minoritized ethnic community, according to Skills for Care data in August 2023 (2021/22 data), a slight increase on the reported 15% in the same data in 2020/21. Sheffield is an ethnically diverse city, with 2021 Census data indicating approximately 25% of the population identifying as non White British (an increase from 19% in the 2011 census). The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. The workforce does not fully represent this diversity of our population.

We know that management positions in the local authority are not representative of the diversity of the community. We don't yet understand this picture for the rest of the adult social care system.

There are some concerns that the government's migration policies following the EU exit will negatively impact workforce retention.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. We identified that we need to ensure the workforce strategy doesn't lose focus on equality, diversity and inclusion and have identified this in the high-level plan.

- We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

Sheffield is an ethnically diverse city, with around 25% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

We know that the coronavirus pandemic has made inequalities worse. National research (CQC State of Care Report 2020) found that there were higher rates of death from coronavirus in Black and Asian ethnic groups.

As part of our engagement work when developing the strategy, community group leaders told us that strategies often don't focus enough on the ethnic minority population, fully engage them in understanding their specific needs or design services that meet those needs. They told us that the whole adult care system is difficult and complicated and that we need to simplify the whole system and language. We need to include and be relevant to all communities and simplify our language and processes. We heard about specific challenges of some of our communities, who forgo their own care in favour of supporting families in their home countries.

The strategy has been developed from a recognition of the strength of our communities and especially during the coronavirus pandemic. Health and wellbeing happens in communities that care – our strategy aims to support and strengthen this wherever we can, alongside a commitment to equality and diversity, and adopts this this as part of our person-centred value:

- We view everyone as unique individuals who have strengths, assets, skills, and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the outcomes they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

We've additionally set specific actions in our high-level plan that recognise what our community leaders have told us:

- We will provide a partnership of care and support, designed, and delivered with communities – we need to continue to trust our communities: they know themselves and their needs.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community – this doesn't need to be geographic: many of our ethnic minority communities are spread out across the city, though there may be community hubs communities come together in.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps – everyone should be able to understand how to access services and what they can expect.
- We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care – our system should tackle inequality and ensure we deliver culturally sensitive support.

Religion/Belief

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city has the same rights and equality of access. This includes religion and belief.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the

strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The 2021 Census religion data for Sheffield shows significant change in religious belief in the city over the last ten years.

Religion	2011	2021
Christian	52.5%	38.5%
Buddhist	0.4%	0.4%
Hindu	0.6%	0.7%
Jewish	0.1%	0.1%
Muslim	7.7%	10.3%
Sikh	0.2%	0.2%
Other	0.4%	0.5%
None	31.2%	43.4%

Our values highlight the way in which we will focus on recognising where religion and belief are important to the people who use adult social care:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

Sex

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

According to Skills for Care, 83% of Sheffield's care workforce were female in 2021/22, compared to 81% in 2020/21. National figures look similar: about 80% of all jobs in adult social care are done by women. The proportion in direct care and support-providing jobs is higher, at 85-95%. Considering that overall the

proportion of women in the workforce in all fields nationally is 46%, these figures represent a significant difference for this workforce.

The Women's Budget Group identified in their paper 'A Care-Led Recovery from Coronavirus' that investing in care would create 2.7 times as many jobs as the same investment in construction: 6.3 as many for women and 10% more for men. Increasing the numbers working in care to 10% of the employed population, as in Sweden and Denmark, and giving all care workers a pay rise to the real living wage would create 2 million jobs, increasing overall employment rates by 5% points and decreasing the gender employment gap by 4% points.

The ASC Care Workforce Development Strategy must take sex into account.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2018 to 2020 report), and a higher number of people face years of poor health and increased difficulty in older age.

56% of the people in receipt of council funded care in Sheffield is female (data as at 23 August 2023) compared with a 50.7% Sheffield female population (2021 Census). The average weekly care cost for women is £118 less than men (£569 vs £687). This difference in size or complexity of care packages means that the gender percentage breakdown of care costs reduces by 5 percentage points for women to 51%.

The Family Resources survey (2020-21) indicates that women were more likely to be informal care providers, with 3.0 million versus 1.9 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for the 65-74 age group , where men were more likely to be informal carers. Women and men are equally likely to be carers in the 75 and over age categories.

Our person-centred values in particular - we listen to what matters to each person we work with, making sure they have an equal voice in their care and support – should help us ensure our system gives everyone a voice.

Sexual Orientation

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

We recognise that that our workforce strategy has to ensure the whole social care workforce, across the city, has the same rights and equality of access; This includes staff with any and all sexual orientation.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Managing disability and ageing is challenging for everyone, however being LGBTQ+ alongside this can present extra difficulties. The LGBTQ+ community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their sexual orientation.

Living with dementia as an LGBTQ+ person can present challenges for the person and for the people caring for them. Each person who has dementia experiences the condition differently. LGBTQ+ people with dementia may have revealed their sexual orientation to some people and not others and may forget who they've shared this with. This memory loss may mean the individual suffers anxiety about 'coming out'. Some people with dementia lose sexual inhibitions – where a person has not disclosed their sexual orientation, the way they behave may reveal this to others.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of people from LGBTQ+ groups and respond to this.

Transgender

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes transgender individuals. We must work to ensure trans staff across the care sector workforce in Sheffield feel safe when doing their jobs and visiting people's homes. We must do this with our staff and embedding the actions into the ASC Care Workforce Development Strategy.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Managing disability and ageing is challenging for everyone, however being transgender alongside this can present extra difficulties. The LGBTQ+ community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their gender identity and confident that their care provision will respect this.

Living with dementia as an LGBTQ+ person can present challenges for the person and for the people caring for them. Each person who has dementia experiences the condition differently. Some trans people will have sex reassignment surgery, whilst other trans people may not. People providing personal care for a trans person may become aware of the person's trans status even if not disclosed. LGBTQ+ people with dementia may have revealed their trans status to some people and not others and may forget who they've shared this with. This memory loss may mean the individual suffers anxiety about 'coming out'. Trans people who have transitioned (or who are in the process of doing so) or have a friend or partner who is transitioning may not remember this.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of transgender individuals and respond to this.

Carers

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

In Sheffield, 1 in 10 people are carers (2011 Census) and 12% of carers are estimated to be of working age. 23.8% of the Adult Wellbeing and Care service in SCC declared they are an unpaid carer. We don't know the proportion of the wider care workforce that would consider themselves an informal carer.

Caring for someone can be an all-consuming job. If you're caring and working, not having access to help and advice may impact on your health. You may also feel like you're not able to cope. Managers can make a big difference by:

- creating a workplace where carers can identify themselves and feel comfortable about accessing support
- supporting carers to balance their responsibilities at work and to the people they care for (whether the carer is working from a worksite, in the community or from home)

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city improves the support provided to carers who also work in adult social care.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

Carers were particularly affected by the coronavirus pandemic. The Carers UK 2020 survey 'Caring behind closed doors: six months on' allows us to estimate that there are approximately 89,700 carers in Sheffield, and that figure increased by 49.5% since before the coronavirus pandemic. 81% of carers reported that they did more caring since the start of lockdown. The survey showed that carers provided more care with fewer breaks. Physical and mental health has worsened and nearly half of carers asked said they were reaching breaking point.

The Family Resources survey (2020-21) indicates that women were more likely to be informal care providers, with 3.0 million versus 1.9 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for the 65-74 age group , where men were more likely to be informal carers. Women and men are equally likely to be carers in the 75 and over age categories.

The Family Resources survey (2020-21) includes a new categorisation of 'sandwich carers' – people who care for a child within their household or who have a child dependent on them within their household and who care for an adult relative. 16% of informal carers are classified as 'sandwich carers'.

Caring can play a significant toll on individuals. Sheffield's Carer's survey explored the impact of the coronavirus pandemic on our carers.

- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).
- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.
- 22% of carers reported that they found it difficult to find the information they need.
- 56% of carers would like more help in order to manage their caring role.
- 11% of carers said they didn't feel they could provide care safely.
- 67% of carers don't have an emergency plan in place.
- 11% of carers indicated they don't have enough money for essentials.

If the caring situation breaks down this has big implications for the health and social care systems in Sheffield.

The strategy makes a clear commitment to Carers: Commitment 5 states that we will 'recognise and value unpaid carers and the social care workforce and the contribution they make to our city'. Within this we set a high-level action -
We will embed a clear support offer and structure for all carers.

Voluntary/Community & Faith Sectors

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

The adult social care strategy is a whole system approach to providing care and support in Sheffield. This includes the voluntary, community and faith sectors which should be seen as a vital part of that system, supporting many people in their communities often preventing need arising in the first place or de-escalating crisises. Sheffield has a well-established, vibrant voluntary, community and faith sector. It is these often-smaller organisations, rooted in the community, that keep people well, understand their needs more intrinsically and advocate for their communities.

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

Much of the impact on staff will be found in the ASC Care Workforce Development Strategy but the overarching adult health and social care strategy sets the strategic intent. As a strategy for the whole of the adult social care workforce, our

workforce strategy must ensure the whole social care workforce, including those in the voluntary, community and faith sectors, are supported by a system that recognises their value and contribution.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Being supported by communities that care is one part of wellbeing. We know that volunteering and contributing our skills and experience to our communities has a massive impact on our well-being and overall health.

We have made a clear commitment the strategy to work in better partnership with our voluntary, community, and faith sector partners to ensure our adult social care system is better aligned with what matters to people. This means recognising the power this sector has in helping people to maintain independence and health wherever they are.

Commitment 1 in our strategy highlights this: Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

Within this, we've set a clear action in our high-level plan to better work with communities and those who represent them:
We will provide a partnership of care and support, designed, and delivered with communities.

This means ensuring these sectors are well-represented within strategy and delivery development alongside ongoing governance, accountability, and performance management. We have been well supported in developing this new strategy by our partners across the sector and encouraged by their ongoing commitment to help us embed this new approach.

Our commissioning plan will aim to have a positive impact on the voluntary, community and faith sector.

Cohesion

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The strategy is an attempt to improve the cohesion of the adult social care system in Sheffield. By working in a partnership, there needs to be recognition that different organisations within that partnership have different, but appropriate, organisational practices, inspection and legal requirements, cultural backgrounds and starting points. In creating a community of care with our partners, we

develop better links that give us a greater opportunity to understand these differing practices and see ourselves as a cohesive community, rather than defined by our organisational boundaries.

In this way, staff in the social care workforce across the system and over the next ten years, will feel more included, more rewarded, more listened to and more respected.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

The strategy has a clear focus on community as a key source of health and wellbeing. The community of people who use adult social care are at risk of exclusion from the wider community because of their differing needs, clearly impacting on the feeling of community cohesion. It's important that the strategy fosters communities of interest as well as place that everyone can feel included in.

Care with accommodation has the potential to be restrictive and exclusive environments and care homes certainly have this reputation. The high-level plan commits to 'develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.' This is a recognition of the connection between care and the community.

The strategy refers regularly to supporting people to live a fulfilling life at home. Everyone should be able to live in a place they can call home – this may not always be their own home and in some cases should not be. Home is a reflection of a space that is one's own, where we can feel safe and connected to the people and things that matter to us, connected to a community.

Partners

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

The strategy is a system wide approach to adult social care, as it recognises that the people of this city and their needs, are best supported by a cohesive whole and not by organisations operating in silos.

The strategy is about strengthening the relationship between the services providing support and the people supported, together with their carers — all as equal members of this system. How the system works in Sheffield is important for everyone who works to support our residents, including the council, partners who fund, plan, and oversee health care, the Integrated Care System, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals,

Primary Care Sheffield, our independent sector care, and support and our voluntary, community and faith sector partners.

We have worked hard to develop this new strategy in conjunction with our partners, ensuring that they have been able to be involved in our engagement work and contribute to the development of the strategy and high-level plan.

The strategy, and subsequent delivery plan, will not be successful without the support add contribution of our partners across the city.

The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

We already have existing strong partnerships across the city in adult health and social care. Many of these have been tested and strengthened through the recent coronavirus pandemic. The strategy sets the overarching intention to build on these connections and improve on them wherever possible.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

Improved collaboration across the system with our partners should pay dividends for the people who use our services. People's support needs and the outcomes they want to achieve should not be defined by the organisations that support them or their boundaries. Taking a system approach with our partners should ensure a better focus on individuals and the outcomes they want to achieve alongside really considering what matters to them.

Some of this is embedded in our commitments: for example commitment 4 we should make sure support is what matters to you with helpful information and easier to understand steps.

Actions in our high-level plan that clearly support this aim include:

- we will invest in a system wide approach that means everyone receives the same standard and continuity of preventative person-centred care
- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system

- We will ensure people can move between care and support more easily, including health, social care, providers, and the voluntary, community, and social enterprise sector

Poverty & Financial Inclusion

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

Skills for Care indicates the average hourly rate for all job roles in the independent sector in Sheffield in 2021/22 was £10.05 (National Living Wage £8.91), higher than the same average of £9.69 in 2020/21 (National Living Wage £8.72). Although pay for care workers has increased significantly over the last decade, it has not kept up with increases in other sectors. In 2012, the average pay for adult social care workers was higher than the average pay for retail assistants and cleaners; by 2020 this was no longer the case. This means that pay for care workers is one of the lowest in the economy. The cost-of-living crisis has seen wages squeezed, so the comparative spending power of these wages has decreased.

Although some adult social care workers are employed directly by the NHS and local authorities, the majority are employed by private agencies or direct payment recipients. These private-sector employees are much more likely to be on zero-hours contracts and have lower pay than people employed by local authorities: in 2019, 10% of local authority employees were on zero-hours contracts compared to 36% of private-sector employees. Homecare tests of change exploring some of these issues have indicated that zero-hours and weekly pay is preferable to some care worker staff.

The strategy meets the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. Within the One Year Plan, we have committed to 'deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City'.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ○ Medium ● High

Details of impact

Adult social care is responsible for making sure services are coordinated, effective, and suitable to meet the needs of individuals. It includes making sure people can choose how their support is provided and making sure the support available can meet the needs of the local population.

Unlike NHS health services, most adult care and support is not free. Many of us will have to pay for some or all our support, depending on our circumstances.

In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The paper sets out the new cap on fee contributions people make towards their care.

We know that paying for care can put considerable stress on individuals and affect whether they approach services for support, considering that they worry they will be financially worse off or must sell their homes. The number of pensioners in poverty has now passed the two million mark, according to Age UK, with Black and Asian older people most at risk of struggling financially in later life. Since 2013/14, the number of pensioners in poverty has risen by almost a third (31 per cent) from 1.6 million. Official figures show that a third of Asian older people (33 per cent) and just under a third of Black older people (30 per cent) in the UK live below the poverty line, compared to 16 per cent of White older people. The over-85s, renters, and single, female pensioners, are also at greater risk of poverty than the older population as a whole.

Benefits changes affect the whole population, and some people on long-term benefits worry about working affecting their income. The system can be incredibly difficult to navigate, and issues can take a significant amount of time to resolve when they arise. We heard from carers of autistic people that they felt pressured into finding work by a system that didn't want them on benefits rather than that a good job was the right for them.

Carers receive a limited Allowance, and some feel this is a limited recompense for the support they provide that effectively saves the adult social care system overall. Carer's Allowance is £76.75 a week for at least 35 hours of caring per week - £2.19 an hour at it's maximum. May 2023 findings from Carers UK and University of Sheffield show that unpaid carers in England and Wales contribute £445 million to the economy every day – equivalent to another NHS every year.

The strategy sets out Commitment 6 to 'make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.' We've further outlined a high-level actions that are relevant to ensuring people are better able to understand our financial processes and take more control over them:

- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.

Armed Forces

Staff
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ● Low ○ Medium ○ High

Details of impact

Much of the impact on staff will be found in the ASC Care Workforce Strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. Issues identified for customers will also affect staff across the workforce.

Customers
● Yes ○ No

Impact
● Positive ○ Neutral ○ Negative

Level
○ None ○ Low ● Medium ○ High

Details of impact

40% of UK veterans are aged 16-64 and 60% are over 65. Census 2021 data indicates 2.9% of Sheffield's population previously service in the armed forces. This would mean about 16150 veterans live in Sheffield. Experience of service and the transition to civilian life may have a negative effect on veterans' wellbeing (The health and wellbeing needs of veterans: a rapid review, 2017). Veterans can face disability and injury, alongside trauma and mental health issues, on discharge.

There is also a concept called the 'healthy soldier effect' that means some veterans have been observed to have a lower mortality risk relative to the general population – this can be partly attributed to high physical health standards for entry into the Armed Forces. Recent conflicts may be changing this 'healthy soldier effect' – some research indicates that 'prolonged and repeated deployments [and] survival from injuries that would have resulted in death in previous conflicts' could be changing this.

Overall there are no differences between veterans' and non-veterans' self-reported general health (Annual Population Survey 2017).

The King's Centre for Military Health Research 'estimates the overall rate of probable PTSD among a sample of current and ex-serving regular military personnel was 6% in the 2014/16 cohort… this compares to a rate of 4.4% within the civilian population'. There are dedicated services available to support veterans' and armed forces personnel's mental health.

In 2014 it was estimated that the proportion of those sleeping rough who had services in the Armed Forces ranged from 3% to 6%. The government's rough sleeping strategy, published in September 2022, revealed 6 per cent of UK nationals who were street homeless served in the armed forces, according to the government's national questionnaire on the subject.

The whole system has a role to play in supporting the Armed Forces community in line with the Armed Forces Covenant – for example in employment, healthcare, housing, education, and financial advice.

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

● Year on Year	● Across a Community of Identity/Interest
● Geographical Area	○ Other

If yes, details of impact

The strategy is a cross-city approach for the whole of the city until 2030. We expect it to particularly interest and effect:

- People aged over 65
- People with a disability or is otherwise impacted by health concerns
- People who care for someone who needs social care support
- People accessing care who also experience disadvantages socio-culturally or economically.
- Those with intersectional characteristics that may experience disadvantages or concerns.

Proposal has geographical impact across Sheffield

● Yes ○ No

If Yes, details of geographical impact across Sheffield

The strategy is a cross-city approach for the whole of the city until 2030. It sets the strategic intention for changing how services are delivered and provided across the city and to tackle inequality and disparity faced by different areas. For example, it could see the development of new provision in a different area or the changing of provision in a specific locality. This would be dependent on need and in conjunction and consultation with individuals and communities.

Local Partnership Area(s) impacted

● All ○ Specific

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

Action Plan and Supporting Evidence

Action Plan

The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. The Strategy Delivery Board, reporting to the Strategic Board, will:

1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Health & Social Care Strategy

2. Provide assurance that the outcomes of the Adult Health & Social Care Strategy are being delivered

Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes.

The strategy's high-level plan sets out actions that shape our intentions over the years: how will we know we've made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output-based metrics.

The high-level plan also commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review this EIA annually in line with this delivery plan.

Additional actions arising from the EIA:

- Improve system understanding of cultural factors that affect uptake of social care by minoritized ethnic groups
- Improve the identification of carers
- Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
- Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort
- Improve awareness of intersectionality and the impact of this on individual requirements and care needs, including increasing complexity

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

- Living the life you want to live - 2022-2030 - adult social care strategy
- Skills for Care - local authority workforce figures - My local area (skillsforcare.org.uk)
- Age UK - What does it mean to be an age-friendly workplace? | Age UK
- Projecting Older People Population Information (POPPI)
- Carer's Trust, A few hours a week to call my own, November 2020
- Carers UK, Caring behind closed doors
- Sheffield's One Year Plan 2021-22
- Sheffield City Council Intranet, Disability Confident in the workplace (sheffield.gov.uk)
- Family Resources Survey: financial year 2019 to 2020 - GOV.UK
- Care Quality Commission, The state of health and adult social care in England 2020-21
- Census 2011 and Census 2021
- Local Insight Profile for 'Sheffield' area, 16 May 2023
- Adult social care workforce survey: December 2021 report - GOV.UK
- Women's Budget Group, A care-led recovery to coronavirus
- Office for National Statistics, Health state life expectancies UK: 2017 to 2019 and Office for National Statistics, Health state life expectancies UK: 2018 to 2020
- Sheffield City Council Carer's consultation - April 2021
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- Adult Social Care Business Information Hub (Person dashboard)
- DHSC, Integrating care: Next steps to building strong and effective integrated care systems across England
- King's Fund, Overview of the health and social care workforce,
- Policy in Practice, Wages and Welfare for the social care workforce
- DHSC, People at the Heart of Care
- Age UK, Number of pensioners living in poverty 2021
- Office for Veteran's Affairs, Veteran's factsheet 2020
- BMC Psychiatry, the health and wellbeing needs of veterans: a rapid review
- Expressing identity or orientation for LGBTQ+ people with dementia, Alzheimer's Society
- Unpaid care in England and Wales valued at £445 million per day, Carers UK
- Census 2011 Veteran Comparison Statistics (2091017)
- UK armed forces veterans, England and Wales: Census 2021 (ONS)
- How many veterans are homeless in the UK?, Big Issue

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

Summary of overall impact

Summary of overall impact

Overall positive impact from setting the intention around developing a more flexible system of support that is driven by 'what matters' to the people who use the system. This includes reducing organisational silos and increased partnership working and making our information and processes easier to understand.

Summary of evidence

The strategy is informed by national research and local consultation feedback

Changes made as a result of the EIA

Feedback will inform the delivery plan and subsequent projects

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

30/09/23

Initial Assessment

Category	Impact
Buildings and Infrastructure	Construction
	Use
	Land use in development

Transport	Demand Reduction
	Decarbonisation of Transport
	Public Transport
	Increasing Active Travel

Energy	Decarbonisation of Fuel
	Demand Reduction/Efficiency Improvements

	Increasing infrastructure for renewables generation

Economy	**Development of low carbon businesses**
	Increase in low carbon skills/training
	Improved business sustainability

Influence	**Awareness Raising**
	Climate Leadership
	Working with Stakeholders

Resource Use	**Water Use**
	Food and Drink
	Products
	Services

Waste	**Waste Reduction**
	Waste Hierarchy
	Circular Economy

Nature/Land Use	**Biodiversity**
	Carbon Storage
	Flood Management

Adaptation	**Exposure to climate change impacts**
	Vulnerable Groups
	Just Transition

Description of Project Impact

There are no current plans to build new homes under this strategy or directorate plan. We contract with providers who may do so, or may seek to expand or refurbish existing

Energy usage in social care settings can be intense. Many care homes are sited in old Victorian buildings, not designed with the purpose in mind, which may make them difficult to keep energy costs down. Care Homes, day opprotunity settings and residential settings need to manage temperature and infection control, which can be energy intensive processes. In order to maintain comfortable and safe provision, energy usage may be

There are no current plans to build new homes under this strategy or directorate plan. We contract with providers who may do so, or may seek to expand or refurbish existing locations as part of their business development plans in order to meet the needs for

The strategy and directorate plans look to ensure individuals are supported by teams who understand their local area. Significant time is currently lost under existing homecare arrangements to travel time between individual's homes. Without effective organisation of local teams, transport demand could increase.

Providers will continue to organise meetings and other activities where appropriate via Zoom/Teams in order to decrease travelling. Where travel is necessary, all providers will

We're not currently aware of the usage with staff and providers of low carbon transport. There are 7600 (approx.) domiciliary care roles in Sheffield, with the Council funding approximately 35000 homecare hours a year, accounting for hundreds of journeys every day. Many of these will be by car. Current homecare arrangments mean care workers can

We know that public transportation represents a lifeline in the city for many of the communities who use adult social care and that changes to public transport in the city has an adverse affect on their access to services, such as day opprotunities. This is a key priority for our communities. We're not currently aware how well domiciliary care workers, who complete the majority of travel in the city to provide care and support in people's homes, are able to use public transport. There are 7600 (approx.) domiciliary care roles in Sheffield, with the Council funding approximately 35000 homecare hours a year,

We're not currently aware how well domiciliary care workers, who complete the majority of travel in the city to provide care and support in people's homes, are able to actively travel. There are 7600 (approx.) domiciliary care roles in Sheffield, with the Council funding approximately 35000 homecare hours a year, accounting for hundreds of journeys every day. Many of these will be by car. Current homecare arrangements mean care workers

Energy usage in social care settings can be intense. Many care homes are sited in old Victorian buildings, not designed with the purpose in mind, which may make them difficult to keep energy costs down. Care Homes, residential settings, and day opportunity settings need to manage temperature and infection control, which can be energy intensive

Energy inefficiency in settings represents a significant cost to care providers in the city, especially considering increasing fuel costs. Care sector businesses report that cost of living pressures are significant drivers in their concerns regarding business stability. The energy

Adult social care supports a significant proportion of the Sheffield population and has an opportunity as an employer of around 16000 people in the city and 7800 people in receipt of some level of funded care and active services at any one time to reach people who

Adult social care supports a significant proportion of the Sheffield population and has an opportunity as an employer of around 16000 people in the city and 7800 people in receipt of some level of funded care and active services at any one time to reach people who

Adult social care is a key system convener in Sheffield, having significant influence on the health and social care system in its broadest sense with private providers, public services,

Care sector businesses can utilise a lot of water to ensure a safe and clean environment for individuals and residents.

Care homes provide a lot of food and drink on a weekly basis for residents. Other residential provision, such as supported living, can have significant influence in supporting residents to buy local & seasonal foods and reduce food waste. We need to be mindful that the Health Foundation say that the poorest 10% of households in the UK would have to spend 74% of their disposable income to eat as healthily as Government guidelines recommend and how this affects people who receive social care support. Local, seasonal and plant-based foods

Care sector businesses support around 7800 people in receipt of some level of funded care and active services at any one time and have signifcant buying power in providing local products and purchasing services.

and active services at any one time and have signifcant buying power in providing local products and purchasing services. Reducing social isolation is a long-standing concern and priority for adult social care and the community - supporting people to access services in their communities could significantly improve this.

The use of digital tools that would reduce paper use in the care sector is mixed. Support to understand, develop and implement digital tools in care sector businesses has been requested. Digital inclusion and literacy are issues for the people supported by adult social care - we are often challenged on overuse of digital tools as exclusionary. This can create paper waste. Maintaining a sanitary environment and implementing effective infection
Adult social care supports a significant proportion of the Sheffield population and has an opportunity as an employer of around 16000 people in the city and 7800 people in receipt of some level of funded care and active services at any one time to reach people who may be adversely and disproportionally impacted by the climate crisis. Providers will
Adult social care supports a significant proportion of the Sheffield population and has an opportunity as an employer of around 16000 people in the city and 7800 people in receipt of some level of funded care and active services at any one time to reach people who

There are no current plans to build new homes under this strategy or directorate plan. We contract with providers who may do so, or may seek to expand or refurbish existing locations as part of their business development plans in order to meet the needs for provision as we identify in our commissioning plans. This could have climate impact and reduce biodiversity. Some people who use social care services enjoy gardening and/or

Providers will be expected to use the local community and economy for all goods, services, and recruitment where possible so that using local resources will mitigate against the exposure to climate change impacts such as adverse weather conditions.
Providers will have a robust Business Continuity Plan in place and will increase awareness with staff and clients around climate impact/adverse & extreme weather conditions including risk assessing how they can protect people. Homecare providers assess risk related to the environment, which can include climate vulnerability such as flooding
Social care staff and people supported through contracted proivision will need to be supported by the provider to consider the affordability of alternatives that will reduce carbon emissions e.g. purchasing a bike or more energy efficient equipment.

Score
5
5
5

Score	Description
10	The project will significantly increase the amount of CO2e released compared to before.
9	The project will increase the amount of CO2e released compared to before.
8	The project will maintain similar levels of CO2e emissions compared to before.
7	
6	The project will achieve a moderate decrease in CO2e emissions compared to before.
5	
4	
3	The project will achieve a significant decrease in CO2e emissions compared to before.
2	
1	

Score
6
6
5
5

Score
NA
6

NA

0	The project can be considered to achieve net zero CO2e emissions.
Carbon Negative	The project is actively removing CO2e from the atmosphere.

NA
NA
7

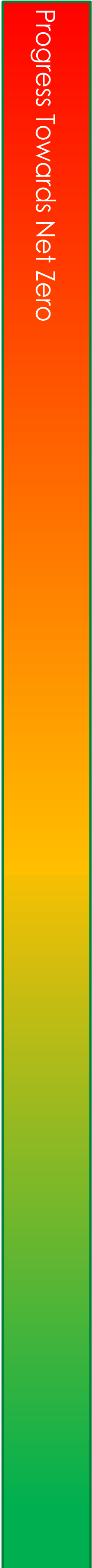
4
4
4

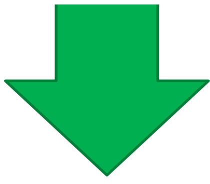
4
4
7
6

5
5
5

5
NA
NA

7
7
6


Progress Towards Net Zero



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