

# **Adult Health and Social Care Policy Committee**

---

**Wednesday 20 March 2024 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 Ruth Milsom  
Councillor Steve Ayris  
Councillor Julie Grocutt  
Councillor Laura McClean  
Councillor Martin Phipps  
Councillor Mick Rooney  
Councillor William Sapwell

---

## 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
- Carers
- Occupational therapy, enablement and support for independent living
- 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](http://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](mailto: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](mailto: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](mailto: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 MARCH 2024**

**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**

Members to declare any interests they have in the business to be considered at the meeting

(Pages 7 - 10)

**4. Minutes of Previous Meeting**

To approve the minutes of the last meeting of the Committee held on 31<sup>st</sup> January 2024.

(Pages 11 - 18)

**5. Public Questions and Petitions**

To receive any questions or petitions from members of the public.

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk), by 9.00 a.m. on Monday 18<sup>th</sup> March 2023).

**6. 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).

**7. Work Programme**

(Pages 19 - 32)

**Items for Decision**

8. **Adult Care and Wellbeing Budget, Risk Management and Financial Governance** (Pages 33 - 50)
9. **Adult Safeguarding and Ensuring Safety Delivery Plan Update and Safeguarding Board Annual Report** (Pages 51 - 120)
10. **Occupational Therapy, Equipment and Adapted Housing and City-Wide Care Alarms, Technology Enabled Care Update** (Pages 121 - 162)
11. **Carers Strategy Annual Report** (Pages 163 - 198)

**Items For Noting**

12. **Adult Care Strategy Delivery and Service Performance Update** (Pages 199 - 218)
13. **Adult Care and Wellbeing Providing Support, Market Sustainability Commissioning Plan 2023 - 2025** (Pages 219 - 276)
14. **Adult Care Working with People Delivery Plan** (Pages 277 - 286)
15. **2023/24 Q3 Budget Monitoring** (Pages 287 - 300)

This page is intentionally left blank

---

## 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, Interim Director of Legal and Governance by emailing [david.hollis@sheffield.gov.uk](mailto:david.hollis@sheffield.gov.uk).

This page is intentionally left blank

Adult Health and Social Care Policy Committee

Meeting held 31<sup>st</sup> January 2024

**PRESENT:** Councillors Angela Argenzio (Chair) Sophie Thornton (Deputy Chair), Ruth Milsom (Group Spokesperson), Steve Ayriss, Dianne Hurst, Laura McClean, Martin Phipps, Mick Rooney, and William Sapwell

**1. APOLOGIES FOR ABSENCE**

1.1 Apologies were received from Councillor Julie Grocutt, who sent their representative – Councillor Dianne Hurst.

**2. EXCLUSION OF PRESS AND PUBLIC**

2.1 There were no items which would require the exclusion of 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 meeting of the Committee held on the 13<sup>th</sup> of December 2023 were approved as a correct record.

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 One public question was received from Mr Lennox, as follows:

‘What has recently changed or will be introduced in 2024 in the South West area in respect of care and wellbeing services?’

There have been a number of city council reports referring to a transformation in such matters e.g.:

Hospital discharge and urgent care plans  
Preventative health care services  
Place based initiatives to improve care health and wellbeing  
Integrated pathways of care  
Team around the Person  
Primary care networks  
Pathways for support and information platforms about care and health

Will we live longer and better as a result of these and how will local people be engaged in service development?’

The Chair and Executive Director stated that they would arrange and attend a meeting with Mr Lennox to discuss his question further, to include the Director of Public Health and the Chair of the South West LAC.

## **6. APPOINTMENTS TO SUB-COMMITTEES**

- 6.1 To note that, in accordance with the authority given by the Committee at its meeting held on 14<sup>th</sup> June 2023, the Monitoring Officer, in consultation with the relevant political group whip, had authorised the appointment of Councillor Gail Smith as a substitute member of the Health Scrutiny Sub-Committee, with effect from the 6<sup>th</sup> December 2023.

## **7. MEMBERS' QUESTIONS**

- 7.1 No members' questions were received on this occasion.

## **8. WORK PROGRAMME**

- 8.1 The Committee received a report containing the Committee's Work Programme for consideration and discussion, presented by the Principal Democratic Services Officer. 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.

- 8.2 **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.

- 8.3 Councillor Argenzio asked that any actions from the scheduled Climate Statement item be integrated into the Work Programme.

## **9. HOSPITAL DISCHARGE AND URGENT CARE DELIVERY PLAN UPDATE REPORT**

- 9.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which updated the Committee on the operational progress that had been made in delivering the hospital discharge and avoidable admission paper that was agreed by the Committee on the 14<sup>th</sup> June 2023.

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

- Notes the current performance in relation to discharge and progress in delivering phase one of the hospital discharge and urgent care delivery plan.
- Approves the Commissioning Strategy to externally commission a specific Discharge Homecare Contract for a period of 2 years with option to extend

for a further period of 1 year.

- Requests that the Strategic Director of Adult Care and Wellbeing provides the Committee with update on progress against the delivery plan in six months

### 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.

### 9.4 **Alternatives Considered and Rejected**

9.4.1 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.

9.4.2 In relation to the commissioning strategy for discharge homecare, as set out above, the alternative would be to use the existing homecare contracts but it is felt that this could be destabilising and a specific contract is a better option.

## 10. **PERSONALISATION AND DIRECT PAYMENTS UPDATE**

10.1 The Committee received a report of the Strategic Director of Adult Care and Wellbeing which provided an update on progress against the Delivery Plan of the Personalisation and Direct Payments Strategy and reviewed the options appraisal for the future model of the Direct Payment Support Service and asked the Committee to agree upon the proposed option.

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

- Note the continued progress of the Direct Payment Improvement programme and delivery against actions from the strategy delivery plan including the creation of a Personalisation Board to drive and govern future work.
- Endorse the planned activity for the next 12 months.
- Approve commissioning strategy Option 5: Provide a Direct Payment Support Service as an in-house service offer.

### 10.3 **Reasons for Decision**

10.3.1 Our focus is to offer people of Sheffield a good life with choices as outlined in our Strategy Living the Life you Want to Live. As a Council it is imperative that we fulfil our statutory duties. The Direct Payments and Personalisation Strategy approved in 2022 commits us to delivery.

### 10.4 **Alternatives Considered and Rejected**

10.4.1 Options considered for the delivery of the Direct Payments Support Service are as set out in the Options Appraisal. No other options have been considered as the strategy, delivery plan and offer of personalised support and Direct Payments are statutory duties within The Care Act 2014, Care and Support (Direct Payments) Regulations 2014, Care and Support Statutory Guidance issued with the Care Act 2014, Children and Families Act 2014.

## 11. **ADULT HEALTH AND SOCIAL CARE COMMITTEE CLIMATE STATEMENT**

11.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which sought endorsement of an Adult Health and Social Care Policy Committee Statement.

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

1. Agree the Adult Health and Care Policy Committee Climate Statement attached at Appendix 1.
2. Note that dedicated adult climate focused workshops will take place during 2024 with social care providers, voluntary sector, and partners to agree a long-term social care action plan to realise our climate ambitions. The resultant action plan will be brought to a future Committee for approval.
3. Note the intention to seek a partnership with academia to consider the adult social care contribution to climate action.
4. Note the intention of the Strategic Director to embed within our contract monitoring processes an assurance that all providers have effective business continuity arrangements to respond to impacts of climate change and have plans to support our climate ambitions.
5. Requests that the Strategic Director of Adult Care and Wellbeing provides an update every six months to Committee on delivery of the Statement.

### 11.3 **Reasons for Decision**

11.3.1 It is important that the response to the Annual Climate Progress Report is open and transparent in setting out the challenges which the local authority faces in making progress and clarifies future expectations on the part we all have to play in addressing climate change.

11.3.2 An endorsed Adult Climate Statement gives the public assurance that the Committee is delivering upon its commitment towards Climate Change and Net

Zero.

11.3.3 Asking for the six-monthly updates provides public accountability and transparency of our progress in delivery.

#### 11.4 **Alternatives Considered and Rejected**

11.4.1 Not providing committee climate statements. This would not provide the assurances to Committee and the Council that Climate Change and a commitment to Net Zero are being progressed by Adults Services.

11.5 Members asked what work had been done to map the impact of Adult Health and Social Care on Climate Change. Officers stated that this was challenging to monitor as the effects were caused more widely than the Council. They stated that they had tried to gather as much information as possible, and that they would continue to work on improving the accuracy of monitoring.

### 12. **ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT AND LEARNING FROM FEEDBACK ANNUAL REPORT**

12.1 The Committee considered a report of the Strategic Director for Adult Care and Wellbeing which provided the Adult Social Care Complaints Annual Report 2022-3 for endorsement by Committee and an update regarding learning from feedback from individuals and carers.

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

1. Endorses the Sheffield Adult Social Care Complaints Annual Report 2022 – 2023 attached at Appendix 1.
2. Notes the Analysis of Complaints by Care Quality Commission Quality Statement attached at Appendix 2.
3. Endorses the Learning from Feedback Annual Report attached at Appendix 3.
4. Notes that engagement will be undertaken during 2024 with individuals and unpaid carers to continue to build our approach to learning from feedback and using this to inform service improvements and strategic developments.
5. Agrees that the Strategic Director Adult Care and Wellbeing providing six monthly updates on our learning from feedback and subsequent service improvements as an assurance to Committee that Adult Care and Wellbeing are continually learning from feedback.

12.3 The Committee noted the report.

### 13. **ADULT HEALTH AND SOCIAL CARE: FINANCIAL RECOVERY PLAN UPDATE**

13.1 The Committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided the Committee with an update on 2024/5 business planning, an analysis of the underlying financial pressures to be carried forward into the 2024/25 financial year.

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

1. Note the changes to the Committee's budget plan since the November update and the proposals being brought forward to close the 2024/25 budget gap.
2. Note that £2.8m more Social Care Grant (ringfenced for Adult and Childrens Social Care) than assumed in the Council's planning has been received but £4.9m less of unringfenced 'Services Grant received. To note that this has resulted in a subsequent increase of £2m Social Care Grant to Adult Health and Social Care Policy Committee but a decrease of £0.9m corporate funding to Adult Health and Social Care Policy Committee.
3. Note the impact of funding changes on the 2023/24 carry forward position and recovery plan for 2024/25.
4. Note the recovery plan to mitigate underlying demand and cost pressures in 2024/ 2025.

13.3 The Committee noted the report.

14. **ADULT HEALTH AND SOCIAL CARE TARGET OPERATING MODEL AND PARTNERSHIPS MODEL UPDATE**

14.1 The committee considered a report of the Strategic Director of Adult Care and Wellbeing which provided a scheduled update on the Adult Health and Social Care Strategy, approved by the Co-Operative Executive on 16<sup>th</sup> March 2022. The update was aligned to the Council's cycle of assurance and set out the delivery progress in relation to the Target Operating Model and the next steps for implementation in 2024 to 2025.

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

1. Endorses progress in delivering on the Adult Care Strategy
2. Endorses progress in delivering the Target Operating Model
3. Requests that the Strategic Director of Adult Care and Wellbeing provides an update in six months as part of the DASS and Strategy Delivery Updates

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

15. **SHEFFIELD CARE SECTOR WORKFORCE DEVELOPMENT STRATEGY 2023-2026 UPDATE**

15.1 The Committee considered a report of the Director of Adult Care and Wellbeing which provided an update on progress made with the Care Sector Workforce Development Strategy 2023-2026 which was endorsed by the Adult Health and Social Care Policy Committee in March 2023. This update was in line with the Cycle of Assurance approved in June 2023.

15.2 The Strategy set out a vision for the future of Adult Social Care and explained how the directorate would work towards addressing some of the systemic issues



affecting the Adult Social Care workforce.

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

1. Endorses progress made with implementing the Care Sector Workforce Development Strategy 2023 – 2026.
2. Notes that a Care Sector Workforce Strategy Workshop Session will be organised in 2024 to involve and engage Social Care Providers, Voluntary Sector and Academia in further developing our approach to workforce development, wellbeing and including agreement of shared workforce standards.
3. Notes that a Sheffield Adult Workforce Celebration & Recognition Event will be launched in 2024 to celebrate good practice and learning.
4. Notes the intended commissioning strategy for a Sheffield Health and Social Care Academy.
5. Endorses the Sheffield City Council Adults Care & Wellbeing Being Healthy at Work Plan 2024-2025.
6. Requests that the Strategic Director of Adult Care and Wellbeing continues to provide the Committee with updates on progress against the Strategy on a six-monthly basis, including updates made based on ongoing learning.

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

This page is intentionally left blank



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

**20<sup>th</sup> March 2024**

**Report of:** Director of Policy and Democratic Engagement

---

**Subject:** Committee Work Programme

---

**Author of Report:** Fiona Martinez, Principal Democratic Services Officer

---

### **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 too 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:

2.2 None received

### **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:**

<b>New Items</b>	<b>Proposed Date</b>	<b>Note</b>	<b>Lead</b>
<b>NEW:</b> Preparation for Adulthood (Transitions)	June 2024	TBC	TBC
<b>NEW:</b> Shared Care Record and Liquid Logic	March 2024	TBC	
<b>NEW:</b> Adult Care Strategy Development and Performance Update	March 2024	Quarterly update to Committee on strategy development in Adult Care and Wellbeing (ACW) and performance update.	Rebecca Dixon/Nicola Maskrey
<b>NEW:</b> Occupational Therapy, Equipment and Adapted Housing and City-Wide Care Alarms, Technology Enabled Care Update	March 2024	This report details the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations and technology enabled care service	Kelly Siddons
<b>Rescheduled Items</b>	<b>Proposed Date</b>	<b>Note</b>	
<b>MOVED:</b> Technology Enabled Care	March 2024	Sheffield City Council has created a vision for the future of Technology Enabled Care (TEC) provision in the city, which requires the creation of a new TEC Service Delivery Model.	Paul Higginbottom

**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.

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

**Part 3: Agenda Items for Forthcoming Meetings**

Meeting 6	March 20 <sup>th</sup> , 2024	10am				
<b>Topic</b>	<b>Description</b>	<b>Lead Officer/s</b>	<b>Type of item</b>	<b>Prior member engagement/ development required</b>	<b>Public Participation/ Engagement approach</b>	<b>Final decision-maker (&amp; date)</b>
Adult Care Strategy Delivery and Service Performance Update	Quarterly update on Adult Care Strategy Delivery and Service Performance Update including update	Jon Brenner	Post Decision – Assurance and Scrutiny	Member Briefing	N/A	Adult Health and Social Care

	against Council Delivery Plan.					
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 Jonathan McKenna Moore	Post Decision	Member Briefing	N/A	Adult Health and Social Care
Adult Care and Wellbeing Providing Support, Market Sustainability Commissioning Plan 2023 - 2025	SCC responsibilities to deliver a sustainable market under Section 5 of Care Act 2014.	Catherine Bunten	Strategy/Policy Development	Updates provided quarterly to Committee in 2023	The commissioning work programme is 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 Board Annual Report	Six-monthly update on Adult Safeguarding and Ensuring Safety Delivery Plan and Safeguarding Responsibilities Consultation	Dawn Bassinder/Andrew Drummond	Post Decision – Assurance and Scrutiny	Member Briefing	Included in report	Adult Health and Social Care



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
2023/24 Q3 Budget Monitoring	Budget monitoring report	Jane Wilby	Monitoring			Adult Health and Social Care
<b>NEW:</b> Shared Care Record and Liquid Logic	TBC	Dawn Bassinder	TBC	TBC	TBC	Adult Health and Social Care
<b>NEW:</b> Adult Care Strategy Development and Performance Update	Quarterly update to Committee on strategy development in Adult Care and Wellbeing (ACW) and performance update.	Rebecca Dixon/Nicola Maskrey	Strategy/Policy Development	<p>Quarterly updates on strategy delivery and performance updates for ACW are provided to the Committee by the DASS.</p> <p>Members have received regular updates and briefings on the CQC assurance work in anticipation of the CQC Assessment of Adult Social Care in 2024.</p>	<p>The CQC self-assessment has been informed and developed via engagement with our workforce, partners and the people and families who access our services, including those with lived experience.</p> <p>Our performance updates and strategy development /</p>	Adult Health and Social Care

					delivery are directly informed by our I-Statement outcomes and other engagement mechanisms including the Carers Forum, Autism Partnership work with partners including Disability Sheffield and SACHMA, and the MASH.	
<b>NEW:</b> Occupational Therapy, Equipment and Adapted Housing and City-Wide Care Alarms, Technology Enabled Care Update	This report details the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations and technology enabled care service.	Kelly Siddons	Performance/Monitoring	Member briefing 28.2.24	N/A	Adult Health and Social Care

Items which the Committee has agreed to add to an agenda, but for which no date is set.						
Topic	Description	Lead Officer/s	Type of item <i>Decision/Referral to decision-maker/Pre-decision (policy development)/Post-</i>	Prior member engagement/development required	Public Participation/Engagement approach	Final decision-maker (& date) <i>This Cttee/Another Cttee (eg S&amp;R)/Full Council/Officer</i>

			<i>decision (service performance/ monitoring)</i>	<i>(with reference to options in Appendix 1)</i>	<i>(with reference to toolkit in Appendix 2)</i>	
<b>NEW:</b> Preparation for Adulthood (Transitions)	TBC	TBC	-	-	-	Adult Health and Social Care (June 24)
<b>MOVED:</b> Technology Enabled Care	Sheffield City Council has created a vision for the future of Technology Enabled Care (TEC) provision in the city, which requires the creation of a new TEC Service Delivery Model.	Paul Higginbottom	Strategy/Policy Development	We have supported Members Briefings, with members attending the Sheffield TEC Transformation Conference in September 2023.	<p>The co-production of the TEC Service Delivery Model has been informed by citizens and people with lived experience in partnership with Healthwatch, including frontline health, housing, and social workers via both MS Teams and face to face.</p> <p>The initial engagement was undertaken via a TEC Marketplace Event and follow up Focus Groups in May and June 2023, where we listened to what people who draw on care and support and people who work in health, housing and</p>	Adult Health and Social Care

					<p>social care think about TEC services and how best they could be improved.</p> <p>A further 'You Said We did – What Do You Think?' Event took place in November 2023 to check and challenge the early design of the new service delivery model and capture thoughts and suggestions to help inform redesign work.</p>	
<p><b>NEW:</b> Hospital Discharge and Urgent Care Delivery Plan Update Report</p>	<p>Request that the Strategic Director of Adult Care and Wellbeing provides the Committee with update on progress against the delivery plan in six months (September 24)</p>					
<p><b>NEW:</b> Adult Health and Social Care Committee Climate Statement</p>	<p>Requests that the Strategic Director of Adult Care and Wellbeing provides an update every six</p>	<p>Nicola Maskrey</p>				

	months to Committee on delivery of the Statement. (September 24)					
<b>NEW:</b> Adult Social Care Complaints Annual Report and Learning from Feedback Report	Agrees that the Strategic Director Adult Care and Wellbeing providing six monthly updates on our learning from feedback and subsequent service improvements as an assurance to Committee that Adult Care and Wellbeing are continually learning from feedback. (September 24)					
<b>NEW:</b> Adult Health and Social Care Target Operating Model and Partnerships Model Update	Requests that the Strategic Director of Adult Care and Wellbeing provides an update in six months as part of the DASS and Strategy Delivery Updates (September 24)					

<b>NEW:</b> Integrated Neighbourhood Model	TBC	Jo Pass				
<b>NEW:</b> Dementia Strategy	TBC	Jo Pass				
<b>MOVED:</b> All Age Mental Health and Emotional wellbeing Strategy	Update on strategy and delivery plan following approval at S & R Committee in March 23.	Louisa King Tim Gollins	Post Decision	Member Briefing	As part of development of the plan	Adult Health and Social Care with briefing for Education, Children and Families

## **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.**





## Report to Policy Committee

### Author/Lead Officer of Report:

Jonathan McKenna-Moore, Service Manager for Business Planning and Care Governance

**Report of:** Strategic Director of Adult Care and Wellbeing

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

**Date of Decision:** 20th March 2024

**Subject:** Adult Health and Social Care: Financial Recovery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA 1444 – recovery plan and EIA 2628 – property charges				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### 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.
- Timeline for business planning for the 2025/26 financial year.
- Updates on the Use of Resources Delivery Plan.
- Overview of risk management approach in Adults Care and Wellbeing.
- Proposed changes to charges for the protection of people's property.

**Recommendations:**

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

1. Approve the proposal to update property charges.
2. Note the update to the financial forecast for the delivery of savings in 2023/24.
3. Note the updates on governance and risk management.
4. Request updates on progress with implementation through our Budget Delivery Reports to future Committee.

**Background Papers:**

Appendix 1 – Carried forward savings targets and activity

Appendix 2 – Use of Resources Delivery Plan

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
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	Alexis Chappell
3	<b>Committee Chair consulted:</b>	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.	
	<b>Lead Officer Name:</b> Jonathan McKenna-Moore	<b>Job Title:</b> Service Manager for Business Planning and Care Governance
	<b>Date:</b> 12/03/2024	

## **1. Adults Care & Wellbeing: Financial Forecast & Recovery Plan Update**

### **1.1 Adults Care and Wellbeing Forecast Outturn**

- 1.1.1 As at month 10, Adult Care and Wellbeing is reporting an overspend of £2.9m. This is compared to the £3.8m overspend reported in December's update to committee.
- 1.1.2 Underlying this £900k improvement is £1.3m one-off additional income being made available, and recovery of deferred charges. This has been offset by an increase in the volume of third-party services and a small increase in staffing costs.
- 1.1.3 As detailed in the report to committee in January, there is an underlying pressure on staffing costs and the purchasing budget being mitigated by £16.7m new income and grant funding.
- 1.1.4 £700k of the in-year overspend is against purchasing budgets. The remaining £2.2m relates to staffing and other non-purchasing costs, including around £1m on City Wide Care Alarms and Community Equipment which can no longer be funded by Disabled Facilities Grant.
- 1.1.5 The Strategy and Resources Committee noted in September 2023 that 66% of the Council's total General Fund savings in 2023/24 were owned by the Adult Health and Social Care Committee. The Directorate is delivering these high levels of savings alongside work to mitigate long standing risks in relation to assessment waits, reviews, and care act delivery, preparing for CQC Assurance and improving performance and outcomes for individuals. The transformation of Adult Care and Wellbeing into a financially sustainable service was therefore always anticipated to be multi-year process.

### **1.2 Recovery Plan Update**

- 1.2.1 £18.9m savings were required as part of the 2023/24 budget. There were a further £5.5m savings which carried forward from the 2022/23 budget and which also required delivery in 2024/25 taking the total savings target to £24.4m.
- 1.2.2 In accordance with the Care Act 2014, planned savings have focussed on maximising income, improved support prior to people accessing services, and working with people using a strengths-based approach to review their support. This approach avoids reducing the availability of services or limiting access where there is an eligible need, and ensures that the safety of individuals who need support is paramount in our strategy.
- 1.2.3 We are now forecasting delivery of £18.2m savings against a target of £24.4m (75%), this is compared to £19.1m (79%) in December.

- 1.2.4 Table 1 provides an update on the summary of savings delivered. A higher proportion of savings have been closed since the December report, with savings now forecast as undeliverable no longer being areas of activity.

<b>Table 1: 2023/24 Recovery Plan Forecast</b>					
<b>Project Title</b>	<b>Target by 31/03/2024 (£000s)</b>	<b>Forecast by 31/03/2024 (£000s)</b>	<b>% By March 2024</b>	<b>% By March 2025</b>	<b>Action Required to Deliver Savings</b>
<b>Closed Items</b>	-10,870	-7,413	68%	87%	All activity against closed savings is either complete or on schedule.
<b>Living and Aging Well</b>					
Recovery Reviews	-4,283	-3,069	72%	100%	Invest to save on agency review teams until March 2024
Early Help and Proportionate Care	-922	-672	73%	100%	Increased demand likely to be linked to winter pressure
STIT and Enablement Staffing	-2,265	-1,693	75%	100%	Additional grant funding to be allocated until 25/26
<b>Adults Future Options</b>					
Recovery Reviews	-2,894	-1,813	63%	100%	Invest to save on agency review teams until March 2024
Health Income	-1,485	-1,485	100%	100%	Reviewing CHC arrangements. Recharges under review
<b>Care Governance &amp; Financial Inclusion</b>					
Income recovery and reassessments	-1,640	-2015	123%	149%	Recruitment to reassessment posts now complete
<b>TOTAL</b>	<b>£24,359</b>	<b>£18,160</b>	<b>75%</b>		

- 1.2.5 Changes to the forecast relate to the ongoing cost of non-standard residential rates and slippage to savings being delivered through joint working with Health.
- 1.2.6 In 2023/24, purchasing spend has been well managed. Average weekly costs have generally reduced whilst the number of younger people with a Learning Disability has risen as part of the long term national trend. The delivery of savings in 2023/24 has also been supported by new and one-off additional income in-year.
- 1.2.7 Underlying pressure was carried forward into 2023/24 resulting from slippage to 2022/23 savings as well as growth in purchasing spend, particularly for people with a Learning Disability and young people transitioning to support from Children's to Adults' care. This was supported by a Recovery Plan which was reported to Committee in February 2023.

- 1.2.8 After disregarding one-off income in 2023/24 and income not anticipated in the budget at the start of the year there is currently an underlying financial pressure of £17.4m which will be addressed by the 2024/25 Recovery Plan.
- 1.2.9 The [Recovery Plan for 2024/25](#) was presented to Committee 31 January 2024. Appendix One provides an explanatory version of the Recovery Plan to show what activities are being carried over from this year and what is new activity.
- 1.2.10 Action owners and responsible Assistant Directors are currently working through implementation plans to ensure the requisite staff capacity and any additional resources are made available. Savings Delivery will be monitored through monthly meetings with each Assistant Director and their Service Managers, with updated forecasts reported to the Directorate Leadership Team meeting for Adults Care & Wellbeing and corporately through Finance Business Partners.

### **1.3 Recovery Reviews**

- 1.3.1 In August 2023, £2.4m was made available from the Council's Transformation Fund to employ four agency teams, specifically to complete annual reviews of care and support. This investment was on the basis of improving the delivery of a £7.2m savings target relating to the review of high value support packages.
- 1.3.2 The forecast impact of the review teams is currently a £4.3m reduction in costs. This compares with an original forecast of £6.3m. Several complex interventions were required following discovery work by the agency teams, during which our statutory duty to ensure safety took precedence and slowed the rate of progress against the review target.
- 1.3.3 The original forecast of savings achievable without the intervention of agency teams was £2.5m. However, given that the complex intervention work would still have been required, it is unlikely that any saving over £1m would have been achievable without the investment.
- 1.3.4 In March 2024, the funding for agency teams will no longer be available. Both the completion of approximately 2,000 annual reviews and the delivery of £7m combined savings target linked to reviews will need to be delivered by permanent staff teams.
- 1.3.5 Investment in several teams, through invest to saves, is proposed to ensure this workload is manageable and the related savings are achievable and sustainable. Already agreed in Business Planning are:
- Future Options Enablement Team.
  - Living and Ageing Well Enablement Team.

### 1.3.6 Additional proposals include:

- Living and Ageing Well Care Home Review Team.
- Living and Aging Well team for review of proportionate care.
- Mental Health Enablement Team.
- Mental Health Transitions Team
- Adult Future Options Peripatetic Support Team
- Brokerage and Payments Team for review of non-standard residential care and accommodation with care.

1.3.7 While the agency teams in 2023/24 were funded corporately, the additional staffing costs from recruiting to permanent teams will require investment from the Adult Social Care budget. This has been undertaken as an invest-to-save initiative to ensure delivery of the 2024/25 Budget savings and Recovery Plan actions. Furthermore, investment in permanent staff teams will ensure delivery of our statutory duty to conduct an annual care review without recourse to agency teams at higher cost and lack of continuity of delivery.

1.3.8 Improvements around planning for transition from children's services to adulthood will continue to expand the reach and depth of communication across teams in order to build a more comprehensive profile of demand for the next five years. This includes support for young people with learning disabilities, physical disabilities, and mental ill-health.

1.3.9 Improvements in brokerage and payments will enable a direct focus in relation to non-standard residential care and efficacy of accommodation with care which are two key areas of financial pressure identified in our recovery arrangements. It will also free up social work capacity as social workers will not need to find placements.

## 1.4 **Business Planning Timeline for 2025/26 including setting of Fee Rates**

1.4.1 As the 2024/25 financial year approaches and in-year budgets are finalised, planning for the 2025/26 financial year begins. This will include the following activity:

- Engagement sessions with managers – underway. Three sessions are planned in March, April and June to invite contributions to the business planning process to all team managers and service managers. Managers are encouraged to include their own teams in this discussion and feedback into the process.
- Initial planning – May. In parallel with the engagement sessions, discussions will be held with Assistant Directors to include their service improvement plans and priorities against the long-term strategy for Adult Social Care. Committee members will be consulted regarding their priorities and the implications for cost pressures.

- MTFS – June. Finance business partners will aim to provide a working Medium Term Financial Strategy (MTFS) in June. This will provide an initial basis for pressures, income and savings required.
- Budget savings proposals – September. It is assumed at this stage that further savings will be required to meet the cost pressures of fee rate increases, inflation and additional demand. Proposals for how savings will be achieved will be brought to Committee for agreement in September.
- Confirmation of pressures – November onwards. Working assumptions on cost pressures and the subsequent savings required to meet them will necessary until information is provided by Government. This is likely to be some point from November.
- Formal Budget Setting Process – November onwards. Following discussion at committee, agreed proposals will be taken forward through the formal process of full council approval of the budget.
- Fee Rate Setting Process for 2025/26. Feedback from this year's fee setting discussions showed a preference for working to a December agreement date. Discussions with providers will take place over the course of the year, building to this milestone.

1.4.2 Increased reliance on external grant funding presents a potential risk to the sustainability of the Adults Health and Social Care budget in future years.

- In 2024/25, Discharge Grant will be available to the system but will be subject to grant conditions and local governance.
- £1.9m of one off MSIF grant has been allocated to temporary staffing costs and fee uplifts. This will need to be replaced by permanent funding in 2025/26.
- £12.88m of additional Adult Social Care Grant has been included in 24/25 Business Planning. Whilst planning assumptions are that this is recurrent funding, there has been no confirmation of grant allocations past 24/25.

## **1.5 Use of Resources Delivery Plan**

1.5.1 The Use of Resources delivery plan was presented to Committee in November 2022, building on a programme of improved governance around financial management.

1.5.2 The purpose of the Delivery Plan is to establish an ongoing schedule of work to embed good financial governance. Appendix 2 provides an update on the actions identified in 2022 plan and our priorities for ongoing improvement in 2024.

1.5.3 Priority tasks for implementation are:

- National benchmarking for innovation and best practice.
- Care package approvals process.
- Establishment control data.
- Best value discussions at team level.
- Online financial support and guidance.

## **1.6 Risk Management**

1.6.1 Risk management is the process by which the Council continually identifies and describes any risks to the delivery of its objectives and then, following an analysis of those risks, decides and implements the agreed response to either remove the risk, mitigate it or accept it.

1.6.2 The Care Quality Commission (CQC) will look at risk management under Theme 4 of their Assessment Framework to check that the Local Authority has 'clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment, and support', to ensure that the Local Authority acts on the best information about risk, performance, and outcomes, and shares this securely with others when appropriate.

1.6.3 Risk management is an essential part of our care governance and sits in the Risk and Resilience domain of the Care Governance Strategy. The Council's Risk Management Framework sets out our methodology and overall approach, providing managers with the necessary structures and tools to enable them to manage risk effectively whilst ensuring a consistent approach across the organisation.

1.6.4 Risk is managed at each tier of the organisation and risks are escalated quarterly to the management tier above as appropriate. In Quarter 3 the Directorate has reviewed its risk register to ensure that it is reflective of the operating environment and that risks are being managed at the appropriate level. Four of the sixteen risks being managed corporately in Quarter 3 have been escalated by the Adult Care and Wellbeing Directorate.

1.6.5 The corporate risk register is being refreshed in 2024. The Policy Committee will be briefed on risk management as part of its induction in June and updated quarterly as part of the Cycle of Assurance reporting.

## **1.7 Revised Charging for the Protection of Property**

1.7.1 Committee is asked to approve the following proposal for revised charges to individuals for the storage and management of personal property.



- 1.7.2 In accordance with our duties under the Care Act 2014, the Council acts to manage and safeguard people's possessions where there is no one who is able to support them. If an individual is admitted to residential care leaving their property vacant, this may require officers to search the property and provide temporary storage for their possessions. The Council has a power recover reasonable costs for this work under Section 47 (7) of the Care Act 2014, but at present no charge is made for this service.
- 1.7.3 For the estates of people who have died and have no one to arrange a funeral, the Council has a duty under section 46 of the Public Health (Control of Disease) Act 1984 to arrange the funeral. This may include a search of the persons property and storage of any valuable possessions identified. The Council charges up to £305.14 for a search depending on the size of property. At present no charge is made for storage of property. The Council will hold possessions for 7 years prior to disposal if no next of kin is identified.
- 1.7.4 To improve the service and generate funds to cover the cost of administering estates, storing items and to allow people access to their deceased relatives' funds in a sympathetic manner, a number of proposals are proposed:
1. Commence charging for protection of property searches at the same rate as for estate searches to ensure consistency. This is estimated to impact around 240 people per year and will result in charges of around £45k.
  2. Commence charging for storage of items. This will be in the form of a one-off fee for monitoring, record keeping and staff time, along with a monthly charge for storage based on the size of the item retained. This is expected to result in charges of around £5k per year.
  3. Update fees in line with the cost of managing the service. An annual uplift in line with the salary uplift is proposed to cover the inflationary cost of maintaining the service. This is proposed at 5.5% for 2024/25 with future uplifts to be reviewed as part of the wider fee uplift process.
  4. Implement an indemnity form to allow the release of estates with a value of less than £5000. This will impact around 30 existing cases and approximately 20 more each year. There is no direct financial impact but it may allow for the settling of some small debts to the council.

1.7.5

<b>Schedule of Charges</b>	
Item	Charge
Search (Subject to size of property)	£138.70 - £305.14
One-off storage admin fee	£13.87
Envelope storage fee	£0.50 / year
Small box storage fee	£11.55 / year
Large box storage fee	£27.75 / year
Single large item storage fee	£18.50 / year

- 1.7.6 Legal advice has been sought and there is no requirement on the Council to consult on this decision.
- 1.7.7 An EIA has been completed for this proposal, reference 2628.
- 1.7.8 There is no climate impact for this proposal. Services are already being provided; the only change is to the charges applied for those services.

## **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
- 4.1.2 EIA 2628 has been completed and assesses a limited impact from this proposal, given the relatively low annual fees proposed and number of people potentially affected.

### 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 particular proposals for the budget and implications, there are no specific legal implications arising from the content. The ongoing process will however assist the local authority in meeting its obligations and legal duties. 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.

#### 4.4 Other Implications

4.4.1 There are no further implications to consider at this time

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

5.1 For the proposal to update the charging policy for property searches and storage. The alternative option would be:

1. To maintain the current disparity on charging. This option was rejected as there was no basis to favour one group of people over another for cost of conducting property searches.
2. To provide storage for free. This option was rejected as there is a cost against public funds to provide the service. Storage has been provided free of charge, incurring costs that could otherwise be used to provide care and support. The proposed schedule of fees offers good value for money for those who benefit from it. Establishing the principle of charging for this specific service is also a prudent step should external storage facilities be required in the future.

## **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 health and social care and the long-term benefit of people in Sheffield.

## Appendix One: Carried Forward Savings Targets and Activity

The budget plan for 2024/25 financial year includes £13m of budget ('BIP') savings to cover the gap between additional funding and new cost pressures due to inflation and increasing demand. In addition to the £13m of *budget ('BIP')* savings, there is a £17.4m Recovery Plan to reduce the underlying overspend against the available budget.

In 2023/24, we are forecast to deliver £18.2m of a planned £24.4m savings plan. Non-delivery of savings, or slippage – whereby delivery is delayed – contributes to the underlying pressures. This means the £6.2m of slipped savings this year forms part of the £17.4m underlying overspend to be mitigated through the 2024/25 Recovery Plan. £400k of undeliverable savings were added to cost pressures for the 2024/25 budget.

The table below provides an overview of all proposed savings for 2024/25. These are Recovery Plan savings unless labelled 'BIP'.

Savings Plan Action	Value (£000s)	Background
<b>Service Area: Adults Future Options</b>		
Enablement Interventions: New enablement team will support people to be more independent in their day-to-day life, including routes to employment.	2,100	Relates to £1.6m slippage on 23/24 savings intended to mitigate demand growth. £500k will be in addition to the slipped saving.
Annual Reviews and Audit of Short-Term Interventions: reviews of direct payments, supported living, 1-2-1 care and other services.	1,300	Relates to £1m slippage on recovery reviews in 23/24. £300k will be from a slipped saving on joint efficiencies with Health partners.
Improved access to Continuing Health Care (CHC)	1,000	New activity with specialist team, a learning programme and building integrated approaches with health colleagues.
Adult Future Options Development Programmes: undertaking major project of recommissioning high-cost services.	4,300	Predominantly new activity, However this will include recovery of £372k of slipped savings relating to rates under the residential framework.
Payment Controls: tracking contract changes and funding agreements across teams to ensure correct payments.	500	New activity building on quality assurance work to mitigate the risk of payments in error.
Contract Costs	300	Ongoing activity – this relates to a 22/23 saving that was deferred into a four year tapered cost.
Direct Payments: improved recovery of unused funding and reduced use of money management companies.	200	Ongoing activity – these are actions that are in place, but were not a budget saving in 23/24.
<i>Budget Implementation Plans (BIPs): budget adjustments</i>	2,438	<i>All relate to changes in income being reflected in the budget. BIPs cannot repeat slipped savings because they further reduce the budget available.</i>
<b>Service Area: Living and Ageing Well</b>		
Enablement Interventions and Reviews: new team with a focus on strength-based interventions and enablement.	1,600	£1.2m relates to slippage on 23/24 recovery reviews; £400k is from additional activity in 24/25.
Provider Led Reviews: incentivising strengths based reductions to support before an annual care package review.	500	New activity relating to the new contracts for homecare commencing June 2024. £200k slipped saving on joint efficiencies with Health partners will also contribute to this target.
Income Generation and Service Development: includes promotion of tech, equipment and adaptations.	200	New activity, mitigating the 23/24 slipped saving against staff costs.
Grant funding	4,400	Non-recurrent funding that cannot be built into permanent budgets.
<i>Budget Implementation Plans (BIPs): Promoting independence post discharge.</i>	1,568	<i>New activity: BIPs cannot repeat slipped savings because they further reduce the budget available.</i>
<i>Budget Implementation Plans (BIPs): Alignment of non-standard residential care rates</i>	329	<i>New activity. Separate to £250k slipped saving for transfer of high cost residential care to framework rates based on changing needs - this activity is still live, and delivery will address the underlying overspend on residential care.</i>
<i>Budget Implementation Plans (BIPs): Somewhere Else to Assess (S2A)</i>	450	<i>New activity</i>
<i>Budget Implementation Plans (BIPs): Extra Care budget adjustment</i>	90	<i>Budget adjustment.</i>
<b>Service Area: Access and Mental Health</b>		
Additional Income: ensuring agreed funding splits are applied correctly.	200	Relates to £500k slipped saving from 23/24. Target reduced and will be off-set by alternative activity.
Early Help Service: bridging service in First Contact	200	New activity enabling more time for strength based work with eligible contacts.
<i>Budget Implementation Plans (BIPs): Promoting Independence Project (PIP)</i>	543	<i>Ongoing activity – PIP is a multi-year saving and is expected to over deliver in 24/25</i>
<i>Budget Implementation Plans (BIPs): Mental Health Reviews</i>	500	<i>Ongoing activity: mental health purchasing is not forecast to overspend in 23/24 so there is no slippage to recover in 24/25.</i>
<b>Service Area: Governance and Financial Inclusion</b>		
Maximising Income	600	Includes £450k slippage against financial reassessments from 23/24. £150k relates to new initiatives.
<i>Budget Implementation Plans (BIPs): Annual Uplift to Contributions</i>	6,050	<i>Annual process to increase income.</i>
<i>Budget Implementation Plans (BIPs): Additional Income</i>	1,027	<i>Ongoing activity, not related to slippage.</i>
<b>Recovery of Slipped Savings:</b>	<b>5,872</b>	Savings delayed but still achievable in 2025
<b>Recovery Plan new Activity:</b>	<b>11,528</b>	New activity to address underlying pressures
<b>Budget Planning Savings:</b>	<b>12,995</b>	New savings, not related to slippage in 23/24
<b>TOTAL:</b>	<b>30,395</b>	Total for both Budget Savings and Recovery Plan

This page is intentionally left blank

## Appendix 1 – Effective Use of Resources Delivery Plan

Category	Objective	Update	Next Steps	Lead	Timescale	RAG
<b>Strategic</b> (high level plan and review)			<b>Green on Track</b>	<b>Amber</b>	<b>Delayed but will be completed</b>	<b>Delivery Priority for 24/25</b>
1. Financial strategy	A long-term strategy for AHSC finances that describes how the AHSC vision & strategy will be funded on a sustainable basis.	Focus for 2022/ 2023 has been on stabilising financial position and developing a recovery plan. The recovery plan was approved at Committee in January 2024. ( <a href="#">Appendix 1 - 2024-25 Recovery Plan v2.pdf (sheffield.gov.uk)</a> )	This is a priority for 2024/ 2025 to provide an annual update to financial strategy	AD Care Governance and Financial Inclusion	Review by, April 2024	Priority for 2024/25
2. Budget strategy	A medium-term budget strategy for AHSC – based on a preferred model of provision and staffing to deliver better outcomes for people and best value for the council.		Formal multiyear budget strategy to be developed and brought to Committee	AD Care Governance and Financial Inclusion	November 2024	Priority for 2024/25
3. Budget setting	Annual support to the committee, in line with the corporate timeline for the delivery of a balanced budget for the following financial year.	A budget setting process is now embedded in Adult Care with business planning reported to March Committees. The first being March 23 - <a href="#">14. Appendix 3 Business Planning timeline.pdf (sheffield.gov.uk)</a>	Proposal long list (Sept 24) and Proposal short list (Nov 24).	AD Care Governance and Financial Inclusion	December 2024	GREEN
4. Benchmarking	Annual benchmarking report and cost driver analysis to inform budget strategy.	Annual benchmarking and review of cost drivers are now embedded with benchmarking reports provided to Committee in September 22 ( <a href="#">Appendix 3 - Benchmarking Information Resources COM22-23-BGT-002.pdf (sheffield.gov.uk)</a> ) and September 23 ( <a href="#">Appendix 2 - benchmarking summary.pdf (sheffield.gov.uk)</a> )	Reporting of latest benchmarking and cost drivers to Committee by November 24.	AD Care Governance and Financial Inclusion	November 2024	GREEN
5. Market Shaping Statement	A medium-term plan for the reshaping of the care market to meet changing needs in line with our vision and strategy. This will set out how we will achieve a sustainable market with clear oversight and governance along with clear messages for providers on our commissioning intentions, potential use of capital development and the outcomes we want to achieve for the people in Sheffield.	A Market Position Statement was approved by Committee in Sept 22 ( <a href="#">12. Appendix 1 Market Shaping Statement COM22-23-STR-002.pdf (sheffield.gov.uk)</a> ). Mental Health, Homecare, Housing with Care Market Statements have been developed and implemented alongside dedicated strategies in 23/24. <a href="#">Adult Care and Wellbeing – how we work   Sheffield (sheffielddirectory.org.uk)</a>	An annual update to the Market Position Statement to Committee will be provided in November 2024 to reflect the activity and learning in 23/24. A dedicated officer has been implemented to maintain the market position statement and the update to the strategy delivery.	AD Commissioning and Partnerships	December 2024	GREEN
6. Fair Cost of Care and Market Sustainability	A Care Market Sustainability Plan covering any move towards a <i>fair cost of care</i> for third party services. This includes annual uplifts, risk management, continuity of care and Section 18(3) of the Care Act 2014.	A Market Sustainability Plan was approved by Committee in Feb 23 ( <a href="#">17. Appendix 1 Market Sustainability Delivery Plan Jan23.pdf (sheffield.gov.uk)</a> ) and included Fair Cost of Care analysis.	Updated Market Sustainability Plan to be brought back to Committee in 2024 based on engagement with providers and learning from recommissioning exercises over 23/24. An update is to be provided in March 2024 as an interim next step.	AD Commissioning and Partnerships	December 2024	GREEN
7. Change Programme	Manage and maintain a multiyear transformational change programme for delivery of the Adult Social Care Vision and Strategy and multiyear savings / efficiencies.	Strategy Delivery and change programme underway with regular updates on progress to Committee. <a href="#">20.2 Appendix 1 - Adults Strategy Delivery Plan Update.pdf (sheffield.gov.uk)</a> .	Annual review of programme underway and will be articulated via an updated delivery plan to Committee. Workshops planned throughout March to June 2024. A dedicated team is now in place to maintain the programme.	AD Commissioning and Partnerships	September 2024	GREEN
8. Innovation and legislation	Horizon scanning and sharing innovative practice to become embedded in strategic approach with access to national fora and peers.	Horizon scanning is included in DASS update reports, Manual and is now part of practice development functions. Changes to national legislation now communicated via Tri.x online resource.	Proposal for improved learning from national innovation and best practice; Update on proposed and postponed policy changes, e.g. charging reforms; LPS	Chief Social Work Officer	Ongoing Update and review	GREEN

## Appendix 1 – Effective Use of Resources Delivery Plan

Category	Objective	Update	Next Steps	Lead	Timescale	RAG
9. External assurance	Secure external challenge and assurance.	Several external challenges have taken place – LGA Peer Review, Health & Safety, Safeguarding, ADASS Regional Assurance & Challenge and Internal Audit. All have contributed to learning and improvement.	Next steps to secure follow up adass regional assurance, internal audit, ISO and Investors in people.	AD Care Governance and Financial Inclusion	April 2025	GREEN
10. System efficiency	Efficient and effective system for best use of shared resources across health and social care system	An Annual BCF update provided to Committee and Health & Wellbeing Board. Joint efficiencies plan in place as a partnership with Health.	Annual BCF update provided to Committee. Joint efficiencies plan overseen by a monthly Joint Efficiencies Group (JEG) including Exec Director ACW and SCC Director and Finance	Deputy Director Joint Commissioning.	June 2024	GREEN
11. Workforce Plan	A recruitment and retention plan aligned to a costed staffing structure for Adults Care and Wellbeing portfolio.	A workforce strategy was approved in March 2023 and alongside that a range of recruitment strategies have been implemented to support filling of vacancies.	Complete establishment control activity aligned to invest to saves.	Chief Social Work Officer AD Care Governance and Inclusion	Review by, June 2024	GREEN
<b>Tactical (monitoring and oversight)</b>						
12. Transparent funding and expenditure	Clarity on AHSC budget income, expenditure and pressures aligned to leadership team portfolios, legal obligations and strategic priorities	An annual update is now embedded as part of the Committee. An overview of AHSC was provided in June 22 ( <a href="#">AHSC Budget Overview</a> ) and June 23 ( <a href="#">AHSC Budget Overview 23</a> ) to Committee.	Provide an annual update to the Committee and AHSC Workforce setting out rebalanced budgets and contracts aligned to portfolio's, legal obligations, and strategic priorities. Next one planned June 2024.	AD Care Governance and Financial Inclusion	June 2024	GREEN
13. Clear budget portfolios	Aligned budgets, contracts and staffing to leadership portfolios.	Budgets, staffing and contracts have been aligned to each portfolio and is available on the Manual.	Provide an annual update to Committee, DLT and Workforce as part of annual update to Committee	AD Care Governance and Financial Inclusion	June 2024	GREEN
14. Budget monitoring, reporting and financial forecasting	Full compliance with financial forecasting, incorporating financial management reports to inform financial risk management.	Forecasting review underway to support sustainable approach across adult care.	Provide monthly performance reports to SLT and DLT to maintain performance thereafter.	AD Care Governance and Financial Inclusion	June 2024	AMBER
15. Contracts register	Single register of all AHSC 3rd party service contracts, grants and call off orders to support monitoring, planning and review alongside equivalent register from ICB and identification of inefficiency.	A contracts register is in place which sets out contracts for SCC. A joint quality and joint efficiency group is in place to promote integrated working with ICB.	Quarterly review by project group and overseen by Joint Quality Committee with ICB. Updates to be part of Commissioning Report to Committee.	AD Commissioning and Partnerships Deputy Director Commissioning.	Ongoing linked to Cycle of Assurance	GREEN
16. Establishment control	A costed staffing structure for Adults Care and Wellbeing portfolio, agreeing Finance and HR data.	Establishment review underway aligned to income into Adult Care.	Monthly updates to Establishment data to DLT and audit of decision making implemented from April 2024 as part of cycle of assurance.	AD Care Governance and Financial Inclusion	August 2024	AMBER
17. In year project tracking	Active initiatives to deliver savings are tracked, reviewed on a project-by-project basis with regard to delivery against stated objectives and continued funding or disinvestment	Process implemented, which includes regular updates and scrutiny at Committee	Additional process to be implemented aligned to introduction of BMIPS.	AD Care Governance and Financial Inclusion	Ongoing – process in place	GREEN



## Appendix 1 – Effective Use of Resources Delivery Plan

Category	Objective	Update	Next Steps	Lead	Timescale	RAG
<b>Operational (process/ controls)</b>						
18. Behaviours and culture	Staff understand the funding of adult social care and are aware of the financial impact of the decisions they make.  Budget discussions take place in teams and financial considerations are a part of all decision making.  Financial Risks & Issues are reported and managed at an appropriate level.	BMIPs introduced in 22/24 as a way of managing actions across services. An Adult Care Manual was introduced in Sept 23 to coordinate and provide information to our workforce. Budget information is cascaded via the newsletter.	Budget information and performance updates to continue to be communicated to staff via e-bulletin. Forum to be established for proportionate discussion of best value with support planners. Governance Framework for risk management to apply at team and service levels.	AD Care Governance and Financial Inclusion	Complete by September 2024	Priority for 2024/25
19. Care package approval	Individual packages of care are authorised at the required level according to a scheme of delegated authority. The delegated authoriser is confident that alternatives have been explored and the funding request offers the best value for money to achieve a good outcome for the person.	The priority in 22/24 was to move towards a new model of working and to build capacity across adult care and update liquid logic.	New formal financial approval system to be embedded as next step of liquid logic developments.	Chief Social Work Officer	November 2024	Priority for 2024/25
20. Recruitment controls	Controls to ensure that recruitment takes place in support of the budget.	Recruitment Control Form approval process strengthened in Feb 2024 by including Finance Business Partner.	Annual review of controls as part of the wider establishment control process.	AD Care Governance and Financial Inclusion	June 2024	Priority for 2024/25
21. Contracts	Controls and flexibility written into contracts and providers incentivised to promote independence	<ul style="list-style-type: none"> <li>Review of reach and effectiveness</li> </ul>		AD Commissioning and Partnership	Review by August 2024	GREEN
22. Transition planning	Planning is carried out on a collaborative basis to determine the best route to a good quality of life as an adult and to derive a long-term forecast for demand.	A new transitions model was developed to enable and support best quality support for young people. An update was provided to Committee in Sept 23 ( <a href="#">Transitions Update</a> )	Preparation for Adulthood Team to start to work with people from age 14.	AD Adult Future Options	Updates planned as part of cycle of assurance	GREEN
23. Data quality	Care is recorded accurately and in a timely way to improve safety, efficiency, planning and financial management, facilitate high quality payments and charging and improve intelligence from benchmarking.	Actions for 2024/25 to be developed.	Monthly updates on data quality to SLT included in performance reporting, aligned to Practice Quality Framework	Chief Social Work Officer	Reported Monthly	GREEN
24. Payment processes	Payment processes are efficient and effective and include validation and fraud control measures.	New processes required for the new Care and Wellbeing contract.	Review of new Homecare payment and charging model underway to enable go live of the contract.	AD Commissioning and Partnerships	June 2024	AMBER
25. Income management and financial inclusion	Online advice and guidance, assessment and care management support, funding support, charging and collection processes are high quality, joined up, person centred and promote financial understanding, optimisation of personal income and financial inclusion	Transparent reporting of funding decisions initiated in December 2023.	Develop financial self-service processes and guidance's.	AD Care Governance and Financial Inclusion	October 2024	AMBER

This page is intentionally left blank



## Report to Policy Committee

**Author/Lead Officer of Report:**  
Andrew Drummond, Service Manager,  
Safeguarding Quality Assurance.

**Report of:** Strategic Director Adult Care and Wellbeing

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

**Date of Decision:** 20<sup>th</sup> March 2024

**Subject:** Adult Safeguarding Delivery Plan Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2313 (formally 1243)				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

### Purpose of Report:

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 September 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 and accompanying performance report.
2. Endorse the 'Safeguarding Responsibilities Guidance' document produced following the draft being endorsed at Committee in September 23.
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 Guidance
- Appendix 3 – SASP Performance Report
- Appendix 4 – Equalities Impact Assessment

Lead Officer to complete: -									
1	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">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: Kerry Darlow</td> </tr> <tr> <td></td> <td>Legal: Patrick Chisholm</td> </tr> <tr> <td></td> <td>Equalities &amp; Consultation: Ed Sexton</td> </tr> <tr> <td></td> <td>Climate: Dawn Bassinder</td> </tr> </table>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Kerry Darlow		Legal: Patrick Chisholm		Equalities & Consultation: Ed Sexton		Climate: Dawn Bassinder
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								
	Legal: Patrick Chisholm								
	Equalities & Consultation: Ed Sexton								
	Climate: Dawn Bassinder								
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>								
2	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>SLB member who approved submission:</b></td> <td><i>Alexis Chappell</i></td> </tr> </table>	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>						
<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>								
3	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Committee Chair consulted:</b></td> <td><i>Councillor Angela Argenzio</i></td> </tr> </table>	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>						
<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>								
4	<table border="1" style="width: 100%;"> <tr> <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 style="width: 50%;"><b>Lead Officer Name:</b> Andrew Drummond</td> <td><b>Job Title:</b> Service Manager, Safeguarding Quality Assurance.</td> </tr> <tr> <td colspan="2"><b>Date: 26th February 2024</b></td> </tr> </table>	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.		<b>Lead Officer Name:</b> Andrew Drummond	<b>Job Title:</b> Service Manager, Safeguarding Quality Assurance.	<b>Date: 26th February 2024</b>			
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.									
<b>Lead Officer Name:</b> Andrew Drummond	<b>Job Title:</b> Service Manager, Safeguarding Quality Assurance.								
<b>Date: 26th February 2024</b>									

## 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 third 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 a robust response towards Safeguarding Adults from abuse and neglect and implement continuous learning so that we deliver outstanding safeguarding 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 post:
- Service Manager, Safeguarding Quality Assurance – Supporting the embedding of our audits programme, learning from complaints, Safeguarding Adults Reviews, Domestic Homicide Reviews, leading on our Section 11 Audit, overseeing the development of our training for staff. Identifying learning and promoting improving practice where required.
- 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. Any actions are also included on each service area's Business Management Improving Plan (BMIP).
- 1.6 In addition to ensure effective oversight of Safeguarding performance, a monthly discussion on safeguarding performance is scheduled from March 2024 at Directors Leadership Team to review performance, impact and learning for cascading across the service. The appointment of the Service Manager, Safeguarding Quality Assurance has enabled this additional assurance to be implemented.
- 1.7 The second phase of Safeguarding audits has been completed. We recognise we are at the start of a journey in changing our practice in this area. Where audits have been completed this has allowed us to pick up on some very positive aspects of practice, teams have commented they've found it helpful to reflect on their work and what they did well and where they could improve moving forward.
- 1.8 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 within the Delivery Plan.
- 1.9 New actions that have been incorporated in the plan as they have been identified through our improvement journey. This ensures that the Delivery Plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement activity.

## 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 2, 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:

- ✓ 94.35% individual's outcomes were fully or partially met, which has remained consistent throughout 2023/24 and increase of 2% from 20/21.
- ✓ Proportion of Safeguarding Enquiries and Concerns where the Source of the Referral is Informed of the Conclusion has risen again with this now standing at 88% in Quarter 3 of 23/24. At the same time last year this stood at 81%. Indicating a longer-term improvement in practice.
- ✓ South Yorkshire Fire and Rescue (SYFR) Safe and Well Scheme – Adult Care continue to be the highest referrer.
- ✓ DOLS – recruited successfully into the supervisory body, which brings stability and the foundations for our long-term approach to delivering responsive assessments.
- ✓ % of S42 Enquiries ONLY where risk was removed or reduced (where risk was identified) continues to be high at 91%.

1.10.3 This is a journey of continuous improvement, and where improvements are required, we have plans in place to ensure we are meeting the standards set. A more detailed examination of some of the key performance measures is outlined below.

### 1.10.4 Responsivity to Safeguarding Referral's

As reported in September 2023, local measures have been updated to reflect ANRC Assurance - 'What Good Looks Like' (December 2022) and the impact is that: -

- ✓ The median number of days to screen a safeguarding concern has remained consistent at 1 day.
- ✓ The median timescale to conclude a s42 safeguarding is 51 days whilst the average currently is 81 days.

Our priority and focus over next 6 months is to improve recording practice and resolve data quality issues through implementing a practice guidance and reviewing outliers to take the learning to inform continuous improvement.

As a support to this, we have embedded in our learning system that staff need to complete our Safeguarding training every 3 years and a further learning course will be implemented alongside the practice learning forum to support continuous improvement and learning.

### 1.10.5 South Yorkshire Fire and Rescue (SYFR) – Safe and Well Scheme

Adult Social Care continue to be the agency who refer by far the most to the SYFR Safe and Well scheme with 1380 referrals in total over the last 12 months. This measure demonstrates partnership working. SAR Person D identified the need for greater awareness of the role of South Yorkshire Fire and Rescue (SYFR) in managing risks for dependent people in their own homes.

#### 1.10.6 Accessibility of Services: Deprivation of Liberty (DoLS) waiting lists –

The number of outstanding DOLs assessments is slowly but not drastically rising, but this is to be expected for a couple of major reasons.

- ✓ We are approaching the 12-month anniversary of temporary agency project support which came in at the end of 2022/early 23 so naturally will be seeing the 12-month cycle of these assessments becoming ready for renewal and an increase in workload.
- ✓ As we've recruited successfully into the supervisory body, internally from our own Best Interest Assessors (BIA) this has had an impact on our current BIAs ability to complete assessment on a timely basis.

It's planned to continue to recruit to BIA now that the supervisory body recruitment has been completed and as an interim risk mitigation measure to continue with temporary agency support to continue to focus on reducing waits whilst we recruit.

#### 1.10.7 Percentage of Safeguarding Enquiries where risk was removed or reduced –

The % of S42 Enquiries where risk was removed or removed or reduced continues to be high at 90%. Showing Safeguarding is effective in Sheffield in improving lives for individuals that are supported in a situation where there are concerns of suspected abuse or neglect. This continues to be reassuring data and reflect the effectiveness of our MASH development and move back to specialist teams over the past 12 months.

### **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 feedback on the MASH huddles continues to be very positive with comments received from partners including this one from South Yorkshire Police below: -

*'Having a person from each agency at the huddles provides the best means of navigating the agency, using knowledge of who to direct any queries towards to get things done.*

*This speeds things up and is a great feature e.g., recently a high-risk missing person with a variety of additional needs was discussed at the huddles and this resulted in all involved in his care attending and providing a bespoke support package allowing him to return home.'*

#### 1.11.3 Safeguarding Responsibilities Guidance

The draft of this guidance document was presented to Committee in September 23 and endorsed by members with a view to further engagement with partners. Since September there have been thorough range of engagement and discussions with Integrated Care Board (ICB), NHS partners and Voluntary, Community and Faith (VCF) Sectors.

Whilst also we feel a key success from this has been the engagement with the Voluntary, Community and Faith (VCF) sector. We held an event in January, supported by Healthwatch to contact the appropriate partners across the VCF sector. At this event we had almost 40 VCF partners in attendance and used VCF colleagues views to make amends to the document. The event was also used as an opportunity to update VCF colleagues on what the MASH is and how they can access support with Safeguarding Advice.

The finalised guidance is attached at Appendix 3 for approval.

#### 1.11.4 VCF and Care Sector Engagement

Building on the Safeguarding responsibilities development, it's our ambition to build upon the engagement event with VCF as well as other engagement events with the wider Care Sector regarding Adult Safeguarding and to work collaboratively with the sector to: -

- ✓ Build awareness and understanding of adult safeguarding including supports available across communities, VCF and social care sector.
- ✓ Co-develop opportunities for prevention and early intervention which prevent abuse and neglect and promote wellbeing.
- ✓ Build a community network of best practice in relation to Adult Safeguarding, including learning and development opportunities.
- ✓ Agree communication frameworks which promote and enable understanding of safeguarding including new developments and events.

To do this, it's our intention to work with Sheffield Adult Safeguarding Partnership Board (SASP) to develop a dedicated and funded post by SASP within VCF to undertake wider community engagement and lead this activity. A proposal will be provided to the Board in April to support this development.

A further update of this developing relationship with the VCF will be provided at Committee in September 2024 as part of our six-monthly update.

#### 1.11.5 Practice Principles, Learning and Development

Our priority remains to ensure our Social Care Practitioners, Social Workers and Team Managers are attending our mandatory training. Some simple but necessary changes were made for example to ensure training is available during the first and second half of the week. Thus, ensuring staff with various working patterns can access the training they need. The cycle of this mandatory training ensures we can promote learning from SARS/DHR's, Audits, Performance Data and Complaints.

Since last update in September 2023:

- ✓ Modern Slavery training has been mandatory for all staff across Adult Care and Wellbeing, aligned to our commitment towards ensuring an effective response to organisational abuse.
- ✓ Our electronic recording system has been further reviewed and the priority is to update further to ensure outcomes, consent to next steps and end date are clearly recorded aligned to the learning from performance data noted above.
- ✓ A safeguarding learning forum led by the Chief Social Work Officer and Safeguarding Assurance Lead has been developed to bring safeguarding champions from across the service together to learn and share good



practice, learning from SAR's, DHR's, Audits and be a forum for continuous improvement.

#### 1.11.6 Domestic Abuse

A further area for learning we identified was Domestic Abuse. Our data for occurrences of domestic abuse as part of Adult Safeguarding looks consistently low. This maybe as the domestic abuse concerns for people with care and support may indeed be low in comparison to other areas of abuse listed in the Care Act.

However, we need to assure ourselves that our workforce understands how to identify domestic abuse and how to manage risks in these situations. To assure ourselves we have worked with the Training Manager at Independent Domestic Abuse Service (IDAS), there will be bespoke courses for staff with service area specific scenarios in the training. Included in these sessions will be guidance on how to complete the Domestic Abuse Stalking, Harassment and Honour Based abuse (DASH) screening tool. This training will also be rolled out in coming months.

#### 1.11.7 Organisational Safeguarding and Early Indicators of Concerns

Our priority is 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 September 2023 starting with the Adult MASH and Care Homes Teams. The intention is to widen out the approach across Adult Care by August 2024, taking learning from initial roll out and drawing on the skills of our Service Managers, Team Managers, and practitioners to support implementation.

This work compliments our activities over the last year to establish market sustainability, focus on quality and continuity of care set out in our Market Sustainability Plan approved at Committee in February 2023 and subsequent updates, our recommissioning of homecare, supported living and day activities so that all of our commissioned services are of good quality and sustainable.

To support our response to organisational abuse and where there are allegations of abuse against adults who work with adults, an Adults LADO (Local Authority Designated Officer) role is being developed as a proposal to further enhance, coordinate, and provide professional guidance to staff.

#### 1.11.8 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 and performance updates at Directorate Leadership Team and to Members to ensure senior leadership oversight and ownership.

A Safeguarding Adults Partnership performance framework is in place, and this will be updated in 2024 – 2025 following a recommendation from the thematic review through the Sheffield Adult Safeguarding Partnership. The Enhanced Assurance Framework has been added to the Safeguarding Policies and Procedures and the

Safeguarding Assurance Lead will lead on ongoing implementation and coordination.

#### 1.11.9 SASP (Sheffield Safeguarding Adults Partnership) Action Plan and s11 actions update.

A review was commissioned by SASP in 2023 of current Safeguarding position. This led to an agreed action plan for partnership, with specific actions for partners. In addition, through s11 reviews there were actions for Adult Care to progress. The actions for Adult Care and Wellbeing were added to our Safeguarding Delivery Plan and for assurance to Committee good progress has been made in relation to all actions as follows: -

- ✓ Action 1: (Urgent action to expedite and ensure appropriate and timely feedback to referrers) – *The performance data notes and highlights that the feedback has increased to 88% and this action is completed.*
- ✓ Action 2: (Explore feasibility of introducing a ‘professional telephone’ as part of the MASH with a strict protocol for professional use only. The advice line would offer guidance on potential referrals and assistance in an emergency where there are immediate safeguarding risks) – *The trial with Housing colleagues went very well and the offer is now open to all professionals and was promoted in the VCF event, Adult Care and Wellbeing Staff Service Event and other partner meetings/events.*
- ✓ Action 3: (Record Keeping: Professionals must adhere to agreed professional standards for record keeping) - *An audit framework is in place and is supporting continuous improvement in relation to record keeping. This will remain an ongoing focus through our Safeguarding Practice Learning Forum to promote ongoing learning and development.*
- ✓ Action 4: (Ensure training opportunities include referral process, use of single referral form with good practice examples) - *Rights and responsibilities guidance completed and submitted to Committee for approval. As part of this the single referral form is included as an appendix and promoted via SASP, SCC and Sheffield Directory websites.*
- ✓ Action 5: Safeguarding quick tip guides for practitioner use daily has been completed and added to our internal staff Sharepoint site, the Adult Care and Wellbeing Manual.

The SASP Chair and Board Manager have been notified of actions completed and a copy of the report to Committee will be provided to SASP in March for assurance.

#### 1.11.10 Communication and Engagement

A weekly e-bulletin is circulated to Adult Care and Wellbeing Teams where Safeguarding content such as the need to attend mandatory training and examples of partnership working is embedded.

A dedicated newsletter was produced on learning from Domestic Homicide Reviews (DHR's) and Safeguarding Adults Reviews (SAR's), Power of Attorney and is available for all social care staff and Members. In going forward safeguarding focused newsletters will also be shared with VCF and Care Sector to promote shared learning.

## 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 Plan: Outcome 3: People live in caring, engaged communities that value diversity and support wellbeing*
- 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*<sup>13</sup>: signed up to by SCC in 2017<sup>14</sup>, the Charter ‘establishes a minimum baseline for the safety, quality and dignity of care’.

2.4 The Safeguarding Delivery Plan also takes into account: -

[The City Goals](#): - A Creative & Entrepreneurial Sheffield, A Sheffield of thriving communities, A connected Sheffield, A Caring and Safe Sheffield, A Sheffield for All Generations. Specifically Goal 18 “*We support everyone to live with dignity and to age well, with access to leisure activities and control over where and how they receive high-quality health & care services*”.

With the work detailed within the Safeguarding Delivery Plan supporting Sheffield residents of all ages to live with dignity, safety and achieve the outcomes that matter to them. Furthermore, we are a connected city with the Delivery Plan and this report evidencing the work between the Local Authority, VCF and SASP partners towards these shared goals.

## 3. HAS THERE BEEN ANY CONSULTATION?

3.1 As part of the recent development of the Safeguarding Adults Responsibilities Guidance. We had thorough engagement with the ICB NHS and VCF. This has been referred to above and we see this a key highlight within this report.

3.2 We have also been to the Supported Living Provider Forum and the Carers Centre with the purpose to seek their views on Safeguarding and how we can work with them moving forward. Internally we’ve also been to our Service Manager Group (SMG) to consult and ask for their feedback on the Responsibilities Guidance Document

3.3 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.

3.4 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 to co-design and lead development of a citizen board.

#### 4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

##### 4.1 Equality Implications

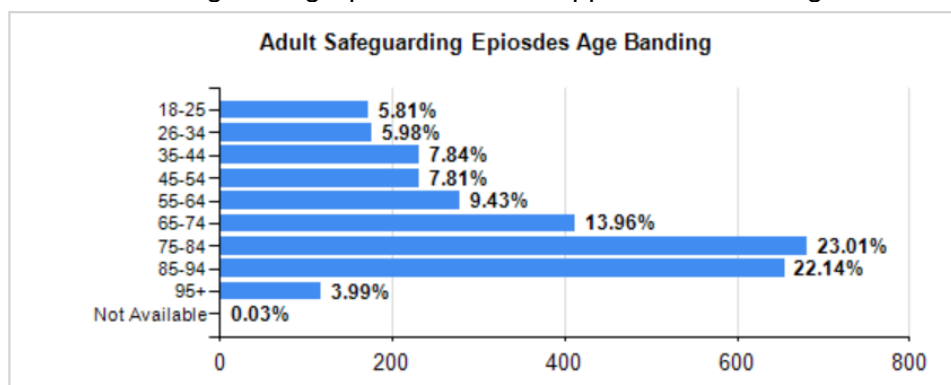
4.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard 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.

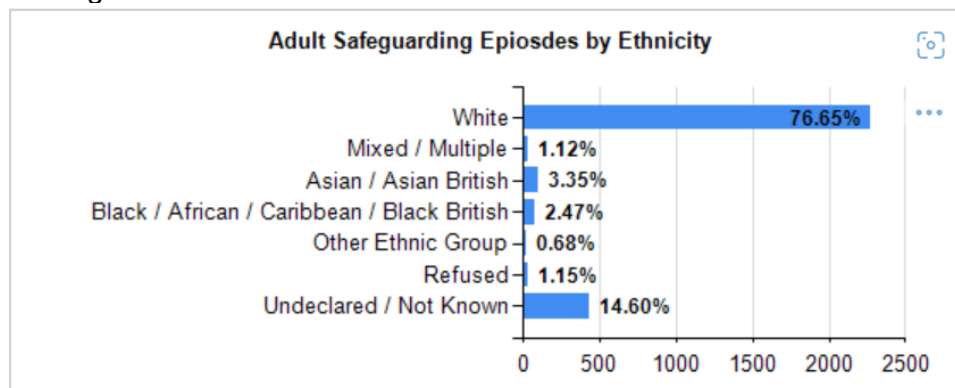
4.1.4 The majority of Safeguarding work is with Older People, see the below data for Safeguarding Episodes from August 2023 to the end of January 2024. Specifically, 59.11% of Safeguarding Episodes are to support customers aged 65 +.



4.1.5 In response to the recognition that a majority of our Safeguarding work is with Older People we need to ensure our services working with Older People have the necessary expertise to identify abuse or neglect, reporting concerns to the Local Authority where necessary. Whilst we need to ensure our colleagues in Living and

4.1.6 Ageing well and other services have the resources necessary to support the need in the city on an ongoing basis. Part of our ambition is to go to services as appropriate talking to people within the 65+ age bracket to raise awareness and ensure they know how they can access support. This is based on the feedback from the VCF event.

4.1.7 Additionally, we have looked at Safeguarding data by Ethnicity during the same time period indicated in the last point. The above shows the second greatest ethnicity group affected is 'Undeclared/Not Known', therefore we have identified a clear need for staff to ensure records are updated as part of their work with a customer. To ensure in the future we can more accurately report if a specific demographic group/s are impacted by Safeguarding issues more than others. This will be fed into training moving forward.



## 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. Recruitment for the SASP funded post would need to commence after the grant has been confirmed.

4.2.2 As part of 24/25 Business Planning, a pressure was included to fund the new Service Manager post in Safeguarding Quality Assurance. The Adults LADO post is unfunded in 24/25, with mitigations needing to be found within the service to cover the cost. Future years funding can be addressed through the 25/26 Business Planning 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.

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

4.3.3 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to:

“... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps”.

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 Climate Implications

4.4.1 There are no direct climate implications associated with approving this report. Through the Adult Care and Wellbeing Climate Statement, approved at Committee in January 2024 its planned to work with partners to embed our approach to both responding to the impacts of climate change as well as contributing towards Net Zero 2030 ambitions.

4.4.2 Where specific procurement/commissioning and projects 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 Climate Impact Assessments.

4.4.3 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.

#### 4.4 Other Implications

4.4.1 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 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.

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.

# 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 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.

## 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.

## 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 \(scie.org.uk\)](https://www.scie.org.uk).

# What Does Good Look Like?

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

**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.

<b>Legend</b>	Action Underway and on Track for Completion	Action Delayed and require's additional support to complete	Risk of Non-Delivery - Action Requires further support to complete
---------------	---	---	--

<b>Accountable Officer</b> Strategic Director Adult Care and Wellbeing	<b>Accountable Committee/ Board:</b> Safeguarding Adults Partnership Board and Adult Health and Social Care Policy Committee
--	--

Theme	Milestone	By When	Lead and Resources	Benefit of the Action	March 24 Update & RAG
Page 68 Partnership & Accountability	<b>Partnership with Communities &amp; Social Care Providers</b> - 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	Safeguarding Quality Assurance lead is now in place. We've made steps towards a series of workshops hosting with Healthwatch an engagement event for the VCF where 40 VCF partners attended. We have plans in relation to how we build positively on this. With further plans to support other communities/providers highlighted in the milestone such as Carers, Social Care Providers to be developed further through 2024. Update to be provided at Committee in September 24
	<b>Partnership Working through SASP</b> - 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 Subgroups within SASP and supporting delivery upon the SASP Plan. The Assistant Director for Mental Health and First Contact continues to chair the SASP Performance and Quality subgroup meetings quarterly.
	<b>Accountability</b> - 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)	Completed	Deputy DASS and Assistant Director Care Governance		The Risk Register has been in place for significant time, we have added direct links to the service area's risk register to their Business Management Improvement Plans (BMIPs). Adult Care and Wellbeing Governance colleagues meet quarterly with all AD's to update and review these together.
	<b>Accountability</b> - 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.	Sep 24	Chief Social Work Officer		Safeguarding Quality Assurance, Service Manager is now in post. Work has commenced in completing audits of Safeguarding records to determine themes and areas for improvement to be identified in Safeguarding Delivery Plan for September 24 onwards.
	<b>Accountability</b> - 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. Initial feedback has been given to DASS and CSWO this is being drawn into a formal report. Remains on track.
	<b>Communication and Learning</b> - 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.	Completed	Chief Social Work Officer Adult Safeguarding Board Manager		Detailed SAR Action Plan in place to ensure actions are taken with evidence provided within the Action Plan. Further communication with staff evidenced in Appendix 5, newsletter highlighting SARs and the importance of learning from these situations
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: -  <ul style="list-style-type: none"> <li>Liquid Logic system changes to enable measurement of agreed metrics.</li> </ul>	July 2024	Deputy DASS Assistant Director Mental Health 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. Impact on safeguarding outcomes	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.  Recruitment is underway within MASH to work towards meeting % targets identified in 'Benefit of actions' column. Change in recording practice within MASH to commence to reflect that all concerns are screened within 24 hours.

	<ul style="list-style-type: none"> <li>Implement process for PiPoT (People in Positions of Trust) and learning from high profile cases to further ensure robust human resources processes in place.</li> <li>Implement 'Planning Meetings'.</li> <li>Establish health representation.</li> <li>Explore feasibility of introducing a professional support and advice telephone line (Links to SASP Action Plan)</li> <li>Establish and embed the Responsibility paper (2021 ADASS paper on joint working)</li> </ul>			Impact on safeguarding risks Proportion of safeguarding enquiries that were reported as a s42 enquiry	Professional support line is now in place, 3 days per week professionals can access advice from MASH. Referrals can be made daily, but resources enable this service to be offered 3 days per week present.  PiPOT – Recruitment plans are in plans to recruit in this area, with a specific management role to oversee this responsibility. Work has been done to raise awareness across the Directorate, thus leading to an increase in referrals further increasing the need for a specific role in this area.
	<p>Continue to improve responsivity so that majority of safeguarding concerns are screened within 1 day and s42 enquiries completed in 28 through:</p> <ul style="list-style-type: none"> <li>Recruitment to social work staff in First Contact, including additional investment to enable and ensure a timely response to concerns.</li> <li>Implementing interim agency capacity whilst recruitment underway to mitigate risks.</li> <li>Reviewing interagency responsibilities and reasons for referrals to Adult Care so that there are clear pathways in place to mitigate increased demand.</li> <li>Transparent reporting to Committee on progress made.</li> </ul>	<p>Original date: January 2024</p> <p>New date added of Sep 2024</p>	Deputy DASS Assistant Director Mental Health and Wellbeing Investment in social work staff and interim agency capacity		<p>As per the Committee Report the median time to screen a Safeguarding Concern remains at 1 day. MASH Leadership provide assurance they are screening each concern in 24 hours to appropriately manage risk. Further work moving forward will ensure this is reflected in recording practices.</p> <p>Agency staff had been in place following September 23 Committee however there was the need to recruit permanently. With a decision taken to recruit 5 extra staff to screen concerns within the necessary timeframe</p>
	<p>Deprivation of Liberty Waiting Lists reduced to acceptable risk levels and an operating model is in place which delivers a timely and ongoing response.</p> <ul style="list-style-type: none"> <li>Recruitment to social work staff in DoLS, including additional investment to enable and ensure a timely response.</li> <li>Implementing interim agency capacity to mitigate current risks whilst recruitment underway.</li> <li>Embedding new operating model.</li> <li>Transparent reporting to Committee on progress made.</li> </ul>	Sept 2024	Deputy DASS Assistant Director Mental Health and Wellbeing Investment in social work staff and interim agency capacity		<p>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. The first and most primary role of the Improvement Plan was full recruitment to the supervisory body. This objective has now been achieved. We have a planned project with REED that commenced Monday 5<sup>th</sup> February, and they are to allocated at least 15 DOLS assessments a week – more if they have capacity and we are satisfied with their output. I am confident that our DOLS activity will radically increase from Mid-February 2024 and will update on this at Committee in September 24.</p> <p>Although one of the overarching themes of the DOLS improvement plan is to drastically minimise the use and reliance of independent BIAs, it must be acknowledged that whilst we are still in process of recruiting to BIAs posts that we will have to utilise the services of independent BIAs for some time so we can have a flow of work coming through.</p>
	<p>Implement robust, competent, effective, and integrated safeguarding and ensuring safety practices, pathways, and models of working in place.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	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 of the Policy and Procedures is ongoing, and adaptations are made as required. With a new version published to staff should the policy change. Since September 23 we now have a new resource tri.x which shows national guidance I staff need to be aware of. We've added our local Safeguarding policy to the tri.x site <a href="http://Safeguarding Adults (trixonline.co.uk)">Safeguarding Adults (trixonline.co.uk)</a>
	<p>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.</p> <p>This includes:</p> <ul style="list-style-type: none"> <li>clarity on what constitutes a safeguarding concern and concerns arising from the quality of services.</li> <li>Ensuring training opportunities include referral process and use of single referral form including good practice examples. (Links to SASP Action Plan)</li> <li>Ensuring risk thresholds and responsibilities are clearly documented and produced.</li> </ul>	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)	<p>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.</p> <p>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.</p> <p>Appendix 2 Safeguarding Responsibilities further supports approach highlighted above from September 23. Appendix 2 has been produced with engagement from partners and gives detail across each category of abuse/neglect, examples provided with local appropriate links. Includes the referral form as an appendix within the guidance. Further work March onwards will include embedding this guidance to be used with partners</p>
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	Improvement Upon: People who use services who feel safe. (ASCOF 4A)	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

			Chief Social Work Officer Enhanced Assurance Lead	People who use services who say that those services have made them feel safe and secure. (ASCOF 4B)	be reviewed in Dec 23. The Organisational Abuse module in Liquid logic is now being used by the MASH and Care Homes team with this further embedded across the Directorate through 2024.
	Launch a power of attorney campaign to promote least restrictive option in safeguarding.	Completed	Chief Social Work Officer		This was included within the Practice Development / Safeguarding newsletter sent to all internal staff March 2024 including – Appendix item 5
	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 at September 23 Committee. This is progressing, we are out to tender, remains on target.
	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		The new Care and Wellbeing contract for homecare across the city will begin from 3 <sup>rd</sup> June 2024 14 providers will operate in 16 contracted patches, (2 providers will have 2 patches) contracted to take all new cases. This is aimed at improving system flow, continuity of care, and the overall quality of care,
	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. Discussions have taken place to progress this action with SACMA, remains on target.
	<b>Case File Auditing and Record Keeping</b> – Continue to embed case file auditing and practice reviews as routine across Adult 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	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%. Case file audits have commenced. These have been the first phase of audits and there is more to do to embed this work moving forward. Already from the Safeguarding Audits completed this has enabled us to pick out themes which we can ensure are covered within training for staff.
	<b>Safeguarding Training</b> - 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	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	Training matrix in place on the new share point site adult care and wellbeing manual and role profile launched in September 2023. Our internal 'Safeguarding Practice Development course' has been assessed by the SASP Training Manager as meeting the Level 3 Requirements required by CQC. This course is mandatory for all Social Workers and Social Care Practitioners across Adult Care and Wellbeing and covers these necessary areas to ensure people in Sheffield receive the same consistent approach in line with our statutory duties.
	<b>Feedback to Referrers</b> - 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.		Digital opportunities are an area for further work into 2024 and exploring where we can best use technology to feedback to referrers.
	<b>Transitional Safeguarding</b> – 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 completed. Transitions and Mental Health Teams are in place within both having links to MASH to ensure best practice is shared
	<b>Trauma Informed Practice</b> – Information and training about trauma informed practice on new policies and procedures website.	Sept 2024	Chief Social Work Officer		This is included in the new policies and procedures. We have a new tool to support practice with investment in membership to Research in Practice and this has areas of focus on Trauma Informed Practice. Additionally, our internal Share-point site for staff, the Adult Care and Wellbeing Manual has a dedicated page on this topic.
	<b>Liquid Logic</b> - Implement learning from the SASP Performance and Quality subgroup performance report. <ul style="list-style-type: none"> <li>Complete change in liquid logic (LAS) to allow reasons to be recorded why someone has not been asked their desired outcomes of a safeguarding enquiry,</li> <li>Change the measure 'is the person satisfied with how the safeguarding process went?' to 'do you feel safer?'</li> <li>New action added March 24 - Develop a way of recording the Complex Case Management (CCM) and Vulnerable Adults Risk Management (VARM) in LAS. Documents are uploaded at present but we wish to develop a means of tasks being allocated to staff thus best managing risk.</li> </ul>	April 2024  New date September 24	Chief Social Work Officer		This is a new action that has been built into the LAS action plan for development. Resourcing of LAS being reviewed and prioritised. Safeguarding Quality Assurance Service Manager in post since January 2024 and now leading on making necessary LAS changes. We want to make these changes at the same time as making additional changes to the Safeguarding elements of LAS. Taking this approach rather than multiple small changes we believe will best drive good practice and compliance with our statutory duties. This has been marked orange as the original timescale was for this to be completed by April 24, as above there are plans in place to resolve this and we'll update further in September.

TABLE1. A SUMMARY OF RESPONSIBILITIES FOR SAFEGUARDING: WHEN SHOULD A SAFEGUARDING CONCERN BE RAISED WITH SHEFFIELD LOCAL AUTHORITY /ADULT SOCIAL CARE

### **Safeguarding Concern, and when should these be raised with the local authority?**

All potential Safeguarding Concerns that are referred to the local authority (First Contact Team) will be proceeded directly to the Multi-Agency Safeguarding Hub (MASH) for screening. The purpose of the MASH is to quickly gather and process information bringing together different agencies where necessary. This supports an efficient and effective decision-making process to safeguard adults who are experiencing or at risk of abuse or neglect.

A safeguarding concern arises where there is reasonable cause to suspect an adult who has needs for care and support is subject to the risk or occurrence of abuse or neglect. It can occur intentionally or unintentionally, and it may not be immediately apparent or visible. The **Care and support statutory guidance** identifies ten types of abuse which are reflected in this document. The individual circumstances which might give rise to a safeguarding concern can occur in different ways and take different forms. Each potential case requires careful consideration of the individual circumstances and context of the situation.

Risks to wellbeing and safety do not always involve abuse or neglect and not all situations involving risk will qualify as a safeguarding concern. For example, some incidents may occur from an isolated incident i.e. of poor practice or poor-quality care rather than from abuse or neglect. In these cases, the adult's/advocates views and wishes should be sought in regards to the significance of the impact and the consequences on the adult should be considered. It is therefore important to examine the individual circumstances present within each case to distinguish between those cases which do not involve reasonable cause to suspected abuse or neglect, including self-neglect and other cases which will need to be regarded as safeguarding concerns. If there is not reasonable to cause to suspect abuse or neglect issues can then be addressed in the most appropriate way by the relevant professionals or organisations. Organisations should be recording incidents and documenting any decision making.

### **Making Safeguarding Personal**

It is important to seek the views and wishes of the adult concerned, 'where it is safe to do so' before raising any concerns with the local authority. It may not always be possible this should not prevent concerns being raised. The adult at risk's view of the abuse should be established and what they want to happen next, including decisions about raising concerns. Adults may sometimes withhold their consent to the sharing of safeguarding information for various reasons. For example, they may be unduly





	<p>provide dishonest information regarding the incident.</p> <p>Organisations must address the issues and determine whether a referral to the local authority is necessary.</p> <p>Organisations should be recording the incident and documenting any decision making.</p>	<p>To note for abuse or neglect to have occurred it need not have been intentional. The views and wishes of the person should always be considered as should the impact on them. Whilst also considering the potential impact on other children or adults</p>
<p>Lower-level concern where the necessity 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.</p> <p>Where there are multiple low-level concerns, consideration should be given as to whether the threshold is met for a safeguarding referral to the local authority due to increased risk</p>	<p>Incidents at this level need to be dealt with by the organisation with the concern, who should keep a written internal record of what happened and what action was taken, following internal processes.</p> <p>Where there are multiple low-level concerns, consideration should be given as to whether the threshold is met for a safeguarding referral to the local authority due to increased risk.</p>	<p>SCC want concerns at this level to be reported into the local authority. However, Professionals <b>MUST</b> 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 local authority. If consent is not given, consider if you have grounds to override it?</p> <p>Consider people who lack mental capacity (including fluctuating capacity and executive function) in relation to the safeguarding concern and their ability to keep themselves safe.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p>



The police **MUST** be consulted without consent if other adults are at risk or children, or to prevent a criminal act.

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:

<p><b>1. PHYSICAL</b></p> <p><b>Can include:</b></p> <ul style="list-style-type: none"> <li>• assault</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Isolated incidents, which did not result in any-impact or detriment</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Unexplained minor marking or lesions, minor cuts or grip marks found on</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Inappropriate physical or medical restraints – to note restraint can take many forms.</li> </ul>
--	--	--	--



<ul style="list-style-type: none"> <li>• hitting</li> <li>• slapping</li> <li>• pushing</li> <li>• misuse of medication</li> <li>• restraint</li> <li>• inappropriate physical sanctions</li> </ul> <p>Abuse may be from friend/neighbour/family which may also include Domestic Abuse if the individuals are personally connected.</p>	<p>to the person and was quickly put right.</p> <ul style="list-style-type: none"> <li>• Physical contact but not forceful, and adult is not distressed.</li> <li>• Moving and handling procedures not followed on one occasion not resulting in any-impact or detriment to the person.</li> <li>• Isolated incident of equipment used incorrectly, or wrong equipment used i.e. ill-fitting slings for hoisting which caused a mark.</li> <li>• Also consider psychological impact that incidents may cause, abuse and harm may not be visible</li> </ul> <p>The above incidents were simply resolved and recorded as per the organisations criteria for incident reporting or accidents with relevant actions taken and risk assessments reviewed.</p>	<p>multiple occasions or multiple service users cared for by the same team/carer.</p> <ul style="list-style-type: none"> <li>• Inappropriate restraint that causes marks but no external medical treatment/ <b>consultation with the local authority specifically MASH is required.</b> Via a concern or by using the the Safeguarding Advice Line (detailed at the end of this document).</li> <li>• Carer breakdown</li> </ul> <p>Where incidents are not caused maliciously or carelessly by a Person in a Position of Trust the risks can be managed internally with appropriate professional oversight and risk assessment.</p> <p>Incidents may be between 2 people using the service. These may or may not require a referral depending on the context of these, i.e. were they preventable, the impact on the person and their views and wishes.</p>	<ul style="list-style-type: none"> <li>• Unexplained, injuries.</li> <li>• Assault</li> <li>• Intended harm towards a service user.</li> <li>• Deliberately withholding food, drinks or aids to independence</li> <li>• Physical assaults or actions that result in significant harm or where there is ongoing distress to the adult.</li> <li>• Predictable and preventable incident between adults where injuries have been sustained or emotional distressed caused.</li> <li>• Inappropriate restraint that requires medical treatment</li> <li>• Incident caused carelessly or maliciously by a Person in a Position of Trust</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Provide advice, information, review any care plans and risk management plans, review staff training.</p> <p><a href="#">Domestic Abuse, Stalking and Honour Based Violence</a> (DASH) assessments and signposting if Domestic Abuse may be occurring.</p>	<p>Staff members discuss with managers. Think about reviewing the care and support provided, or training needed. Consider the need for a re-assessment of need. Make any necessary onward referrals. Use organisational complaints processes if suitable, consider use of capability/disciplinary processes with staff if relevant.</p>	<p>Professionals <b>MUST</b> 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 a concern. If consent is not given, consider if you have grounds to override it?</p>



			<p>Raise a safeguarding concern with the Local Authority</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected. <b>In some circumstances the adult's decision to consent can be overridden</b> i.e., they do not have capacity, the risk is unreasonably high and there is an overarching duty of care or others are, or may otherwise be, placed at risk, including children.</p> <p>Immediate safety plans must be implemented.</p>
<p><b>2. SEXUAL</b></p> <p>When an incident of a sexual nature has taken place, This does not have to be physical contact and can happen online.</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• <b>Must not have been committed by a Person in a Position of Trust</b></li> <li>• Isolated incident when an inappropriate or sexualised remark is made to an adult with capacity and no distress is reported.</li> </ul>	<p>Examples:</p> <p><b>Must not have been committed by a Person in a Position of Trust</b></p> <ul style="list-style-type: none"> <li>• Non-contact sexualised behaviour which is reported by the adult at risk to have caused minimum distress.</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• 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 because the adult does not have capacity in this area.</li> </ul>



<p><b>Sexual Abuse includes:</b></p> <ul style="list-style-type: none"> <li>• rape</li> <li>• indecent exposure</li> <li>• sexual harassment</li> <li>• inappropriate looking or touching</li> <li>• sexual teasing or innuendo</li> <li>• sexual photography</li> <li>• subjection to pornography or witnessing sexual acts</li> <li>• indecent exposure</li> <li>• sexual assault</li> <li>• sexual acts to which the adult has not consented or was pressured into consenting</li> </ul> <p>May also include Domestic Abuse</p>	<p>Person is able to and has the capacity to protect themselves from any unwanted attention, either verbal or physical.</p>	<ul style="list-style-type: none"> <li>• Being subject to indecent exposure i.e. from another adult who may be unaware of their inappropriate behaviours and where the person at risk is not distressed. The source of harm must not pose any further risk to adult involved or others.</li> </ul> <p>Consider context and circumstances of situation alongside person at risks wishes if the situation is not easily managed within the organisation or risk is not managed this should be reported to the local authority as safeguarding concerns.</p>	<ul style="list-style-type: none"> <li>• Rape, sexual assault</li> <li>• Voyeurism</li> <li>• Sexual harassment</li> <li>• Contact or non-contact sexualised behaviour which causes distress.</li> <li>• Indecent exposure that causes distress</li> <li>• Any sexual act without valid consent or pressure to consent.</li> <li>• Sex activity within a relationship characterised by authority, inequality or exploitation e.g. receiving something in return for carrying out sexual act.</li> <li>• Any concerns about a Person in a Position of Trust</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Education around consent for sexual contact/relationships and what constitutes unwanted conduct, either verbal or physical. Case management, review of any support plan and risk assessments</p>	<p>Think about using organisational resources to address issues: complaints, for source of harm around appropriate behaviours and expected standards of conduct, increased monitoring for specified period.</p>	<p>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)- If consent is not given, consider if you have grounds to override it?</p>



		<p>Outward Referrals: health, police, governing bodies i.e. CQC, DBS as relevant and necessary. Review decision to inform the local authority should these actions be necessary or others are at risk.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected. If consent is not given, consider if you have grounds to override it?</p>	<p>Raise a safeguarding concern with the Local Authority</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police <b>MUST</b> be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>
<p><b>PSYCHOLOGICAL</b></p> <p>There has been a psychological/ emotional incident(s) which may not be visible and may also include Domestic Abuse <b>Psychological Abuse includes:</b></p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undermined but no distress is caused.</li> <li>Infrequent taunt or outbursts that cause no distress i.e. from another</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Repeated incidents/patterns of similar concerns where there is a plan in place to address these.</li> <li>Carer breakdown</li> <li>The initial withholding of information leading to disempowerment but this has been addressed.</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li><b>Prolonged</b> Intimidation that is a pattern of concern</li> <li>Denial of Human Rights/civil liberties, forced marriage, DoL/LPS</li> <li>Prolonged intimidation</li> <li>Vicious, personalised verbal attacks</li> <li>Emotional blackmail</li> </ul>



<p><b>Psychological abuse including:</b></p> <ul style="list-style-type: none"> <li>• emotional abuse</li> <li>• threats of harm or abandonment</li> <li>• deprivation of contact</li> <li>• humiliation</li> <li>• blaming</li> <li>• controlling</li> <li>• intimidation</li> <li>• coercion</li> <li>• harassment</li> <li>• verbal abuse</li> <li>• cyber bullying</li> <li>• isolation</li> <li>• unreasonable and unjustified withdrawal of services or supportive networks</li> </ul>	<p>person using the service and where the behaviour is addressed.</p> <ul style="list-style-type: none"> <li>• Withholding information from an adult, where this is not intended to disempower them.</li> <li>• Incident must not be caused maliciously by a Person in a Position of Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment that undermines dignity and damage self esteem</li> <li>• Occasional taunts or verbal outburst that do cause distress i.e. from another person using the service and where the behaviour is addressed.</li> <li>• Repeated incidents of denying or failing to value their opinion, particularly in relation to service or care they receive.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent and frightening verbal outburst or harassment</li> <li>• Intentional restriction of personal choice or opinion</li> <li>• Concerns regarding “cuckooing”.</li> <li>• Cyberbullying</li> <li>• Radicalisation – see PREVENT guidance.</li> <li>• Incident caused by Person in a Position of Trust</li> </ul> <p>The adult should always determine if any distress has been caused and this should be documented and acted upon. If an adult lacks <a href="#">mental capacity</a> or has substantial difficulty i.e. with communication they will need an appropriate Advocate.</p>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Input from mediation services information for any source of harm detailing expected standards of conduct use of behaviour chart staff training re de-escalation.</p>	<p>Ensure risks can be managed appropriately with current professional oversight in organisation-</p>	<p>Professionals <b>MUST</b> 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</p>



	<p>Referral to Adult Social Care, Onward referrals for support Neighbourhood policing Housing Association.</p> <p>The above incidents can be simply resolved and recorded as per the organisations criteria for incident reporting with relevant actions taken and risk assessments reviewed.</p>	<p>Incidents caused by Person in a Position of Trust, intentionally or not must be managed within the relevant HR procedures i.e. disciplinary, capability, training etc..</p> <p>Consider context, who is the source of harm and circumstances of situation alongside the person at risks wishes move directly to 'Red' raise a safeguarding concern if the situation is not easily managed within the organisation.</p>	<p>Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police MUST be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>
<p><b>4. FINANCIAL OR MATERIAL</b></p> <p>Concerns raised in regard to people's funds, property and or resources. Financial Abuse includes:</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• No impact has occurred.</li> <li>• Failure by relatives to pay any fees/charges where no financial impact occurs, and adult receives personal allowance or has access to other personal monies.</li> <li>• Money is not recorded safely or properly.</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns</li> <li>• Incident impacts on person's wellbeing or causes distress.</li> <li>• High level of visitors to property where it is suspected they are the cause of abuse and adult appears unable to say "No"</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Significant impact on person's wellbeing and lifestyle</li> <li>• Restricted access to personal finances, property and/or possessions</li> <li>• Incident caused by Person in a Position of Trust including Power of Attorney (POA)</li> <li>• Personal finances removed from adult's control without legal authority.</li> </ul>





<p><b>Financial or material abuse including:</b></p> <ul style="list-style-type: none"> <li>• theft</li> <li>• fraud</li> <li>• internet scamming</li> <li>• coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions.</li> <li>• the misuse or misappropriation of property, possessions or benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Incident of staff personally benefiting from the support they offer in a way that does not involve the actual abuse of money.</li> <li>• Isolated and unwanted cold calling/doorstep visits</li> <li>• Financial abuse must not have occurred by a Person in a Position of Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Adult monies kept in joint bank account – unclear arrangements for equitable sharing of interest.</li> <li>• Money in an account not accessible by the person.</li> <li>• Adult not routinely involved in decisions about how their money is spent or kept safe.</li> <li>• Relative/unpaid carer doing shopping and not giving change or using money to purchase own shopping.</li> <li>• Non-payment of fees putting the persons care at risk.</li> <li>• Financial abuse must not have occurred by Person in a Position of Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Fraud/exploitation relating to benefits, income, property or legal documents.</li> <li>• Misuse/misappropriation of property, possessions, or benefits by a person in a position of trust or control</li> <li>• Adult coerced or misled into giving over money or property.</li> <li>• Fraud or bribery</li> <li>• Financial abuse can be a consequence of cuckooing and mate crime.</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Risks can be managed by current professional oversight or Universal Services</p> <p>Disciplinary, Training, Office of Public Guardian, Department of work and pensions. Trading standards</p>	<p>This about how the organisation can respond: Referral to Adult Social Care for management of care and support needs, Legal Services, Neighbourhood Policing. Review of care plan, consider power of attorney.</p> <p>Consider who can help? Banks Citizens Advice.</p>	<p>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 Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the MASH.</p>

	<p>Consider context and circumstances of situation alongside person at risks wishes move directly to 'Red' if the situation is not easily managed within the organisation to keep the person safe.</p>	<p>Consider mental capacity for making decisions about finances where this is in doubt.</p> <p>Ensure risk can be managed appropriately with current professional oversight or universal services.</p> <p>Consider context and circumstances of situation alongside person at risk, raise a safeguarding concern if the situation is not easily managed within the organisation.</p>	<p>If there is an indication a criminal act has occurred, the adult should be supported to report the incident to the police. Where the adult refuses their wishes should generally be respected.</p> <p>The police MUST be consulted without consent if other adults are at risk or children.</p> <p>Immediate safety plans must be implemented.</p>
<p>5. <b>NEGLECT &amp; ACTS OF OMISSION</b></p> <p>Concerns or incidents of neglect or omission of care Falls, pressure damage and medication concerns may be abusive</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• No significant impact has occurred and in accordance with the views of the person.</li> <li>• Appropriate care plan in place; care needs not fully met but no harm abuse, neglect or distress occurs.</li> <li>• Issues or complaints around an adult's admission and/or discharge</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Carer breakdown</li> <li>• Carer unaware of needs of adult at risk but appropriate action taken to address this.</li> <li>• Health and wellbeing compromised due to ongoing lack of care where there is a plan in place to address this.</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Gross Neglect regardless of impact</li> <li>• Continued failure to adhere with care plan.</li> <li>• Lack of action resulting in serious injury or death</li> <li>• Care plans not reflective of individuals' current needs leading to risk of abuse or neglect.</li> </ul>



<p><b>Neglect and acts of omission include:</b></p> <ul style="list-style-type: none"> <li>• ignoring medical</li> <li>• emotional or physical care needs</li> <li>• failure to provide access to appropriate health, care and support or educational services</li> <li>• the withholding of the necessities of life, such as medication, adequate nutrition and heating</li> </ul> <p>More information at:  <a href="http://sheffielddasp.org.uk">Sheffield Adult Safeguarding Partnership - (sheffielddasp.org.uk)</a></p>	<p>from Hospital where no abuse or neglect has occurred.</p> <ul style="list-style-type: none"> <li>• Isolated missed home visit where no abuse or neglect occurs.</li> <li>• Isolated incident of an adult not supported with food/drink and reasonable explanation is given.</li> <li>• Adult not being bathed as per agreed care planning.</li> <li>• Not having access to aids to independence</li> <li>• Pressure ulcers where there is evidence of :- <ul style="list-style-type: none"> <li>- A care plan is in place.</li> <li>- Action is being taken.</li> <li>- Other relevant professionals have been involved.</li> <li>- Full discussion with the patient, family or representative</li> <li>- No other indicators of abuse or neglect</li> <li>- Consider self-neglect where the person is reluctant to engage with their necessary care,</li> </ul> </li> <li>• Falls where:- <ul style="list-style-type: none"> <li>- Care plans in place and adhered to</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Health appointment missed-‘not being brought’ to appointment with a plan in place to address this.</li> </ul>	<ul style="list-style-type: none"> <li>• Failure to arrange access to lifesaving services or medical treatment.</li> <li>• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly resulting in, e.g. dehydration, malnutrition, loss of independence.</li> <li>• Missed, late or failed visit/s where the provider has failed to take appropriate action and abuse, or neglect has occurred.</li> <li>• Pressure ulcers where: <ul style="list-style-type: none"> <li>- The Care plan and risk assessment has not been fully implemented.</li> <li>- It is not clear that professional advice has been sought.</li> <li>- There are other similar incidents of concerns.</li> <li>- There are possible other indicators of neglect.</li> </ul> </li> <li>• There is a known risk of falls- <ul style="list-style-type: none"> <li>- A risk assessment has not been completed.</li> <li>- The care plan has not been fully implemented</li> <li>- It is not clear that professional advice or support has been sought</li> <li>- There are other concerns about abuse/neglect</li> <li>- Any fall where there is suspected abuse/neglect by an organisation or Person in a position of trust</li> </ul> </li> </ul>
--	--	--	--

	<ul style="list-style-type: none"> <li>- Action taken to minimise the risk further.</li> <li>- Other professionals have been notified.</li> <li>- Full discussion with persons, family or representative</li> <li>- No other indicators of abuse/neglect</li> <li>• 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. Whilst in conjunction the care staff have recorded this and remedial action is taken (GP, 101, pharmacy is contacted).</li> </ul>		<p>or failure to follow care plans, policies, and procedures</p> <ul style="list-style-type: none"> <li>• Medication             <ul style="list-style-type: none"> <li>- Incidents where the person is given the wrong medication, given too much or too little medication or given it at the wrong time. Care staff do not report to relevant professionals or make attempts to conceal or to ensure persons safety</li> <li>- Recurrent missed medication or administration errors that affect one or more adult and/or result in harm</li> <li>- Deliberate maladministration of medicines (e.g. sedation)</li> <li>- Covert administration without proper medical supervision or outside the Mental Capacity Act, with a detrimental impact</li> <li>- Pattern of recurring administration errors or an incident of deliberate maladministration that results in ill-health or death.</li> <li>- Fabricated illness/ induced illness</li> <li>- Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting.</li> </ul> </li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Complaint, referral Review of Care.</p>	<p>Think about what the organisation can do to resolve things. Does the person need an</p>	<p>Professionals <b>MUST</b> speak with the person concerned to gain their wishes and feelings about</p>



	<ul style="list-style-type: none"> <li>Relevant and appropriate risk assessments/action plan in place</li> </ul>	<p>appointment or to see District nurse, GP, OT, where health concerns are present review staffing arrangements or HR processes where staff have been negligent.</p> <p>Risk can be managed appropriately with current professional oversight or universal services.</p> <p>Referral for a carers assessment</p> <p>Where risks cannot be managed or incidents were abusive or neglectful raise a safeguarding concern with the Local Authority.</p>	<p>the safeguarding concern, and specifically, gain consent (if it is safe to do so) to raise it with the Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>Any relevant internal policies must be followed i.e. pressure ulcers.</p> <p>If there is an indication a criminal act has occurred (i.e. wilful neglect), the police MUST be consulted.</p> <p>Immediate safety plans must be implemented.</p>
<p><b>ORGANISATIONAL</b></p> <p><b>Definition</b></p> <p>Neglect or poor professional practice concerns or incidents as a result of the structure, policies, processes or practices within an</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>No significant impact has occurred.</li> <li>Dignity is undermined - Carer of opposite sex to adult's preference is provided.</li> <li>Short term lack of stimulation or opportunities for people to engage in meaningful social and leisure</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Rigid inflexible routines that are not always in the adults' best interests. Such as carer being provided at a time not in keeping with the adults' preference.</li> <li>Health and wellbeing of multiple service users compromised because of an</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>Widespread, consistent ill treatment.</li> <li>Intentionally or knowingly failing to adhere to Mental Capacity Act</li> <li>Repeated incidents/patterns of similar concerns</li> <li>Unsafe and unhygienic living environments.</li> </ul>



<p>organisation, resulting in ongoing neglect or poor care.</p> <p>May involve multiple categories of abuse.</p> <p style="text-align: center;">Page 86</p>	<p>activities and where no harm occurs.</p> <ul style="list-style-type: none"> <li>• Single incident of insufficient staffing to meet all client needs in a timely fashion but causing no harm.</li> <li>• Service design where groups of adults live together and are not compatible but no harm occurs</li> <li>• Poor quality of care or professional practice that does not result in harm, albeit adult may be dissatisfied with service</li> </ul>	<p>isolated incident but abuse or neglect did not occur.</p>	<ul style="list-style-type: none"> <li>• Recurrent bad practice lacks management oversight and is not being reported to commissioners/Adult Care and Wellbeing.</li> <li>• Denying adult at risk access to professional support and services such as advocacy.</li> <li>• Rigid or inflexible routines leading to impact on the adults dignity and choice.</li> <li>• Punitive responses to challenging behaviours.</li> <li>• Failure to refer disclosure of abuse.</li> <li>• Staff misusing their position of power over service users.</li> <li>• Overmedication and/or inappropriate restraint managing behaviour.</li> <li>• Recurrent incidents of ill treatment by care provider to more than one adult over a period of time.</li> <li>• Service design where group of adults living together are incompatible and harm occurs.</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>A quality improvement plan will be needed, maybe training / disciplinary / complaint.</p> <p>Relevant and appropriate risk assessments/action plan in place</p>	<p>Consideration of how the service can address the above issues are they likely to be prevented from occurring again. Context of how the organisation has responded and resolved the situation will dictate the need for a referral.</p>	<p>Professionals <b>MUST</b> 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 Local Authority. If consent is not given, consider if you have grounds to override it?</p>



	<p>Views of person/s concerned should always be considered.</p> <p>Good leadership and Management can be demonstrated.</p> <p>Any practice that fits the definition of organisational abuse should be referred to the local authority due to risks to others.</p>	<p>Whether or not a Safeguarding Concern is raised will always depend on the context of the situation and the persons views. Seek advice from MASH Professionals Advice Line where in doubt (see last page).</p> <p>Any practice that fits the definition of organisational abuse should be referred to the local authority due to risks to others</p>	<p>Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police MUST be consulted.</p> <p>Immediate safety plans must be implemented.</p>
<p><b>DISCRIMINATORY</b></p> <p>Discriminatory abuse includes:</p> <ul style="list-style-type: none"> <li>• harassment</li> <li>• slurs or similar treatment:</li> </ul> <p>Experienced by people based on age, disability, gender, gender identity,</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• No abuse or occurs isolated incident and simply resolved as agreed by adult at risk.</li> <li>• Incident not caused by a Person in a Position of Trust</li> <li>• Isolated incident when an inappropriate prejudicial remark is made to an adult and adult is not distressed.</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Repeated incidents/patterns of similar concerns where there is a plan in place to address this.</li> <li>• Risk can/cannot be managed appropriately with current professional oversight or appropriate services.</li> <li>• Risk of escalation</li> <li>• Incident not caused by Person in a Position of Trust</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Humiliation or threats motivated by prejudices.</li> <li>• Harm motivated by prejudice.</li> <li>• Incident caused by Person in a Position of Trust</li> <li>• Compelling a person to participate in activities inappropriate to their faith or beliefs.</li> </ul>



<p>marriage/civil partnership, pregnancy, maternity, race, religion and belief, sex or sexual orientation</p>	<ul style="list-style-type: none"> <li>Care planning fails to address an adult's culture and diversity needs for a short period</li> </ul>	<ul style="list-style-type: none"> <li>Service provision does not respect equality and diversity principles.</li> <li>Recurring failure to meet specific care/support needs associated with diversity where adult agreed it did not cause distress.</li> <li>Denial of civil liberties</li> </ul>	<ul style="list-style-type: none"> <li>Movement or threat to move into a place of exploitation or take part in activities against their will.</li> <li>Being refused access to essential services as a result of prejudices</li> <li>Honour based violence.</li> <li>Hate crime towards any adult at risk regardless of outcome.</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>Education, training, review policies, Equality Act 2010, national guidance</p> <ul style="list-style-type: none"> <li>Robust recording is in place.</li> <li>Relevant and appropriate risk assessments/action plan in place</li> <li>Risks can be managed by current professional oversight or universal services.</li> </ul> <p>The ability of adults at risk to protect themselves from any current or future discriminatory abuse should always be considered and where this is in doubt safeguarding concerns MUST be raised with the local authority.</p>	<p>Issues may need to be discussed with the Police.</p> <ul style="list-style-type: none"> <li>Risks be being managed appropriately with current professional oversight or services.</li> </ul> <p>Whether or not a Safeguarding Concern is raised will always depend on the context of the situation. Seek advice from MASH Professionals Advice Line where in doubt.</p> <p>The ability of adults at risk to protect themselves from any current or future discriminatory abuse should always be considered and where this is in doubt safeguarding concerns MUST be raised with the local authority.</p>	<p>Professionals <b>MUST</b> 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. If consent is not given, consider if you have grounds to override it? Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police <b>MUST</b> be consulted. Immediate safety plans must be implemented</p>





<p><b>MODERN SLAVERY</b>          Holding a person (s) in position of slavery, forced servitude, compulsory labour, or facilitating their travel with intention of exploiting them.</p>	<p>Examples:          All concerns about modern slavery are deemed to be of a level requiring consultation.</p>	<p>Examples:          No direct disclosure of slavery but, there are indicators:</p> <ul style="list-style-type: none"> <li>• Long hours at work</li> <li>• Poor living conditions</li> <li>• Low wage</li> <li>• Lives in workplace</li> <li>• No health and safety at work</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Found living in poor conditions alone/with others – believed under duress.</li> <li>• Identification documents held by another person, who is controlling the individual.</li> <li>• Fear of law enforcers</li> <li>• Working within an area of criminality (sex work, cannabis cultivation, fraud, theft etc.) with the combination of additional</li> </ul>



<ul style="list-style-type: none"> <li>• Human trafficking</li> <li>• Forced labour</li> <li>• Domestic servitude</li> <li>• Sexual exploitation, such as escort work, prostitution and pornography</li> <li>• Debt bondage – being forced to work to pay off debts that realistically they never will be able to</li> </ul>		<ul style="list-style-type: none"> <li>• Encouraged to participate in unsafe activities.</li> </ul>	<p>factors such as residing in overcrowded conditions and no control over own finances</p> <ul style="list-style-type: none"> <li>• Arrived in the area to work in an expected area of employment</li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p> <p>A potential victim of modern slavery is a potential victim of a <b>Domestic</b> crime.</p>	<p>Further guidance can be found here: <a href="http://www.gov.uk">Modern slavery - GOV.UK (www.gov.uk)</a></p> <p>An online referral should be completed for adults if it is suspected they are a <b>victim of modern slavery</b> and where the adult concerned has understood the implications of, and consented to, the referral. This referral is made via the NRM (<a href="#">National Referral Mechanism</a>) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only</p>	<p>Please contact the MASH for further local guidance</p> <p>An online referral should be completed for adults if it is suspected they are a <b>victim of modern slavery</b> and where the adult concerned has understood the implications of, and consented to, the referral. This referral is made via the NRM (<a href="#">National Referral Mechanism</a>) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only designated first responders can refer cases to NRM.</p>	<p>Professionals <b>MUST</b> 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 Local Authority.</p> <p>Raise a safeguarding concern with the Local Authority.. Immediate safety plans must be implemented.</p> <p>An online referral should be completed for adults if it is suspected they are a <b>victim of modern slavery</b> and where the adult concerned has</p>



<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 9</p>	<p>designated first responders can refer cases to NRM.</p> <p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p><b>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority.</b></p>	<p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p><b>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority</b></p>	<p>understood the implications of, and consented to, the referral.</p> <p>This referral is made via the NRM (<a href="#">National Referral Mechanism</a>) which is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support. Only designated first responders can refer cases to NRM.</p> <p>If an adult does not consent to enter the NRM, a Duty to Notify (DtN) referral should be completed using the same online process.</p> <p><b>Referrals can only be made by a designated first responder organisation i.e. the police, or the local authority.</b></p>
<p><b>DOMESTIC ABUSE</b></p> <p><b>Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or personally connected to each other.</b></p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Adult has capacity and no vulnerabilities identified.</li> <li>• Robust assessment has been undertaken and referrals to domestic abuse support services made <b>and safety plans are in place and effective.</b></li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Unexplained marks, <b>lesions or injuries</b> on a number of occasions</li> <li>• Concerns over controlling behaviour of partner e.g. financial/material</li> <li>• Imbalance of power in a relationship</li> <li>• <b>Potential for escalation in frequency or severity of abuse identified.</b></li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Continues to reside with or have contact with the perpetrator and the case has been assessed as medium or high risk using a DASH</li> <li>• <b>Concerns that domestic abuse is happening in the context of a caring relationship.</b></li> <li>• Escalation of concern for safety and <b>increase in frequency of abuse and increase in severity of abuse</b></li> </ul>



<p>This can encompass, but is not limited to, the following types of abuse:</p> <p>psychological physical sexual economic Emotional</p> <p>This definition includes <b>Adult Family Violence, so called Honour Based Abuse and Forced Marriage.</b></p> <p>Page 92</p>	<p>Contact with perpetrator has ceased, with no concerns this will be re-established – if medium or high-risk incident plans are in place to ensure contact is not re-established and to monitor risk as this can increase due to separation.</p> <p><b>No concerns about perpetrator contact with other adults or children at risk</b></p> <ul style="list-style-type: none"> <li>• One-off incident with no injury or harm experienced. <b>No evidence of a pattern or behaviour or coercive control</b></li> <li>• Adequate protective factors in place</li> </ul>	<ul style="list-style-type: none"> <li>• <b>The victim/survivor has no recourse to public funds</b></li> </ul>	<ul style="list-style-type: none"> <li>• Physical evidence of violence such as bruising, cuts, broken bones.</li> <li>• <b>Use of weapons</b></li> <li>• <b>Concerns about non-fatal strangulation/suffocation</b></li> <li>• <b>Known links to Organised Crime Groups</b></li> <li>• Recurring patterns of verbal and physical abuse.</li> <li>• Fear of outside intervention, has become isolated – not seeing friends and family.</li> <li>• Disengagement from domestic abuse and/or other support services</li> <li>• In constant fear of being harmed</li> <li>• Denied access to medical treatment, <b>health appointments and support services</b></li> <li>• <b>Concerns around risk of suicide of victim/survivor</b></li> <li>• Stalking or harassment</li> <li>• Forced marriage/ FGM (female genital mutilation)</li> <li>• <b>So called 'honour' based abuse</b></li> <li>• <b>Evidence of coercive control e.g. isolation, victim not allowed to make own decisions / wishes and feelings not respected</b></li> <li>• <b>Concerns regarding impact of coercive control on capacity of adult</b></li> </ul>
--	---	--	--

			<ul style="list-style-type: none"> <li>• <b>Victim/survivor has additional vulnerabilities (disabilities/ dementia/English as a second language etc) which may make disclosure more difficult.</b></li> </ul>
<p><b>Relevant actions and outcomes to be considered</b></p>	<p>When <b>there are children</b>, ALWAYS make a children’s social care referral.</p> <p><b>When there are concerns regarding domestic abuse, all professionals should safely complete a <a href="#">DASH risk assessment</a> to determine level of risk and ascertain whether the risk is high and a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium.</b></p> <p>Onward referrals to support agencies</p>	<p>When <b>there are children</b>, ALWAYS make a children’s social care referral.</p> <p><a href="#">Refer to Adult Care and Wellbeing for assessment of need.</a></p> <p><b>When there are concerns regarding domestic abuse, all professionals should safely complete a <a href="#">DASH risk assessment</a> to determine level of risk and ascertain whether a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium.</b></p> <p>Onward referrals to support agencies</p>	<p>When <b>there are children</b>, ALWAYS make a children’s social care referral.</p> <p>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.</p> <p>Raise a safeguarding concern with the MASH.</p> <p>If there is an indication a criminal act has occurred, the police MUST be consulted.</p> <p>Immediate safety plans must be implemented.</p> <p><b>When there are concerns regarding domestic abuse, all professionals should safely complete a <a href="#">DASH risk assessment</a> to determine level of risk and ascertain whether a MARAC referral needs to be made. Consent to refer to DA Services is required if risk assessed as standard or medium. nb. Consent is preferred but not required to refer to MARAC.</b></p>



<p><b>10. SELF-NEGLECT</b></p> <p>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</p> <p>i.e. Lack of self-care to an extent that it threatens personal health and safety</p> <p>Neglecting to care for one's personal hygiene, health or surroundings</p> <p>Inability to avoid harm as a result of self-neglect</p> <p>Failure to seek help or access services to meet health and social care needs</p> <p>Inability or unwillingness to manage one's personal affairs</p>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• A concern about an adult who is beginning to show signs and symptoms of self-neglect.</li> <li>• Property neglected but all services/appliances work</li> <li>• There is no/low risk or impact to self or others.</li> <li>• Risks can be managed by current professional oversight or universal services.</li> <li>• The person is not at risk of losing their place within the community.</li> <li>• Some evidence of hoarding – no impact on health/safety.</li> <li>• No access to support</li> <li>• Noncompliant with support but no impact on health/safety/wellbeing</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Some signs of disengagement with professionals</li> <li>• Indication of lack of insight</li> <li>• Lack of essential amenities/food provision</li> <li>• Collecting multiple animals in inappropriate conditions.</li> <li>• Increasing unsanitary conditions</li> <li>• There is medium risk and some impact to self / others.</li> <li>• Non-compliance with medication – medium risk to health and wellbeing.</li> <li>• Property neglected, evidence of hoarding beginning to impact on health/safety.</li> <li>• Where animals in property are impacting on the environment with risk to health</li> </ul>	<p>Examples:</p> <ul style="list-style-type: none"> <li>• Living in squalid or unsanitary conditions</li> <li>• There is extensive structural deterioration / damage in the property causing risk to life.</li> <li>• Refusal of health/medical treatment that will have a significant impact on health/wellbeing.</li> <li>• High level of clutter/hoarding impacting on health and wellbeing, including fire hazard</li> <li>• Behaviour poses risk to self and others.</li> <li>• Life is in danger without intervention.</li> <li>• Appearance of malnourishment</li> <li>• The individual is not accepting any support or any plans to improve the situation</li> </ul>
--	---	---	--



<p><b>Relevant actions and outcomes to be considered</b></p> <p>See following guidance and process:</p> <p><a href="https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/multi-agency-self-neglect-policy-and-practice-guidance-including-varm-and-ccm">https://www.sheffieldasp.org.uk/sasp/sasp/policy-and-procedures/multi-agency-self-neglect-policy-and-practice-guidance-including-varm-and-ccm</a></p> <p><a href="https://www.sheffieldasp.org.uk/assets/1/multi_agency_self_neglect_practice_guidance_v4.docx">https://www.sheffieldasp.org.uk/assets/1/multi_agency_self_neglect_practice_guidance_v4.docx</a></p>	<p>Assessment by service/professional of concern</p> <p>Engage person</p> <p>Onward referrals for support</p> <p>An assessment should be made on a case-by-case basis. <b>A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour.</b> There may come a point when they are no longer able to do this, <b>without external support.</b> In these cases a safeguarding concern should be raised with the Local Authority</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>	<p>A Care Act Assessment may be needed i.e. person is not self-neglecting but is unable to manage their own care or environment. Refer to First Contact. Refer to Self-neglect guidance: <a href="#">Self-neglect: At a glance   SCIE</a> .</p> <p>An assessment should be made on a case-by-case basis. <b>A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour.</b> There may come a point when they are no longer able to do this, <b>without external support.</b> In these cases, a safeguarding concern should be raised with Local Authority.</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>	<p>Professionals <b>MUST</b> 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 Local Authority. If consent is not given, consider if you have grounds to override it?</p> <p>Raise a safeguarding concern with the Local Authority.</p> <p>Immediate safety plans must be implemented.</p> <p>Environmental Health referral</p> <p>South Yorkshire Fire and Rescue referral</p> <p>RSPCA</p>
---	---	---	---



### **Sheffield MASH (Multi Agency Safeguarding Hub) Professionals Advice Line**

Do you have any safeguarding questions or concerns about an adult you are working with? Are you uncertain if what they are experiencing is abuse or neglect? Are you unsure if you need to raise a safeguarding concern with the Local Authority? Contact us to talk it over with a professional from the Sheffield MASH (Multi Agency Safeguarding Hub). Advice is available to you on a Monday, Thursday and Fri: 1:30pm – 4pm.

To request a telephone call back from a MASH worker: email the MASH inbox on [adultmash@sheffield.gov.uk](mailto:adultmash@sheffield.gov.uk) and in the subject line of the email please write **SAFEGUARDING ADVICE NEEDED**.

In the email, please provide the person's name, date of birth and address so that we can check them out on our system before calling you back. Also provide the best phone number to contact you on or your full name, so that you can be contacted on Teams.

We will acknowledge your request by email and make you aware when we will get back to you.

If you are concerned about the immediate safety of an adult, please contact the Police on 101 at any time or in an emergency call 999.

### **Appendix a: Reporting a Safeguarding Adults concern**

Where you do want to report an Adult Safeguarding concern, please do so using the Safeguarding Adults Concern Form which can be found at [Sheffield Adult Safeguarding Partnership - \(sheffieldasp.org.uk\)](http://Sheffield Adult Safeguarding Partnership - (sheffieldasp.org.uk)).





# Sheffield Safeguarding Adults Performance Data Report

## Report to Executive Board – March 2024

This report includes data submitted to the Partnership from SCC Adult Social Care (ASC). This version includes only the data from ASC for the purposes of reporting to the Adult Social Care Committee, 20<sup>th</sup> March 2024

This report looks at the data for Quarter 3 (2023/24) October to December 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, 2022-23 - 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.

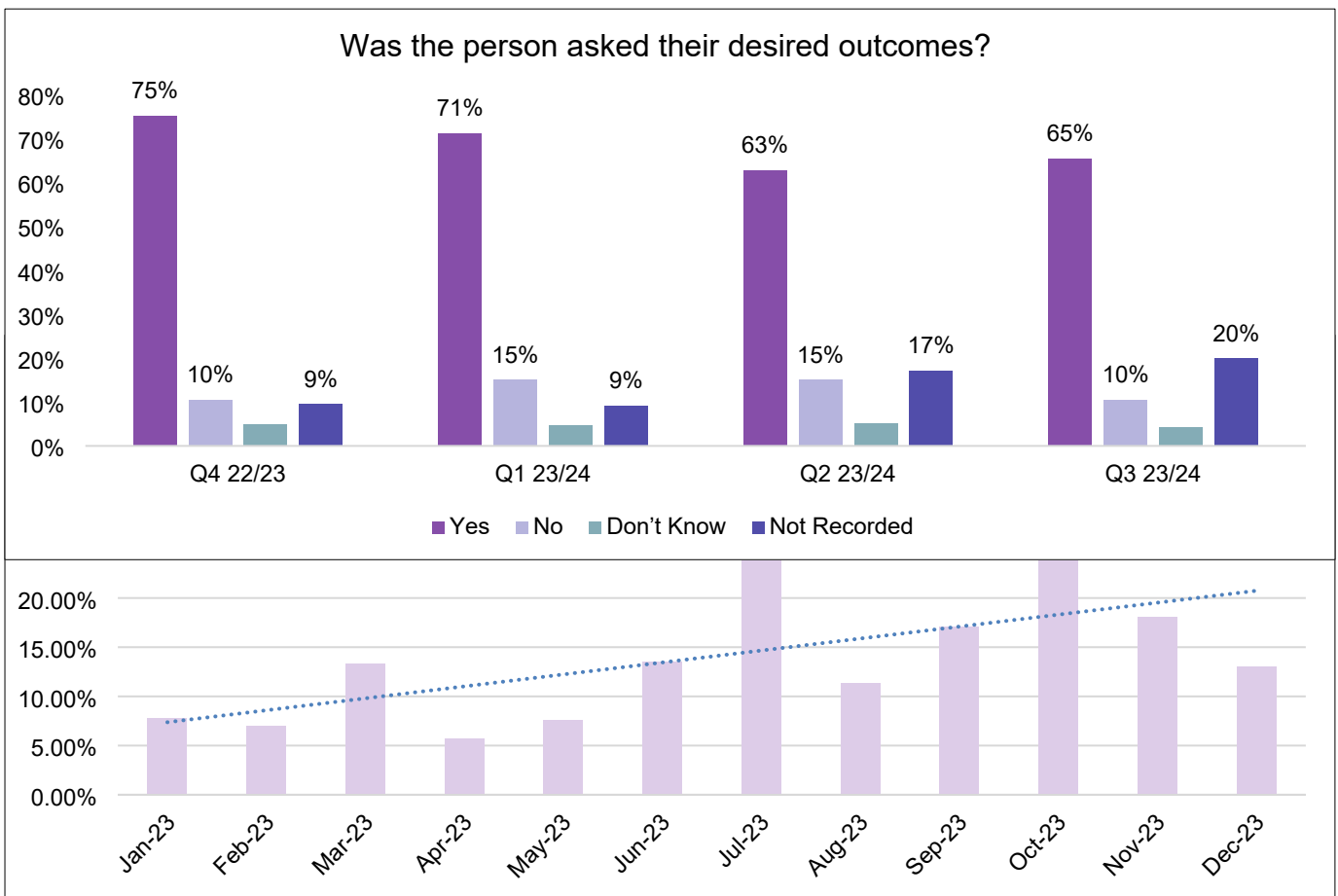
## Contents

Was the Person Asked their Desired Outcomes? (Sheffield ASC Data) .....	2
Were the Persons Outcomes Met? (Sheffield ASC Data) .....	3
Adult Safeguarding Enquiries by Location (ASC Data).....	4
Types of Abuse (ASC data) .....	5
Safeguarding Episodes – Benchmarking Data .....	6
Safeguarding Episodes (ASC Sheffield Data) .....	6
Impact on Risk (ASC Data).....	7
Average and Median Number of Calendar Days to Complete Adult Safeguarding Enquiries (ASC Data)..	8
Initial Response to Safeguarding Contacts Within 1 Working Day .....	9
Proportion of Safeguarding Enquiries and Concerns where the Source of the Referral is Informed of the Conclusion (ASC Data).....	11
Signposting and Referrals into the Carers Centre (Carers Centre Data).....	12

## Was the Person Asked their Desired Outcomes? (Sheffield ASC Data)

Time Period	20/21 (12 Month Period)	21/22 (12 Month Period)	22/23 (12 Month Period)	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
% of people who were asked their desired outcomes	61%	70%	76%	75%	71%	63%	65%

\* Against the target of 76%, based on the 12-month period 22/23.



**Why is this measure important?** This measure demonstrates Making Safeguarding Personal (MSP).

**Commentary**

In Q3 of 23/24, 65% of people were asked their desired outcomes (All Enquiries) and is a slight improvement on last quarter. This is - 11% against the target of 76%. This figure is lower than the 12-month figure for 21/22 and 22/23 and has taken a significant drop.

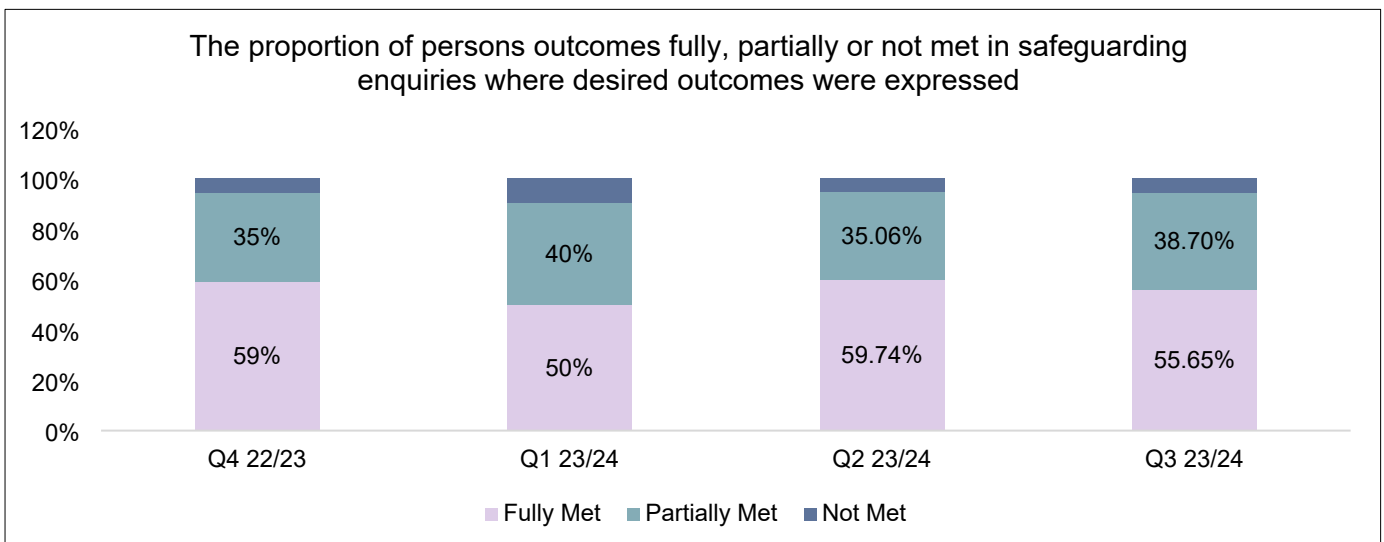
There has however been a slight increase this quarter compared to last quarter (63% up to 65%). The team in MASH have been reminding staff of the importance of recording outcomes.

The performance and quality subgroup have previously discussed reasons why someone may not be asked about their outcomes. It was discussed that to have the option in liquid logic (LAS) to allow reasons to be recorded would help us to understand the reasons why someone may not be asked their outcomes. Subsequently, has been scheduled into the forward plan for LAS changes for safeguarding and added as an action to the safeguarding delivery plan.

Last quarter (Q2), the Team Manager in MASH reviewed a sample of causation forms to check whether outcomes are identified and report back to the Performance and Quality Subgroup. A check of causation forms has found that outcomes not being identified appears to be due to a combination of factors: for those which are sent to the hospital, the causation form is often sent after the individual is discharged, therefore outcomes will be unable to be sought and newer teams and practitioners learning how to use and record on Liquid Logic.

**Were the Persons Outcomes Fully or Partially Met? (Sheffield ASC Data)**

Time Period	20/21 (12 Month Period)	21/22 (12 Month Period)	22/23 (12 Month Period)	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
% of people whose outcomes were fully or partially met	92%	95%	95%	94%	90%	95%	94%



**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 Q3 of 23/24, of people who expressed their desired outcomes, 94% of people had their outcomes fully or partially met.

The target reflects outcomes being fully and partially met. The safeguarding performance and delivery group will focus over next 6 months on establishing benchmarking and learning about outcomes partially and not met to inform continuous improvement and learning.

There will always be individuals whose outcomes are not met i.e., they were not achievable, therefore we need to continue to support individuals and to manage expectations about what safeguarding can and cannot do. It was discussed that there is a piece of work required with the workforce to ensure that staff have guidance and feel able to have honest and transparent conversations with individuals involved in safeguarding and manage expectations about what can and cannot be achieved.

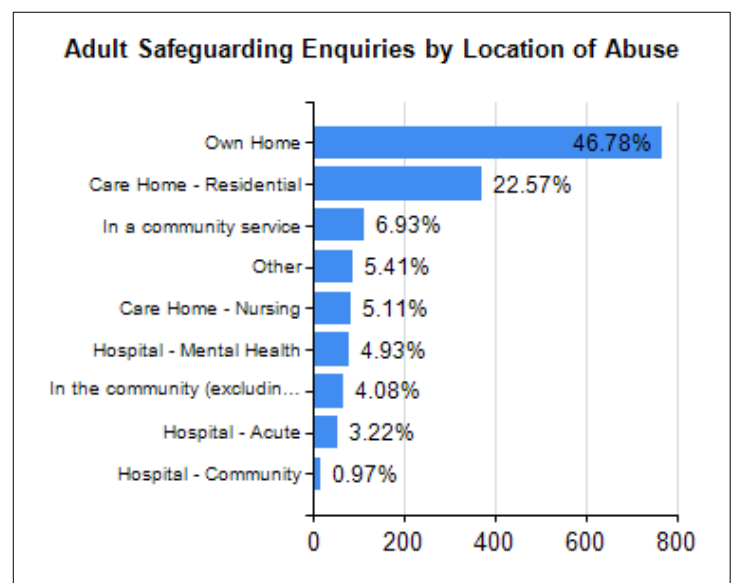
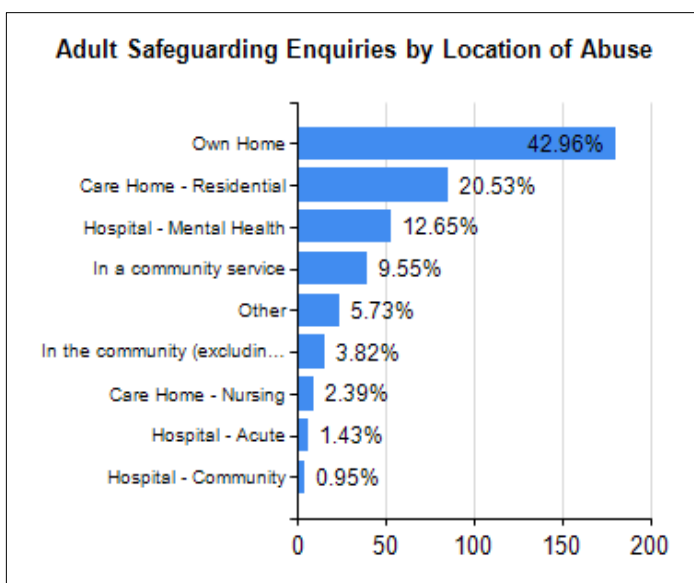
**Adult Safeguarding Enquiries by Location (ASC Data)  
S42 Enquiries Only – Benchmarking Data**

Annual Safeguarding Adults Collection (SAC) Return 2022-23. Top 3 Location of Abuse in S42 Enquiries Only (All England)	
Own Home	47%
Care Home - Residential	23%
Care Home - Nursing	10%

**S42 and Other Enquiries – Sheffield Data**

**Last Quarter (October – December 2023)**

**Last 12 months (January – December 2023)**



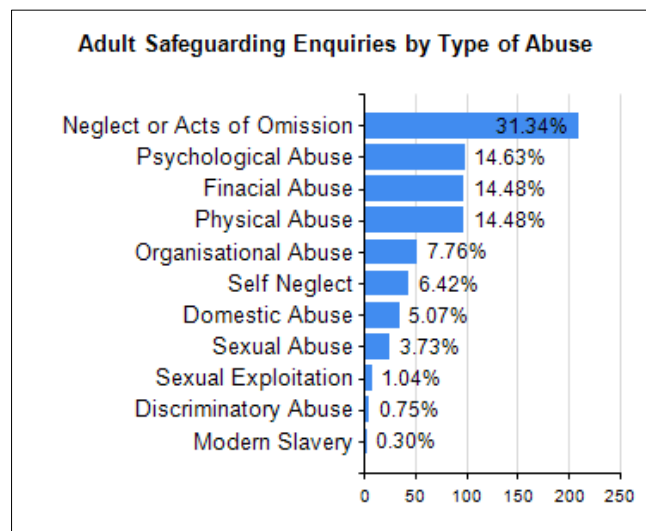
**Why is this measure important?** This measure provides context for safeguarding enquiries and where abuse is most commonly taking place.

**Commentary**

There has been a significant increase this quarter in the % of enquiries where the location of abuse is Hospital – Mental Health. This quarter, the % of enquiries where location of abuse was Hospital – Mental Health was 12.65%, this is compared to 4.93% for the last 12 months.

**Types of Abuse (ASC data)**

Type of Abuse	Annual Safeguarding Adults Collection (SAC) Return 2022-23. Top 4 types of abuse in S42 Enquiries only (All England)	Sheffield S42 and Other Enquiries Q3 23/24
Neglect	31.97%	31.34%
Physical Abuse	18.66%	14.48%
Psychological Abuse	12.75%	14.63%
Financial Abuse	12.25%	14.48%



**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**

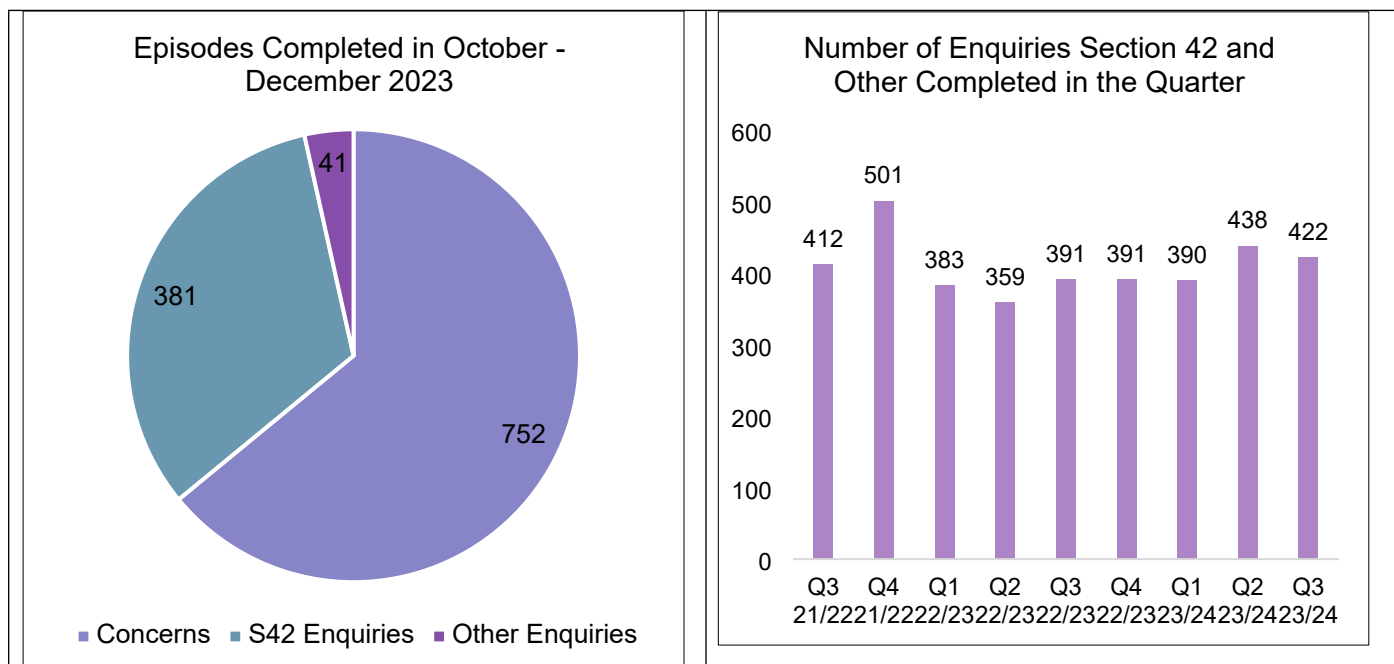
Similar to the 2022/23 Annual SAC return data for England, the top 4 abuse types for concluded safeguarding enquiries in Sheffield this quarter continue to be Neglect, Physical Abuse, Financial Abuse and Psychological Abuse. However, the orders slightly differ. Like the annual SAC return data, the most common abuse type was neglect/acts of omission. However, in Sheffield Q3 23/24 the second most common abuse type was Psychological Abuse, followed by Financial Abuse which was the third most common abuse type [see table above for % figures].

## Safeguarding Episodes – Benchmarking Data

	Number of S42 Enquiries completed <b>so far</b> in this financial year			
	Sheffield	Leeds*	Doncaster	Rotherham
<b>No of S42 Enquiries Complete</b>	1081	2793	479	397
<b>Per 100,000 (18+)</b>	243	436	196	190

\* CIPFA nearest neighbour, local authority similar in regard to socioeconomic factors.

### Safeguarding Episodes (ASC Sheffield Data)



**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 Q3 were concern only (891). There were 381 S42 enquiries completed, and 41 “other” enquiries completed (422 enquiries in total). This is slightly less than last quarter.

When looking at other local authorities, Sheffield has completed less S42 enquiries per 100,000 people than Leeds (which is a CIPFA nearest neighbour) so far this year, and more per 100,000 than Doncaster and Rotherham. This suggests that Sheffield is not an anomaly in terms of the number of Section 42 Enquiries it is having to complete when comparing to other local authorities in the Yorkshire and Humber area.

## Impact on Risk (ASC Data)

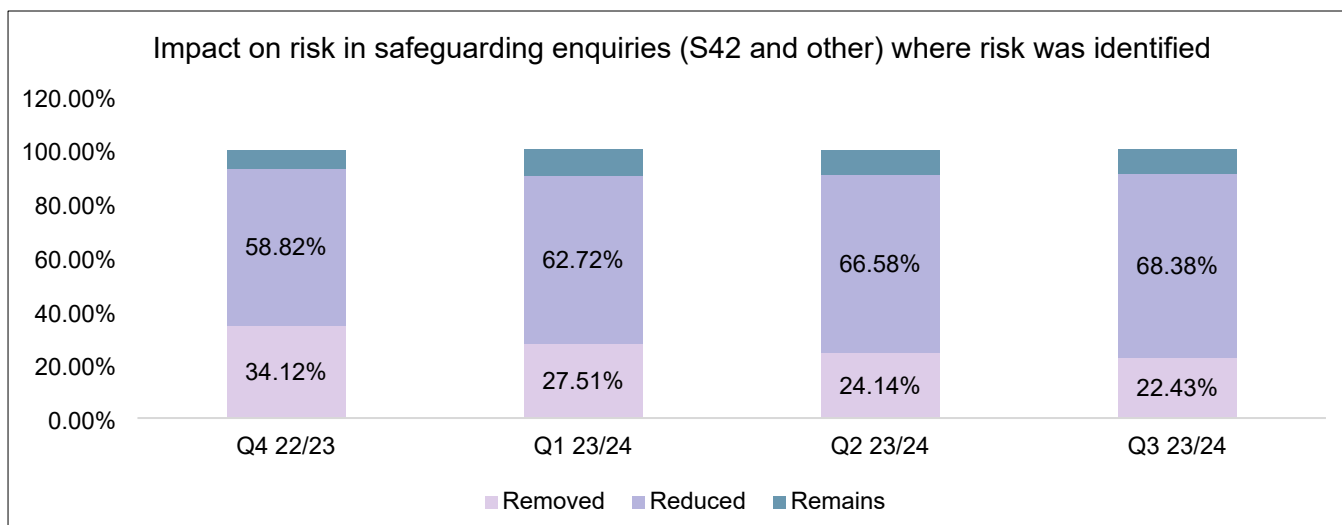
### S42 Enquiries Only – Benchmarking Data

	% of S42 Enquiries ONLY where risk was removed or reduced (where risk was identified)				
	Sheffield Q4 22/23	Sheffield Q1 23/24	Sheffield Q2 23/24	Sheffield Q3 23/24	All England (S42 Enquiries 22/23)
Risk Reduced or Removed	94%	92%	93%	90%	91%

### S42 and Other Enquiries – Sheffield Data

Time Period	20/21 (12 Month Period)	21/22 (12 Month Period)	22/23 (12 Month Period)	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
% of enquiries (S42 and Other), where risk was identified, and it was reduced or removed.	73%	80%	93%	93%	91%	91%	91%

\* Against the target of 95%, based on Adult Care and Wellbeing Targets.



**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 safeguarding enquiries S42 and Other during the quarter, where risk was identified, the reported outcome was that risk was reduced or removed.

## Median Number of Calendar Days to Complete Adult Safeguarding Enquiries (ASC 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

All Safeguarding		
Month (2023)	Average	Median
January	99	68
February	108	70
March	100	62
April	75	47
May	118	57
June	98	48
July	70	39
August	86	49
September	68	38
October	77	45
November	80	39
December	87	51

When compared with Doncaster and Leeds, Sheffield appears to take longer to complete S42 enquiries. So far, this financial year, Rotherham's average number of working days is higher than Sheffield's (106 compared with 81).

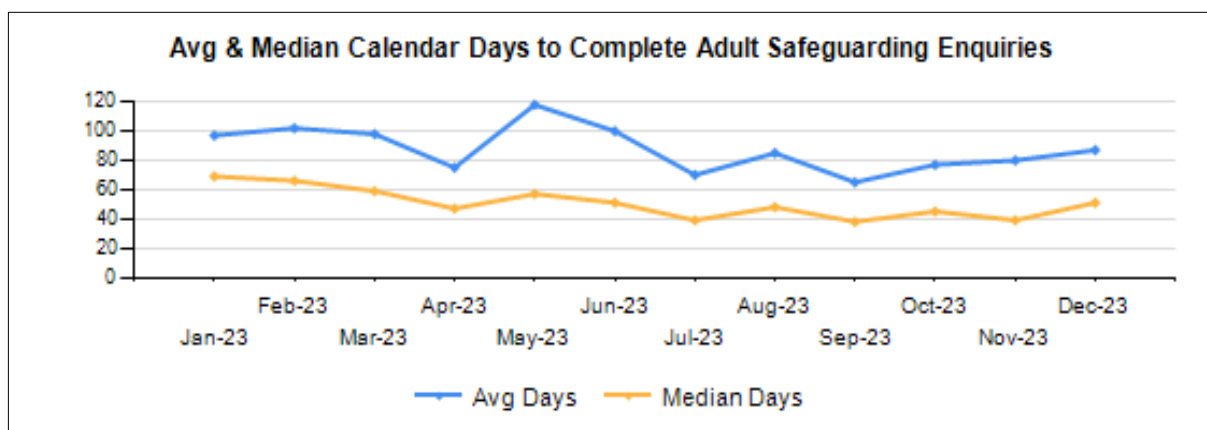
There are some cases where enquiries will be open for a long time, for example, where a court case is ongoing or where there are delays in others not coming back to ASC (this is being looked at as part of MASH). The median number of days continues to be much lower than the average and is potentially a truer reflection of the general length of enquiries in Sheffield as it is less impacted by outliers in the data.

## S42 Enquiries – Benchmarking Data

Average Calendar Days <b>so far</b> , in this Financial Year to Complete S42 Enquiries.				
Local Authority	Sheffield	Leeds*	Doncaster	Rotherham
Average Calendar Days	81	56	30	106

\* CIPFA nearest neighbour, local authority similar in regard to socioeconomic factors.

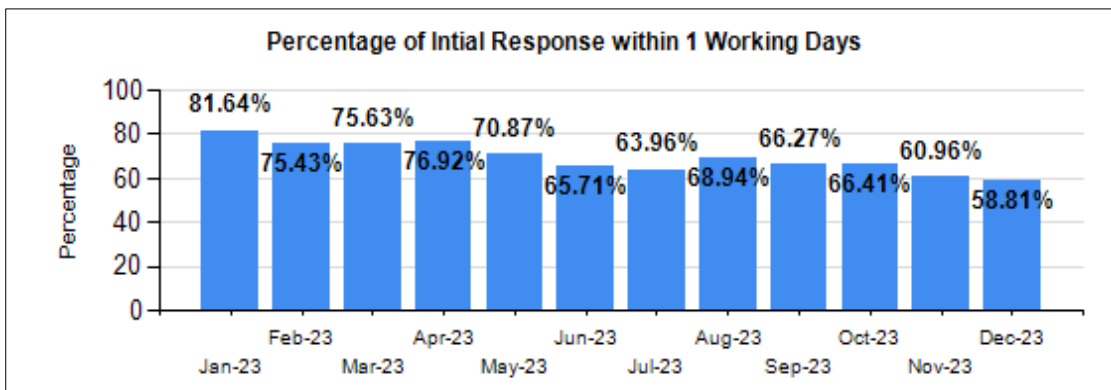
## S42 and Other Enquiries – Sheffield Data



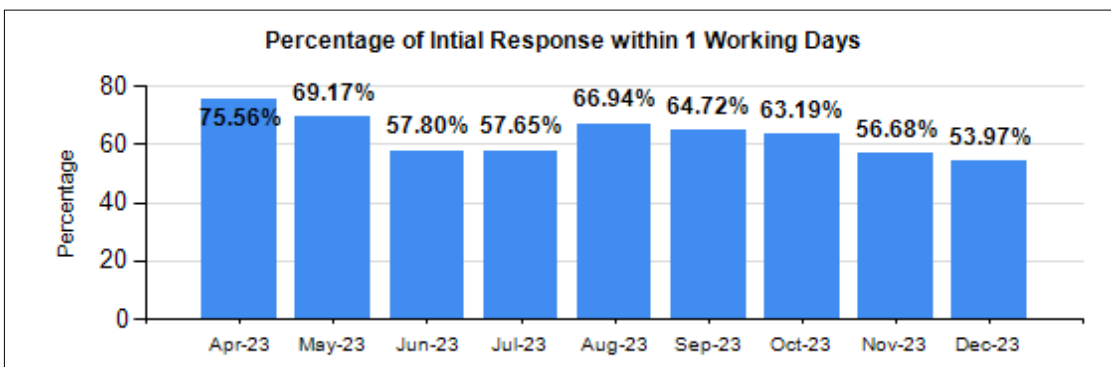


## Initial Response to Safeguarding Contacts Within 1 Working Day S42 and Other Enquiries – Sheffield Data

### All Safeguarding



### MASH Only



**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.

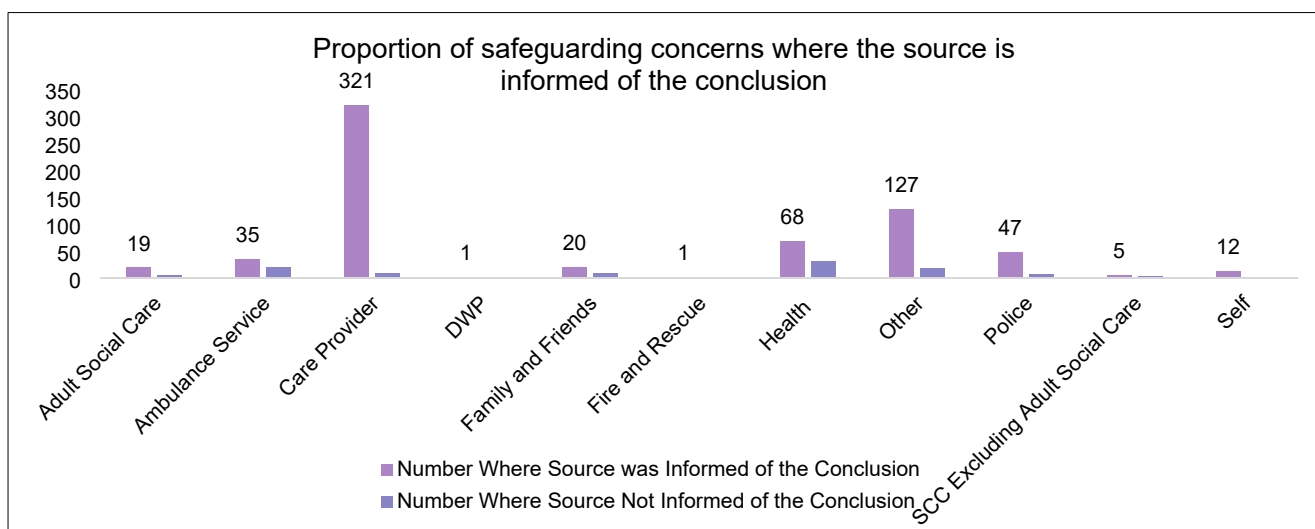
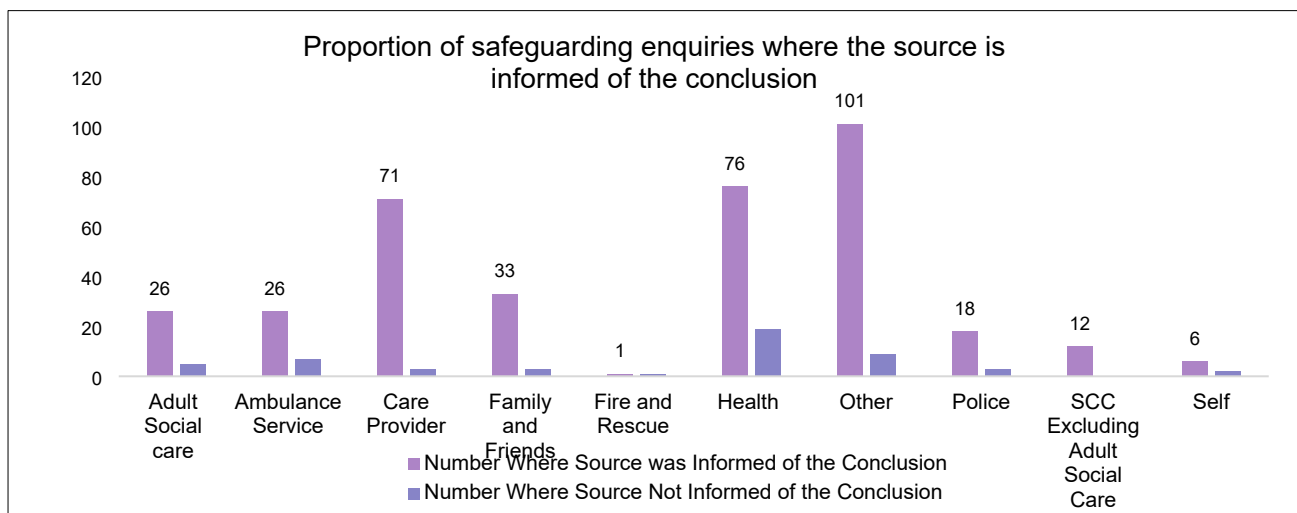
#### Commentary

The target set by Adult Care and Wellbeing for this measure is 90%. For **all Safeguarding**, In October, 66.41 (-23% against target) of initial responses were completed within 1 working day, 60.96% (-29% against target) in November, and 58.81% (-31% against target) in December.

A core focus of the MASH team is to screen all contacts within 1 working day. Currently, when looking at the **MASH data separately** to all safeguarding (it is recorded as MASH if the safeguarding contact hits the MASH screening tray at all), the % screened within one working day has been lower than when looking at the all safeguarding figure, and 63.19% in October, 56.68% in November and 53.97% in December.

## Proportion of Safeguarding Enquiries and Concerns where the Source of the Referral is Informed of the Conclusion (ASC Data)

	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
Source Informed of Conclusion - Enquiries	81%	87%	82%	84%	88%
Source Informed of Conclusion - Concerns	74%	83%	87%	90%	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

% of enquiries where the referrer was informed of the conclusion is 88%. When looking at the figure by organisation, there are some organisations where the % is higher than others. the % referrers informed of the outcome for concerns was 87%. There has been a steady improvement in the % of sources informed of the conclusion when the outcome is concern only.

## Signposting and Referrals into the Carers Centre (Carers Centre Data)

Agency	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total
ASC	176	199	182	195	<b>752</b>

**Why is this measure important?** Carers has been a theme identified in 3 out of 5 of the Safeguarding Adults Reviews published by SASP (Person D, F and I). Reporting this data will allow us to monitor whether the number of referrals is increasing/maintained/decreasing and where partner agencies may be able to do more to promote the carers centre within their agency.

### **Commentary**

The highest number of referrals into the carers centre over the last 12 months, have come from Adult Care and Wellbeing.

In adult social care the highest proportion of referrals in the last quarter July to September came from the STIT(Home Care) team (84) followed by the first contact team (49).

This page is intentionally left blank

# PART A - Initial Impact Assessment

**Proposal Name:** Safeguarding adults update and delivery plan

**EIA ID:** 2313

**EIA Author:** Jenna Tait

---

**Proposal Outline:**

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:

- o Empowerment • People being supported and encouraged to make their own decisions and informed consent
- o Prevention • It is better to take action before harm occurs.
- o Proportionality • The least intrusive response appropriate to the risk presented.
- o Protection • Support and representation for those in greatest need.
- o Partnership • Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- o 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 o 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
- o Review current Safeguarding Adult Referral process to ensure in line with benchmark and best practice and take learning and recommendations to the Safeguarding Board.
- Support and experiences o Safeguarding Waiting list reduced to acceptable risk levels
- o Embed learning

from thematic review of SAR, DHR, DoLS into practice • Providing support to 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 • Confidential 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.

UPDATE October 23 The evidence originally included in the EIA was from 2021/2022 and it has now been updated for 2022/2023. The data from 22/23 can be found at the end of this document and it is referenced within the relevant sections of this EIA for the different protected characteristics. Although the total number of safeguarding contacts appears much lower for 22/23 the difference is largely due to a process change rather than an actual reduction in the number of referrals being received by the local authority. However, this change has not affected the figures for the number of safeguarding episodes or enquiries, which have reduced. In addition to the specific analysis completed for this EIA, further information regarding safeguarding performance more widely is provided in the Sheffield Adult Safeguarding Partnership (SASP) Annual Report for 2022/23. The Sheffield Adult Safeguarding Partnership (SASP) is a strategic, multi-agency partnership that brings together statutory and non-statutory organisations to actively promote effective working relationships between different agencies and professionals to address the issue of abuse and harm. Following implementation of the adult multi-agency safeguarding hub (MASH), as part of embedding and

building on the joint working relationships developed the next step is to establish and embed the guidance 'A summary of responsibilities for safeguarding: when and how to use the Sheffield MASH' to improve understanding of appropriate safeguarding referrals and partner responsibilities. The guidance sets out safeguarding organisational responsibilities more clearly, based on best practice, to improve proportionality of referrals. A consultation exercise will be carried out with a wide range of stakeholders. A This is now included on the Safeguarding Delivery Plan to ensure that the plan continues to be a live and regularly updated document to effectively coordinate all safeguarding improvement work for adults in Sheffield Update March 24 - The summary of responsibilities guidance referenced above has had significant work since October 23. As detailed in the Committee Report there has been significant engagement with the ICB NHS and Voluntary Community and Faith Sector. From the VCF there was a wide range of attendees all inputting their views. With intentions to build on this, use this as momentum for building relationships with the VCF over 2024. As identified in the EIA previously and as referenced in the report the second biggest ethnicity group in Safeguarding Episodes is 'Undeclared/Not Known' making up 14.6%. We now have a programme of audits in place for Safeguarding and Liquidlogic which will both help drive improvements in this area.

---

**Proposal Type:** Non-Budget

---

**Year Of Proposal:** 22/23, 23/24, 24/25

---

**Lead Director for proposal:** Alexis Chappell

---

**Service Area:** Adults Wellbeing and Care

---

**EIA Start Date:** 02/09/2022

---

**Lead Equality Objective:** Break the cycle and improve life chances

## Decision Type

### Committees:

Policy Committees

- Adult Health & Social Care

## Portfolio

### Primary Portfolio:

Adult Care and Wellbeing

### EIA is cross portfolio:

No

### EIA is joint with another organisation:

No

## Overview of Impact

### Overview Summary:

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 its partner agencies.

### Impacted characteristics:

- Age
- Disability
- Health
- Race



Sex  
Carers  
Partners  
Sexual Orientation

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact: No

Impact areas:

## Initial Sign-Off

Full impact assessment required: Yes

Review Date: 30/08/2024

## PART B - Full Impact Assessment

### Health

Staff Impacted:

Customers Impacted: Yes

Description 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.

**Name of Lead Health Officer:**

**Comprehensive Assessment  
Being Completed:**

No

**Public Health Lead signed off health  
impact(s):**

## Age

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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. UPDATE October 23 Table 1a shows the updated data for 22/23. There has been an increase in the proportion of people aged 60 and over involved in safeguarding enquiries, accounting for 73% of enquiries compared to 67% in the previous year. However, where previously referrals related to older adults were much more likely to be progressed to a safeguarding enquiry than those for younger adults, this difference (although still exists) has reduced. This data will be discussed at the next SASP Performance and Quality subgroup meeting, to consider if there is an increased risk for older people compared to the previous year or if the figures may be anomalous.

## Carers

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description of Impact:**

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

## Care Experienced

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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. 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. UPDATE October 23 Table 4a shows the updated data for 22/23. Like the previous year the data shows large variation in the proportions of referrals that are progressed to a safeguarding enquiry depending upon primary support reason. However, some of the most notable changes within this are:

- Adults whose primary support reason is substance misuse support still only makes up 1% of

all enquiries, however, the likelihood of referrals for these adults becoming an enquiry increased from 26% to 46%. • Adults whose primary support reason is social isolation/other still make up a small percentage of all enquiries, however, the likelihood of referrals for these adults becoming an enquiry increased from 20% to 34%.

## Partners

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description 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 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.

## Race

**Staff Impacted:**

**Customers Impacted:**

Yes

**Description of Impact:**

The aim of the safeguarding delivery plan is to improve outcomes for adults in Sheffield, to enable a shift towards prevention of harm and ultimately to ensure that adults in need of care and support live safely and well free from abuse and neglect. Delivery of the milestones outlined in the plan should achieve a positive impact on adults of all races who may be at risk. Table 3 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 3 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. UPDATE October 23 Table 3a shows the updated data for 22/23. The data shows that there has been a percentage increase in referrals and enquiries related to White British clients and a general percentage decrease amongst all other client groups. The data again highlights that there is large variation in the proportion of referrals that are progressed to a safeguarding enquiry depending upon ethnicity, although the differences are not all consistent with the previous year. For example, compared to the example provided above for 21/22 data, in the most recent year 31% of referrals related to people within the black or black British Caribbean ethnicity were progressed to enquiry compared with 15% of referrals related to people within the black or black British other black background ethnicity. The data continues to indicate that further work is required to explore and understand the differences in progression rates.

## Sexual Orientation

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

UPDATE August 23 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 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'. 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. UPDATE October 23 Table 5a shows the updated data for 22/23. Unfortunately, the information remains unknown for the majority of individuals and as such the analysis is very limited in its use to identify any additional risk factors associated with LGBT clients.

## Action Plan & Supporting Evidence

### Outline of action plan:

- 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. UPDATE October 23 Further analysis in this area is still required. Amended target date to April 24. SASP Performance and Quality sub group will consider the differences identified within client age groups.
- 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.

### Action plan evidence:

See all data tables in the separate document attached.

### Changes made as a result of action plan:

## Mitigation

Significant risk after mitigation measures: No

### Outline of impact and risks:

## Review Date







## Report to Policy Committee

### Author/Lead Officer of Report:

Kelly Siddons, Assistant Director Living and Ageing Well,

**Report of:** Strategic Director Adult Wellbeing and Care

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

**Date of Decision:** 20<sup>th</sup> March 2024

**Subject:** Early Help and Prevention – Our Occupational Therapy, Equipment and Adapted Housing and City-Wide Care Alarms, Technology Enabled Care Offer Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (1070)				
Adapted Housing Review 2596 Technology Enabled Care (TEC) Service 2263				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>“The (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended).”</i>				

### Purpose of Report:

This report provides an update regards Occupational Therapy, Equipment, Adapted Housing and Technology Enabled Care services and the impact that has been made through the Delivery Plan agreed in November 2022.

This report details the activity underway to achieve an accessible, responsive and outcome focused equipment, adaptations and technology enabled care service.

**Recommendations:**

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

1. Notes the planned reviews of the Integrated Equipment Loan Services and adapted housing to take place during 2024 – 2025.
2. Approves the updated Equipment and Adaptations Criteria at Appendix 1.
3. Notes the update on the delivery of the Council’s Occupational Therapy and City-Wide Care Alarms Services including development of a falls prevention service as a partnership with Yorkshire Ambulance Service.
4. Note progress in delivering Technology Enabled Care ambitions.
5. Requests that the Strategic Director Adult Care and Wellbeing provides the Committee with updates on progress and outcomes in relation to the performance and financial spend on a six-monthly basis.

**Appendices:**

Appendix 1 – Equipment and Adaptations Delivery Plan

Appendix 2 – Updated Eligibility Criteria

Appendix 3 – Occupational Therapy Leaflet

Appendix 4 – Falls Prevention Presentation

<b>Lead Officer to complete: -</b>							
1	<table border="1"> <tr> <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: Laura Foster</td> </tr> <tr> <td>Legal: Richard Marik - Solicitor</td> </tr> <tr> <td>Equalities &amp; Consultation: Ed Sexton – Equalities Lead</td> </tr> </table>	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster	Legal: Richard Marik - Solicitor	Equalities & Consultation: Ed Sexton – Equalities Lead		
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: Richard Marik - Solicitor						
	Equalities & Consultation: Ed Sexton – Equalities Lead						
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>						
2	<table border="1"> <tr> <td><b>SLB member who approved submission:</b></td> <td>Alexis Chappell – Strategic Director Adult Care.</td> </tr> <tr> <td><b>Committee Chair consulted:</b></td> <td>Councillor - Councillor Angela Argenzio</td> </tr> </table>	<b>SLB member who approved submission:</b>	Alexis Chappell – Strategic Director Adult Care.	<b>Committee Chair consulted:</b>	Councillor - Councillor Angela Argenzio		
<b>SLB member who approved submission:</b>	Alexis Chappell – Strategic Director Adult Care.						
<b>Committee Chair consulted:</b>	Councillor - Councillor Angela Argenzio						
4	<table border="1"> <tr> <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><b>Lead Officer Name:</b> Kelly Siddons</td> <td><b>Job Title:</b> Assistant Director Living and Ageing Well</td> </tr> <tr> <td colspan="2"><b>Date:</b> 27<sup>th</sup> February 2024</td> </tr> </table>	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.		<b>Lead Officer Name:</b> Kelly Siddons	<b>Job Title:</b> Assistant Director Living and Ageing Well	<b>Date:</b> 27 <sup>th</sup> February 2024	
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.							
<b>Lead Officer Name:</b> Kelly Siddons	<b>Job Title:</b> Assistant Director Living and Ageing Well						
<b>Date:</b> 27 <sup>th</sup> February 2024							

# 1 PROPOSAL

## Background

- 1.1 Promoting and enabling individuals to live independently, safely and well at home is described in our [Adult Health & Social Care Strategy](#) which was approved by the Cooperative Executive on 16<sup>th</sup> March 2022.
- 1.2 As part of this Strategy and our early help and prevention delivery plan, prevention and early intervention is a key priority and responsibility under the Care Act 2014. Prevention is about actively promoting independence and wellbeing. It also means working with people early when they do need support, reducing needs and delaying a person's situation from getting worse wherever possible.
- 1.3 Technology enabled care, equipment and adaptations and occupational therapy support are key preventative interventions which can enable a person to live a fulfilling life at home and support delivery of our [Early Help Delivery Plan](#) approved at Committee in November 2023 and our ambitions regarding innovation in use of Technology Enabled Care to enable people to live independently and well at home set out in our [Technology Enabled Care Market Shaping Statement](#).
- 1.4 Our priority is to develop an accessible, responsive, and excellent quality Occupational Therapy and Adapted Housing Service as previously set out in reports to Committee. [The Adaptations, Housing and Health Delivery Plan](#) was reported to Committee in November 2022 with further updates in December 2022 and [November 2023](#). This report provides a further update against the delivery plan noted at Appendix 1 with detailed updates throughout the report.
- 1.5 In recognition of the inter connection between Occupational Therapy, Equipment and Technology, Integrated Community Equipment Loan Service (ICELS), Adaptations and Technology Enabled Care to have been brought together into a cohesive update and will form a joint update as a key workstream in our early help approach in going forward.
- 1.6 Good progress has been made and in particular, this report provides a dedicated update regards the Integrated Community Equipment Loan Service (ICELS), Adaptations and Technology Enabled Care.
- 1.7 **Integrated Community Equipment Loan Service (ICELSS)**
  - 1.7.1 The Integrated Community Equipment Loan Service Sheffield (ICELSS) facilitates the procurement, storing, ordering distribution, loaning, servicing, collecting, decontamination, repair, refurbishment and reuse or recycling of medical equipment to promote independence and keep people safe and well in their homes, including supplying some minor adaptations and complex respiratory consumables.

- 1.7.2 The ICELSS was set up in March 2020 to provide equipment on behalf of the Council and Integrated Care Board (ICB). The Contract was awarded to Medequip which commenced on 1<sup>st</sup> October 2020 on a 5-year contract, scheduled to expire on 1<sup>st</sup> October 2025, with an option to extend to 1<sup>st</sup> October 2027.
- 1.7.3 To prepare for contract expiration and inform next steps, a joint review of the joint equipment provision and model of delivery as a partnership between Sheffield City Council and South Yorkshire Integrated Care Board (SYICB) is underway following on from noting this action in update to Committee in November 2023.
- 1.7.4 Prescriptions for equipment are made by circa 1707 prescribers across Council and NHS, through Occupational Therapists working with Local Authority and NHS, Occupational Therapy Assistants, Social Care Practitioners and Nurses. To support the review of ICELSS and enable individuals and carers to experience joined up care, a review of prescribing of equipment is underway in relation to building opportunities for building prescribing capacity through developing Trusted Assessors across health and social care as well as shared practice guidance and workforce development.
- 1.7.5 By taking a partnership approach across health and care, with practitioners and with Medequip, this will enable a holistic review and with that promote improved outcomes for individuals and opportunities for best value.
- 1.7.6 Leadership for the review is through Principal Occupational Therapist and Assistant Director Integration and Partnerships and Assistant Director for Living and Ageing Well and further updates will be brought forward in 2024 based on outcome of learning from the review.

## **1.8 Use of the Disabled Facilities Grant and Adapted Housing**

- 1.8.1 The Council's Adult Care and Wellbeing service administers and delivers the Disabled Facilities Grant (DFG) in line with the [Private Sector Housing Assistance Policy](#), agreed in January 2020. The DFG is provided from Central Government and is ringfenced to fund equipment and adaptations identified by Occupational Therapists for people and children living in their own occupied, private rented or registered provider homes.
- 1.8.2 Equipment and adaptations enabled people to live independently and well in their own homes. Due to this, it's been important that we can deliver accessible, quality provision. Over the past 12 months, the service has approved 354 adaptations grants and delivered 701 Adaptations.
- 1.8.3 As a follow up to the Equipment and Adaptations report in November 2023 the following has been completed to maximise usage of the DFG: -
- ✓ A standard operating procedure which sets out that all requests for use of the mandatory DFG grant for major adaptations which will be over £50k are subject to approval by Strategic Director and

Operations Director based on business case. This will be fully implemented for the new financial year, with reporting as part of the six-monthly updates to Committee for Scrutiny and assurance.

- ✓ A standard operating procedure which sets out use of discretionary payments, systems, and processes to maximise use of grant. This will be fully implemented for the new financial year, with reporting as part of the six-monthly updates to Committee for Scrutiny and assurance.

- 1.8.4 In addition, a further review of the eligibility criteria for Equipment and Adaptations has been undertaken aligned to our focus on early and prevention and to ensure equitability and transparency in provision of adaptations. The eligibility criteria has been updated to clarify Care Act requirements in relation to provision of Equipment and Adaptations, to change wording from exclusions to notes, to reflect our focus on personalisation.
- 1.8.5 As a key next step, the Principal Occupational Therapist will lead a working group with people with a disability and carers to ensure the Criteria and our approaches and practice regards the provision of equipment are personalised and promote independence. It is therefore proposed that the updated eligibility criteria set out in Appendix 2 are approved today.
- 1.8.6 It is aimed that this guidance and criteria will support consistency, fairness, and equity in provision of equipment and adaptations across all tenures. Implementation of the Criteria will take place during March to October 2024 through dedicated practice and workshop sessions with practitioners and partners.
- 1.8.7 Alongside the support offered through the DFG to owner occupied and private tenants, Occupational Therapy also makes separate recommendations to the Council's Housing Services for adaptations to individuals living within Council tenancies. Adaptations in Council tenancies are funded through the Housing Revenue Account.
- 1.8.8 During 2023 – 2024, 502 recommendations were made by Occupational Therapists to the Council's Housing Services to enable individuals to receive adaptations to their homes. As a partnership with the Council's Housing Services a project is underway to streamline systems and processes, procurement routes and options for individuals so that individuals and unpaid carers have positive experiences of a request for an adaptation, no matter the tenure.
- 1.8.9 Leadership for the implementation of DFG guidance, Criteria and Adapted Housing project is through Service Manager Occupational Therapy and Assistant Director Living and Ageing Well and Director for Housing further updates will be brought forward in 2024 based on outcome of learning from the review.

## **1.9 Occupational Therapy Update**

1.9.1 The Adults Occupational Therapy team complete work under the remit of *The Care Act 2014* to promote the independence and *wellbeing* of an individual and help to *prevent, delay, or reduce* the need for a person to access formal care and support. A leaflet has been produced to provide an overview of what the service offers. The leaflet is attached at Appendix 3 for noting and will be published on the Sheffield Directory and Council website.

1.9.2 The ongoing development of Occupational Therapy and provision of equipment and adaptations are key in enabling the people of Sheffield to be as independent as possible and less reliant on formal services.

1.9.3 Over the past 2 years we have reduced waits from a baseline of 2900 people waiting for over 8 months to a current position of just over 1100 people waiting for an assessment. This is despite a 102% increase in demand as set out to Committee in November 2023. The service has in the last year, prescribed and provided 117,187 pieces of equipment.

1.9.4 To reach our goal of delivering assessments within 28 days in 2024/25, the service is:

- Launching an assessment clinic in May 2024 providing people with low level equipment, minor adaptations, and some non-complex major adaptations in a timely way. Operating 5 days per week this will enable more people to be seen in an accessible setting offering an Independent Living approach to meeting the persons needs sooner.
- Redeveloping our facilities at Manor to enable development of an independent living centre and training facilities for our workforce development.
- Building development of Trusted Assessors aligned to our strategic developments to build capacity for prescription of Equipment and Adaptations.

1.9.5

To enable a sustainable model of working and foundations for innovative approaches to early help and enablement, the service is undertaking workforce planning and development. Further updates will be provided in next update in September 2024.

1.9.6

Leadership is through Service Manager Occupational Therapy and Assistant Director Living and Ageing Well and Director for Housing further updates will be brought forward in 2024 based on outcome of learning from the review.

## **1.10 City Wide Care Alarms Service**

1.10.1 The Council's Emergency Care Alarm Service allows people to get help when they are in difficulty. It helps people to remain safe, secure, and

independent in and around their homes. Our service provides individuals, family, and carers reassurance that if there is a problem, help is available 24 hours a day, every day.

- 1.10.2 Anyone aged 18 or over who lives in Sheffield can use the service. This includes older people, people who live alone, people who have recently left hospital, people with a disability and people with medical conditions.
- 1.10.3 The City Care Alarm Service continues to be rated Good by CQC and at present supports around 8,107 people annually. The service continues to have a no wait position with people being offered supported within one week of referral.
- 1.10.4 The Service has developed an innovative project with Yorkshire Ambulance Service which focused on emergency response and falls prevention. The service provides a non-urgent but rapid response to people who have fallen in their own homes and requiring assistance.
- 1.10.5 The scheme and the interventions aim to reduce the unnecessary conveyance and admission to hospital for non-urgent treatment and by default is reducing the need for admission and subsequent discharge.
- 1.10.6 The programme continues to receive positive feedback and in particular was highlighted as a good practice and innovation at a recent Yorkshire and Humber Better Care Fund event. Attached at Appendix 4 is the presentation on the programme.
- 1.10.7 As at month 9, City-Wide Care Alarms had a £0.5million pressure. This results from a combination of DFG funding no longer being available to fund the service, as well as increased costs as the service moves from analogue to digital in early 2024. The service also has a customer debt of just over £250,000.

## **1.11 Technology Enabled Care**

- 1.11.1 We continue to focus on our offer to the people of Sheffield in terms of supporting people to live independently with the assistance of Technology Enabled Care (TEC). 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.
- 1.11.2 Our Adult Health and Social Care Digital Strategy Delivery Plan and Technology Enabled Care (TEC) Market Statement 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: -
  - ✓ Our new Care and Wellbeing Service which replaces current home care services will go live on the 3 June 2024, and requires all 14

external providers delivering care and wellbeing services to be digitally mature. All providers [will] have Digital Care Planning which improves the quality of services including communication with people in receipt of care and their families and delivers greater transparency and accountability.

- ✓ Our new Care and Wellbeing Service external providers are contracted to collaborate with the Council to support the development of TEC services for the benefit of people in receipt of care. We will be targeting workforce development activities at all providers to ensure that they have the necessary knowledge and skills to support TEC.
- ✓ We have collaborated with a wide range of stakeholders including Healthwatch, citizens of Sheffield, people with lived experience and people in receipt of care to co-produce a new TEC Service Delivery Model for the City with the aim of supporting the operationalising of our Adult Social Care Strategy Living the Life you want to Live to deliver the best possible outcomes for people in receipt of care.
- ✓ We are working with Sheffield Hallam University to deliver TEC learning in collaboration with the TEC Services Association aimed at our existing health and social care practitioners as well as people undertaking qualifications across health and social care at the University. These developments which will run from July 2024 to September 2025 will include a collaboration with a TEC Smart House in the Campus of the University for learners to visit to see TEC in action.

1.11.3 An update on our developments was presented to Committee in December 2023 and over next 6 months our plan is to organise a follow up Market Event focusing on innovation in use of Technology Enabled Care to explore further tests of change which can enable people to live the life they want to live.

## **2 HOW IS THIS WORK CONTRIBUTING?**

2.1 This work contributes to the Safe and Well and Active and Independent Outcomes that are set out in the Adult Care Strategy in several ways.

- Equipment and Adaptations delivers 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, plus helping to prevent hospital admissions and long-term care.
- Thriving neighbourhoods and communities as more disabled people will be able to maintain living in their own home and participate more fully in their communities.
- Better health and wellbeing as more disabled people will have the Adaptations equipment and/or assistive technology to maintain their independence and prevent ill health.
- Tackling inequalities as more disabled people can utilise Adaptations equipment and/or assistive technology to overcome obstacles and achieve their potential.



## 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: -

- [The City Goals](#): - A Creative & Entrepreneurial Sheffield, A Sheffield of thriving communities, A connected Sheffield, A Caring and Safe Sheffield, A Sheffield for All Generations
- [The Council Plan](#): *Outcome 3: People live in caring, engaged communities that value diversity and support wellbeing; Outcome 4: A creative and prosperous city full of culture, learning, and innovation.*
- *Our new ASC Operating Model* - this aligns to that new arrangement by reimagining a living and ageing well service.
- *Adult Care Workforce Development Strategy*<sup>12</sup>: a vision of 'developing our people in a joined-up way to deliver holistic, person-centred and integrated care'.

## 3. HAS THERE BEEN ANY CONSULTATION?

3.1 A crucial element in the successful promotion of independent living and reablement 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.

3.2 This paper sets out the planned reviews to take place of ICELSS, Equipment, Adaptations Services and a Criteria. As part of the reviews, views of individuals with a disability will be sought and any future proposed models codesigned so that our approaches are inclusive and are representative of individuals views and choices, including our development of a disability friendly city.

## 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 future models. A full EIA will be undertaken in response to each development so that the EIA informs the future models. (Completed EIAs on Adapted Housing and Technology Enabled Care are referenced above).

#### 4.2 Financial and Commercial Implications

4.2.1 For 23/24, the budget for the Equipment Contract with Medequip is made up of £2.5m NHS SY ICB funding, £1.22m SCC funding and up to £2.04m of refund income for items of equipment which have been returned.

4.2.2 The budget is a risk share budget with the NHS SY ICB picking up 67% of costs and SCC picking up the remaining 33%.

4.2.3 At month 9, SCC is forecast to be £322k overspent. The forecast position includes £195k of Discharge Funding to support express delivery of equipment to enable faster discharge.

4.2.4 The total amount of Disabled Facilities Grant available is £6.2m this is made up of £0.65m b/f from 22/23, the 23/24 annual allocation from central government of £5.1m, plus an additional £0.5m announced this summer.

4.2.5 The current forecast outturn against the £6.2m budget is £6.1m which will leave £0.1m to be carried forwards to 24/25.

4.2.6 There is already £3.4m of work identified to be funded by DFG in 2024/25. The current trend is for new requests for work to be received at a rate of £400k per month. If this level of demand continues, and stairlifts continue to be delivered in advance of the statutory 12-month timescale, then the forecast total costs to DFG (including staffing recharges) will be £6.2m. If, as expected, funding from Central Government remains static at £5.1m, this creates a £1m pressure. This can be managed through the utilisation of a historic one-off social care capital grant, but should this level of demand continue and Central Government resources not increase, this will create a pressure from 25/26.

#### 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. As part of this duty, the Council must set out and provide information about eligibility so that individuals and carers know what support is available to them.

4.3.2 Adult health and social care eligibility criteria is set out in the Care and Support (Eligibility Criteria) Regulations 2015 (the 'Eligibility Regulations').

To be eligible to receive social care support, individuals need will be assessed against the criteria set out in the 2015 Regulations.

4.3.3

The Council must also act in accordance with the Care Act statutory guidance issued by the government. By virtue of section 78 of the Care Act 2014, Local Authorities must act within that guidance.

4.3.4

Provided the suggested amendments to the eligibility criteria are in accordance with the 2015 Regulations and government guidance, these shall go some way to discharging the Council's statutory duties.

4.3.5

The proposals set out in this report will also assist the Council in meeting its statutory duty under the Housing Grants, Construction and Regeneration Act 1996.

4.3.6

The Adult Health and Social Care Policy Committee approved the establishment of a fund and its criteria under which individual grants are given on 16 November 2022 as part of the DFG scheme.

4.3.7

This report proposes a change to these criteria and the Council's constitution provides at Part 3, para 3.3, that authority to approve eligibility criteria for grants and loans forming part of a fund in excess of £100,000, is reserved to committees.

4.3.8

There are no direct legal implications arising from the remainder of this report.

#### 4.4 Climate Implications

4.4.1

The review the equipment contract and adaptations reviews will include a review of how we increase recycling of equipment and adaptations which will in turn reduce landfill and waste and in particular ensure effective business continuity plans are in place to ensure a response to impacts of climate change. This will in turn support implementation of the Climate Statement agreed at Committee in January 2024.

#### 4.5 Other Implications

4.5.1

From 2008-09 the scope for use of DFG funding was widened to support any Council expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). Article 3 of the RRO enables housing authorities to give discretionary assistance, in any form, (e.g., grant, loan or equity release) for the purpose of improving living conditions, allowing the Council to use DFG funding for wider purposes which may be more appropriate for individuals than mandatory DFG allows.

4.5.2

This provides an opportunity for a more flexible use of the DFG fund to address issues on a wider preventative basis which cannot be covered using the mandatory scheme. However, under the RRO, any new forms of assistance must be set out in an approved policy. The Council Assistance

Policy sets out all the forms of assistance it provides under the RRO. Therefore, any assistance using DFG funding will need to be set out in the Assistance Policy.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The alternative options considered were:

5.2 Don't complete a delivery plan for equipment and adaptations performance and financial recovery. This would not provide the assurances required to ensure that we are striving towards a high performing and financially sustainable service.

## **6. REASONS FOR RECOMMENDATIONS and ONGOING APPROACH**

6.1 The performance updates and focused delivery plan gives a structured approach to the promotion of independent living as well as how the service is addressing waiting lists and impact of the pandemic. It will also provide greater accountability and transparency of how we 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.

# Adult Health and Social Care

Page 133

## Equipment and Adaptations Delivery Plan 2022/25

# Adult Health and Social Care: Equipment and Adaptations Delivery Plan 2022 – 2024

## Our Vision and Ambitions for people of Sheffield

Our vision is that 'everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery. The vision is centred around delivery of five outcomes and six commitments. The Commitments and outcomes are the guiding principles we will follow and how we deliver the strategy. They show how we'll achieve our outcomes and highlight what we want to do better. These commitments are:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
4. Make sure support is led by 'what matters to you', with helpful information and easier to understand steps.
5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

## Our Commitment to Independent Living through Equipment and Adaptations

The Adults Occupational Therapy team complete work under the remit of The *Care Act 2014* to promote the independence and *wellbeing* of an individual and help to *prevent, delay, or reduce* the need for a person to access formal care and support.

Occupational Therapy can help you live your best life. It's about being able to do the things you want and need to do. That could mean helping you overcome challenges you may face when completing everyday tasks or activities – what we call occupations. These could be getting dressed, getting out of the house, or simply doing the dishes.

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

- - ✓ Performance and governance milestones so people and Carers experience timely and effective support from Occupational Therapy and Adapted Housing to achieves their outcomes.
  - ✓ Involvement milestones so that Adults, Children and Carers feel involved in planning and development of services aimed to promote independent living.
  - ✓ Delivery milestones which promote multi-agency approaches towards independent living and achievement of personalised outcomes.

## What is Independent Living?

There are a series of guides to the Care Act 2014 that have been developed by the College of Occupational Therapists and funded by Dept of Health to provide guidance about the key concepts and duties in the Act. The link is here - [Adass](#). The topics currently covered within the series are Wellbeing, Prevention, Disabled Facilities Grant, Transitions; custodial settings; employment; education and training.

- ✓ Within each topic, the guides look at the selected areas which potentially have the most implications for the work of Occupational Therapists and support *'the core purpose of adult care and support is to help people achieve the outcomes that matter to them in their life'*. Much of the work Occupational Therapists undertake can be viewed prevention – preventing, reducing, and delaying needs. For example, Occupational Therapists can help a person: -
- ✓ Managing and maintain nutrition, access to food and drink and prepare and consume the food and drink by providing equipment or *advise about shopping, make suggestions re organising a kitchen or even adapting a kitchen or providing equipment to make food preparation and consumption easier.*
- ✓ Maintaining personal hygiene, by washing themselves and launder their clothes through *Level access showers, bathing equipment, wash and dry toilets advice re small equipment such as flannel straps or long handled equipment.*
- ✓ *Managing toileting needs by providing equipment such as raised toilet seats, WC frames, wash and dry toilets advise. Be appropriately clothed and enable a person to dress themselves and to be appropriately dressed by providing advise regards clothing and equipment to assist*
- ✓ *Be appropriately clothed and enable a person to dress themselves and to be appropriately dressed by providing advise regards clothing and equipment to assist*
- ✓ *Be able to move around the home safely, which could for example include getting up steps, using kitchen facilities or accessing the bathroom and have access to their property by providing adaptations to the property such as stair lifts, grab rails.*
- ✓ *Maintaining a habitable home environment through keeping it sufficiently clean, safe and have essential amenities through providing advice such as equipment to help for example: long handled dustpan and brushes and enablement.*
- ✓ *Developing and maintaining family or other personal relationships and accessing their community by referring for walking aids or wheelchairs and advice re community resources such as Community Transport.*

# What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks like and to improve individuals and carers outcomes and experiences of the Adaptations Housing and Health services. The plan is to continue to develop these indicators in partnership with the people we support, carers and partners as we develop and embed our approach to Occupational Therapy in the city.

<p style="text-align: center;"><b>Leadership &amp; Governance</b></p> <ul style="list-style-type: none"> <li>✓ Strategic leaders work together, and evidence joined up visible and effective leadership around a shared vision and plan</li> <li>✓ Staff, Adults, Children, Carers and Partners are and feel confident about the support, leadership and plans in place.</li> <li>✓ Continuous improvement, quality assurance, policies and audit processes and delivery on improvements identified are embedded and evidenced throughout all levels of the service and publicly available.</li> <li>✓ There are periodical self-evaluations, effective multi-agency audits and thematic reviews to determine areas for improvement and then delivery of the improvements identified.</li> </ul>	<p style="text-align: center;"><b>Quality &amp; Outcomes</b></p> <ul style="list-style-type: none"> <li>✓ People are kept informed about their application all the way through.</li> <li>✓ People are consulted on the criteria, timescale and funding for equipment and Adaptations.</li> <li>✓ We listen to people and improve service delivery as a result and feedback the changes to people.</li> <li>✓ We aim to assess people within 6 weeks of the application being made, or 5 days for critical needs</li> <li>✓ Benchmarking with other areas to learn from good practice and inform continuous improvement</li> </ul>
<p style="text-align: center;"><b>Confident Practice</b></p> <ul style="list-style-type: none"> <li>✓ All staff are appropriately trained and qualified in Occupational Therapy. They are supported through managers RCOT and local OT forums to deliver innovative and excellent outcomes with people.</li> <li>✓ Our approach to the management delivery of Equipment and Adaptations is collaborative and inclusive, we are not a “one size fits all” service and utilise the “OT Big Brain “to deliver what people need.</li> <li>✓ Our assessments are clearly evidenced and recorded and shared with people; we utilise the best in technology to empower people to self-assess and engage fully we use best practice from our professional with service delivery.</li> <li>✓ We utilise best practice guidelines from OT professional forums to inform our best offer for people</li> </ul>	<p style="text-align: center;"><b>Providing Enablement</b></p> <ul style="list-style-type: none"> <li>✓ We have daily, accurate screening of all applications to Equipment and Adaptations by managers.</li> <li>✓ We have duty Occupational Therapists triaging all applications daily to enable a risk-based approach to assessment and provision of equipment and to enable the high volumes of requests for smaller pieces of equipment are responded to quickly, releasing occupational therapists to focus on more complex assessments.</li> <li>✓ We develop specialist Occupational Therapists in our teams working with people with dementia, transitioning young people from Children’s to adult services, care handling specialist OT’s : the knowledge of the specialist workers supports better outcomes for people and a tailored response to requests from individuals and carers</li> <li>✓ People have appropriate advice and support at the right time, including exploration of digital self-assessment tools and video calls to enable lower risk equipment and adaptations to be assessed and delivered quickly.</li> </ul>

## Equipment and Adaptations Delivery Plan

**Ambition:** Adults in Need of Equipment and Adaptations to be able to live safely in their chosen home

**Context:** The Royal college of Occupational Therapists state that occupational therapy outcomes for people are maximised by early intervention within 6 weeks of people identifying an issue. Our ambition for Equipment and Adaptations is to create a service for the people of Sheffield where they can access the assessment and equipment they require within 6 weeks.

We believe that achieving this target will not only deliver better outcomes for people, but we will see a reduction in prescribing expensive adaptations. For example being able to prescribe a bath board rather than a level access shower.

**Accountable Officer:** Director Adult Health and Social Care

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

Performance picture	Baseline	Current	Target	Direction of travel
Number of referrals to Occupational Therapy Services (Annual 12 month rolling).	3852	8195	Monitoring	
% equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day)	98.6%	99.95%		
Accessibility of Services: Equipment and Adaptations waiting lists - time waiting for an assessment	8 months (Q1 22/23)	2 months	6 Weeks	
Accessibility of Services: Equipment and Adaptations waiting lists	2900 (July 21)	1087 (Feb 24)	400	

Theme	Milestone/action	By when	Lead	Update	RAG
Page 136 Leadership and Governance	Establish routine performance and risk reporting to Policy Committee, Performance & Delivery Board, Performance Clinics including Benchmarking with other authorities and improvement activities and recommendations in response to learning.	Completed	AD Living and Ageing well South / Service Manager Adaptations Housing and Health	A performance dashboard is in place and reported to Committee quarterly. Six monthly reporting is also in place regards Equipment and Adaptations Update	
	Commission a thematic and benchmarking audit of Equipment and Adaptations to establish areas for learning and improvement.	Completed	Service Manager Adaptations Housing and Health	This has been completed and from these specific reviews taking place regards ICELS, Adapted Housing and Grants Processes as reported to Committee in March 2024. A new internal audit has been requested.	
	Review current Equipment and Adaptations Referral process to ensure in line with benchmark and best practice and take learning and recommendations to the Performance and Delivery Board.	Completed	Service Manager Adaptations Housing and Health		
	Recruit to the Principal Occupational Therapist to build dedicated capacity to deliver on the Adult Health and Social Care Equipment and Adaptations Delivery Plan, benchmarking with other authorities and coordination of strategic Occupational Therapy performance and improvement activity across the service.	Completed	AD Living and Ageing well South / Service Manager Adaptations Housing and Health	Principal Occupational Therapist recruited to and in post from March 2024. The Principal OT will now focus on the coordination of the delivery plan, practice development and reviews of Equipment.	
	Implement regular communications and updates about Equipment and Adaptations activities and practice updates.	Ongoing	AD Living and Ageing Well / Service Manager Adaptations Housing and Health	With Principal OT and Service Manager Occupational Therapy and Adapted Housing now in post, practice updates and workshops are implemented and underway. A delivery priority for 24/25 is to embed an OT, Equipment and Adaptations Newsletter. A new advice leaflet has been produced and will be published after Committee in March	
Outcomes and Experiences	Further support Citizens Involvement to support and enable co-production and engagement with people who use our services and their families and carers.	March 2025	Principal Occupational Therapist	This is a delivery priority for 24/25 now that the Principal OT is in post aligned to our ambitions to become a disability friendly city.	Delivery Priority 24/25
	Equipment and Adaptations Waiting list reduced to acceptable risk levels (i.e. 6 weeks which is Royal College OT Standard)	September 2024	Service Manager Adaptations Housing and Health	A dedicated work programme is in place to reduce waits to acceptable levels set against a 102% increase in demand. This is a key delivery priority for 24/25 and update at Committee in March 24.	Delivery Priority 24/25



Complete a review of Integrated Equipment Loan Service to inform future model and contract.	December 2024	Principal Occupational Therapist Assistant Director Transformation	Review has initiated as a partnership between Sheffield City Council and SY ICB and with current provider. An associated review of prescribing is underway to build capacity and support integrated working.	Delivery Priority 24/25
Complete a review of prescribing to build capacity through Trusted Assessors and to review delegations via s75 to promote integrated arrangements.	December 2024	Principal Occupational Therapist	Review of s75 initiated and work underway to build and develop Trusted Assessors across Adult Care. This is a delivery priority for 24/25.	Delivery Priority 24/25
Complete a review of adapted housing and grants processes and systems to enable individuals to experience streamlined and joined up provision.	December 2024	Service Manager Adaptations Housing and Health	Review has initiated with mapping underway. Guidance in place for Disability Facility Grant implementation and update Criteria completed.	Delivery Priority 24/25
Complete a further self-assessment and accompanying delivery plan to inform priorities for 24/26 and reporting to September Committee.	September 2024	AD Living and Ageing Well	Self assessment underway and delivery priority for 24/25. This includes an internal audit commissioned to support best practice on equipment and adaptations. The delivery plan will be updated based on learning from self assessment and internal audit.	Delivery Priority 24/25
Complete a recommissioning of minor and major adaptations to ensure a robust framework is in place.	April 2025	AD Commissioning and Partnerships	In commissioning priorities for 24/25 and delivery priority for 24/25.	Delivery Priority 24/25
Complete practice guidance and practice development to support ongoing implementation of Care Act 2014.	April 2025	Principal Occupational Therapist	Practice development workshops underway with plan to develop and implement guidance's once Principal OT in place.	Delivery Priority 24/25
Support the Disabled Facilities grant provision to deliver major adaptations within the statutory and discretionary funding envelope (i.e., £30K mandatory grant and £20k discretionary grant)	Completed	AD Living and Ageing well South / Service Manager Adaptations Housing and Health	The approach was noted to Committee in November 2023 and a guidance has been developed to enable consistent implementation. This will be supported by practice guidance.	

This page is intentionally left blank



## **Sheffield Equipment and Adaptations Service**

### **Major Adaptations Eligibility Criteria and Processes**

**February 2024**

## INDEX

<b>SECTION 1-3</b>		<b>Page No</b>
1	Introduction to the Criteria	3
1.1	Statutory and Regulatory Framework	3
2	Aims and Objectives of the Criteria	4
3	General criteria	5
3.1	Criteria for assessment	5
3.2	Scope of Assessment Criteria	6
3.3	Re-Housing	6
3.4	Consideration of Prognosis	3
<b>SECTION 4</b>		
<b>Assessment Criteria – Major Adaptations</b>		
4.1	Ramps	7
4.2	Doorway Alterations	8
4.4	Stair-lifts	9
4.4	Through Floor Lifts	9
4.5	Ground Floor Facilities	10
4.6	Ground Floor Bathrooms	10
4.7	Ground Floor or First Floor Toilets	10
4.8	Level Access Showers	11
4.9	Over Bath Showers	11
4.10	Specialist Baths	11
4.11	Wash/Dry Toilets	12
4.12	Kitchen Adaptations	13
4.13	Heating and Cooling Systems	13
4.14	Control of Power, Light and Heat	14
4.15	Dropped Kerb and/or Hard Standings	14
4.16	Ceiling Track Hoists	14
4.17	Safe Environment	15
Appendix	Cost of Adaptations and Equipment	16

## 1 INTRODUCTION TO THE CRITERIA

The criteria for access to major adaptations provides information to you, family members, referrers, and partners about how to access major adaptations. They provide a fair, equitable and transparent way of enabling decisions to be made about what adaptations are provided across all tenures in Sheffield and how adaptations can improve you, your carers and family members outcomes.

A major adaptation is one costing more than £1000. There are two funding streams:

- ✓ Private sector (owner-occupier, private and housing association tenants can apply for by a disabled facilities grant (DFG) which is administered by the council's private sector housing team. A DFG is subject to means-testing in most cases (See Appendix 1).
- ✓ Council tenants are not means tested and the cost of the adaptation is funded by the council housing department.

The maximum mandatory amount is £30, 000 with a further discretionary sum of £20, 000 available in exceptional circumstances.

The Housing Grants, Construction and Regeneration Act 1996 stipulates that major adaptations must be recommended as 'necessary and appropriate' by the occupational therapist or trusted assessor, **AND** reasonable and practicable to complete by the housing team. These legal thresholds must be met for the council to consider major adaptations and the final decision on whether to award a disabled facilities grant lies with the housing team.

## 2 AIMS AND OBJECTIVES OF THE CRITERIA

Our aim is to enable you to live well, safely and independently in your own home as far as possible by enabling you to:

- ✓ Access your home and garden.
- ✓ Make your premises safer.
- ✓ Access the principal family room.
- ✓ Access a bedroom of sufficient size for normal sleeping arrangements to be maintained.
- ✓ Access a toilet.
- ✓ Access a bath or shower.
- ✓ Access a handwash basin.
- ✓ Access facilities to prepare and cook food for yourself or others living with you.
- ✓ Have a better heating and/ or cooling system.
- ✓ Have control of power, light, and heat
- ✓ Be able to care for others.

The purpose of an adaptation is to modify the home environment to help restore or enable independent living, privacy, confidence and dignity for you and your family. In implementing the Criteria, the service works to the following principles:

- ✓ We will be accessible, reliable, relevant, and as flexible as possible, acknowledging that services will be provided based on assessed need.
- ✓ Assessment of need will also involve the family, carer, representative and other agencies where appropriate.
- ✓ All information will be presented in an accessible form, which takes account of your communication needs.
- ✓ We will ensure that all relevant information will be provided at the right time to enable you to make informed decisions about adaptations to your home.

### 3 GENERAL CRITERIA

#### 3.1 Criteria for Assessment

A request for assessment can be by self-referral or through another agency and there are no age restrictions to the criteria. To be eligible for consideration of major adaptations you must be disabled; that is –

- ✓ your sight, hearing or speech is substantially impaired,
- ✓ you have a mental disorder or impairment of any kind,
- ✓ you are physically substantially disabled by illness, injury or impairment.

#### AND

- ✓ You are or could be registered under section 77 of the Care Act 2014
- ✓ You are a child or young person registered under paragraph 2 of Schedule 2 to the Children Act 1989
- ✓ You are a disabled child as defined by s.17 of the Children Act 1989
- ✓ Your disability must significantly affect your ability to carry out normal activities of daily living in the home.
- ✓ Your ability to carry out their daily living tasks would not be expected to significantly improve through a program of rehabilitation or enablement.
- ✓ You are not waiting for medical or therapeutic intervention that is expected to significantly improve your ability to carry out your daily living tasks.

Our Approach: -

- An occupational therapist or trusted assessor will carry out a person-centred assessment of your needs, considering your views and expertise in your day-to-day needs.
- A graded approach will be taken and if low level equipment and/ or minor adaptations will meet your long-term needs these will be recommended rather of major adaptations. The expected progression of your existing long term health conditions will be considered and used to inform any recommendations. The aim of any major adaptation will always be to meet your long-term needs.
- The outcome of intervention will aim to restore or enable independent living, privacy, confidence and dignity for you and your family/ carers.
- Where you reside in supported living accommodation, only the area within the scheme designated for your sole use will be considered for adaptations (With the exception of ceiling track hoists).
- You must intend to live in the residence for 5 years where an adaptation is being considered.
- Adaptations within the current footprint of the property will always be considered first, with extensions being the last resort.
- Adaptations will only be provided to your main residence, or the place where you are going to live.

#### 3.2 Scope of the Assessment Criteria

The eligibility criteria set out the normal rules for eligibility however we recognise that to enable you to live as independently as possible assessors will consider your views and outcomes and take a personalised approach. This means there may be exceptions considered which are outside these criteria.

If a request is received that is out with the criteria and there is no scope for exceptions, you and the person making the referral will be informed of the reasons behind the decision so that we can support you to look at alternatives or another agency which can help promote your independence.

#### 3.3 Re-housing

Sheffield City Council will work in partnership with housing providers to make the most effective use of properties within the City. Re-housing could be considered more appropriate than to carry out major adaptations your current property in-certain circumstances, for example:

- ✓ Where the property requires extensive adaptations that are not considered reasonable and practicable to complete by the housing provider.
- ✓ The required adaptations are not structurally feasible.
- ✓ The property is assessed by your housing provider to not be in a satisfactory condition to enable the adaptations to be safe.
- ✓ A clinician has concluded that adaptations would not meet your assessed needs and are therefore not appropriate. For example, a level access shower facility is feasible upstairs, but you are, or are likely to be within a short time, unable to access it due to inability to manage the stairs and a lift cannot be installed.

This is not an exhaustive list. All assessments and recommendations will be person centred, strength based, and consideration will be given to your views and wishes, needs, your carer's views and needs, family, and local support network, as well as the availability of adapted housing stock within Sheffield.

### 3.4 Consideration of Prognosis

If you have been diagnosed with a rapidly progressing and highly debilitating condition such as Motor Neurone Disease or have been given a palliative diagnosis, all assessment and recommendations for major adaptations will be treated as urgent.

Due to the life limiting nature of these conditions, major adaptations such as extensions may not be recommended due to the timescales involved in provision, therefore a pragmatic approach will be used to recommend the most practical and realistic solutions. The aim will always be to promote independence, confidence, privacy, and dignity.

## 4 ASSESSMENT CRITERIA – MAJOR ADAPTATIONS

In line with Sheffield City Council's commitment to the environment, recycled equipment will be the first option considered.

### 4.1 Ramp

A ramp will be recommended under the following circumstances:

- ✓ You are a permanent wheelchair user, eligible for a wheelchair from the NHS.
- ✓ You are unable to negotiate steps safely even with equipment or minor adaptations AND have been assessed as being unable to mobilise up and down an incline safely.

#### Notes:

- Scooters can be kept on the roadside/ outside a property in a private yard or garden/ where they do not impede pedestrians ([Mobility scooters and powered wheelchairs: the rules: Overview - GOV.UK \(www.gov.uk\)](#)).
- Generally, only one entrance will be ramped to allow access in and out of the person's home, however, multiple ramps may be considered necessary and appropriate to address the aims outlined in 1.2.1. For example, to facilitate access to the garden where it is not possible to also use this as the main access in/ out of the property.
- A ramp will not be recommended where it does not adhere to building regulations and planning permissions.

### 4.2 Doorway and Door Alterations

Door alterations can include door widening, sliding doors, automated door opening systems and door entry systems. They will be recommended under the following circumstances:

- ✓ You are a permanent wheelchair user, and doorways need to be widened to allow enable you to access essential rooms, including entering and exiting your home.

- ✓ You have restricted mobility and door alterations will provide better access and safety.
- ✓ An additional doorway is the only feasible option to create level access to the property.
- ✓ You have significant difficulty or are unable to open and / or close your main external door due to restricted mobility or impaired upper limb function.

**Notes:**

- Additional doorways are not usually provided for emergency fire escape. A referral will be made to the South Yorkshire Fire and Rescue team for an assessment regards emergency exit strategy and fire escapes where this is identified as needed.
- Kick plates will only be recommended to improve safety and not to improve aesthetics.

**4.3 Stair-lift**

A stairlift will be recommended under the following circumstances:

- ✓ Low level equipment and minor adaptations have been considered and/ or trialled and are not appropriate.
- ✓ You are unable or have significant difficulty using stairs due to restricted mobility, pain, or fatigue.

**Notes:**

- If you have a condition which would increase your risk of injury or harm when using a stair-lift, for example, cognitive impairment or seizures, the risk of providing a stair-lift may outweigh the benefits, in which case alternative solutions will be considered.
- A stairlift will not be recommended where it is not structurally feasible in your home.

**4.4 Through Floor Lift**

A through floor lift will be recommended when you meet the criteria for a stairlift but a stairlift is not an option because of one of the following:

- ✓ You are unable or would have significant difficulty transferring on / off a stairlift without increased risk to you and/ or your carers.
- ✓ Provision of a stair-lift would make using the stairs unsafe for other members of your household.
- ✓ A stair-lift cannot be fitted as it is not structurally feasible.

**4.5 Ground Floor Facilities (Bedroom and bathroom)**

Ground floor facilities will be recommended under the following circumstances:

- ✓ You are unable to use a lift (stair-lift or through-floor lift) to access existing upstairs facilities.
- ✓ It is not structurally feasible to provide a lift.
- ✓ Existing upstairs facilities cannot be adapted to make them suitable for your long-term needs.

**4.7 Ground Floor or First Floor Toilet**

An extra toilet will be recommended under the following circumstances:

- ✓ Medical evidence indicates access to a toilet near to you is required due to long term continence issues.
- ✓ You are unable to use the stairs or a lift without carer support and are alone for periods of time throughout the day or night.
- ✓ You can use the stairs or lift independently during the day but are at increased risk of injury when using at night.



- ✓ Medical evidence indicates that you are unable to share a toilet facility with others due to behaviours that challenge, cognitive dysfunction or other hidden disabilities.

#### Notes

- Extra toilets are not provided to assist with toilet training regimes or for home improvements.

#### 4.8 Level Access Shower

A level access shower facility will be recommended under the following circumstances:

- ✓ You are unable to access your bath even with bathing equipment.
- ✓ Provision of a level access shower will increase your independence and reduce the need for informal or formal carer support with bathing.
- ✓ You are currently able to access your bath with bathing equipment, but you have a progressive condition meaning a level access shower would better meet your long-term needs.
- ✓ You have a condition which puts you at significant risk from using existing facilities such as epilepsy or cognitive impairment.
- ✓ You display behaviours that challenge which put you and/ or your caregivers at significant risk of injury using existing facilities.

#### 4.9 Shower over Bath

A shower over the bath will be recommended under the following circumstances:

- ✓ You can transfer in and out of the bath with bathing equipment in-situ AND
- ✓ You condition is unlikely to deteriorate significantly AND
- ✓ You require access to a shower for emergency situations or cannot reach to wash you own hair.

#### 4.10 Specialist Baths

Specialist baths will be recommended under the following circumstances:

- ✓ You have an identified sensory need for bathing which is recorded in a sensory plan.
- ✓ You are a disabled child who requires a specialist bath to support your development.
- ✓ You meet one of the above criteria and require a height adjustable bath to support hoist transfers and/ or reduce manual handling risks to carers.

#### Notes

- Standard baths are not provided, either as a replacement for your existing bath, or in place of a level access shower.
- Walk-in baths are not provided as these are not recognised as accessible facilities due to the number of contra-indications to use.

#### 4.11 Wash and Dry Toilet

A wash and dry toilet will be recommended under the following circumstances:

- ✓ You have difficulty managing your own toilet hygiene and provision of a wash and dry toilet will increase your independence and prevent, reduce or delay the need for informal or formal carer support with toileting.

#### Notes

- A wash and dry toilet may not be recommended with some medical conditions, particularly if you have a cognitive impairment or sensory issues as you may not be able to tolerate the wash and dry functions

#### 4.12 Kitchen Adaptations

Access to kitchen adaptations will be recommended under the following circumstances:

- ✓ You are a wheelchair user and have a primary responsibility for the preparation of food for self/others in the household and / or would be required to prepare light meals or drinks.
- ✓ You have a visual impairment and have a primary responsibility for the preparation of food for self/others in the household and / or would be required to prepare light meals or drinks.

##### Notes

- ✓ The whole kitchen will not be adapted as standard, partial use of a kitchen will be recommended if this will meet long term needs
- ✓ Standard white goods are not provided.
- ✓ Specialist ovens and hobs will be recommended only where this will reduce risk and promote independence with kitchen tasks. For example, if you are visually-impaired and/ or a wheelchair user requiring eye level or hide and slide ovens.

#### 4.13 Heating and Cooling Systems

Access to heating / cooling systems will be recommended you under the following circumstances:

- ✓ No existing heating system in your home to meet your needs.
- ✓ Limited indoor mobility and need to maintain reasonable body temperature.
- ✓ A specific medical condition that directly affects your body temperature or a condition that would be exacerbated by uneven room temperatures.
- ✓ Loss of sensation / inability to recognise temperature changes because of your medical condition.
- ✓ A condition causing you to be a danger to yourself or others when using the existing heating system.
- ✓ You need to use a ground floor room as a bedroom and the existing gas appliance contradicts gas regulations.

##### Notes

- Heating and cooling systems will not be provided in rooms which are not normally used by you.

#### 4.14 Control of Power, Light and Heat

Access to environmental controls will be recommended in the following circumstances:

- ✓ You are unable to use conventional controls due to your long-term health condition and provision of environmental controls would increase your independence and prevent, reduce or delay the need for formal or informal care.

#### 4.15 Dropped Kerb and Hard Standing

Dropped kerb and hard standing will be provided under the following circumstances:

- ✓ You are the main driver, and you cannot get from your house to the roadside to access your car.
- ✓ You are at risk of injury transferring in/ out of your car to your wheelchair or walking equipment at the roadside.
- ✓ You require 1:1 support as you lack insight into your own personal safety and are unsafe to access your car by the roadside.

#### **Notes**

- Hard standing and dropped kerbs will generally not be provided due to roadside parking difficulties. You will be signposted to apply for a blue badge.
- Dropped kerbs will not be provided where a hard standing already exists. You will be signposted to the Highways department to make an application.

#### **4.16 Ceiling Track Hoist**

A ceiling track hoist will be recommended under the following circumstances:

- ✓ Provision of a ceiling track hoist will promote independence and prevent, reduce or delay the need for formal or informal care.
- ✓ Hoisting is required and the use of a mobile/or “gantry” hoist is not recommended due to limited space or risk of injury carers.

#### **4.17 Safe Environment (Internal)**

A safe environment is a safe protective area, or adaptations specifically aimed at reducing risk of harm to you in your home or garden. Under 4.17 you must have had intervention from relevant health care professionals and have engaged in and implemented any plans set out to manage behaviours that challenge. Major adaptations will only be considered if all recommended management plans have been unsuccessful, and the person remains at risk or a risk to others in the household.

A safe environment or bespoke adaptations will be recommended under the following circumstances:

- ✓ You have assessed sensory needs, and a sensory plan is in place which has identified the need for a safe environment within your home.
- ✓ You lack insight into your own personal safety and require non-standard fencing in your garden to make it secure.
- ✓ You continue to exhibit behaviours that challenge despite management plans in place, putting yourself and others at significant risk, and require bespoke adaptations to improve yours and/ or others safety. This includes provision of an extra bedroom for your sole use.

#### **Notes**

- Sensory rooms will not be provided. You will be signposted to community facilities offering this service.

**APPENDIX 1 – COSTS OF ADAPTATIONS AND EQUIPMENT**

Adaptation	Costs of Adaptations by Home Ownership			
	Council Tenant	Owner Occupier	Housing Association	Private Rent
<b>All Approved Major Adaptations (Excluding extensions)</b>	No Cost to you. Funded by Sheffield City Council Housing Department	See Private Sector Housing Policy	See Private Sector Housing Policy	See Private Sector Housing Policy
<b>Household extensions</b>	No Cost to you. Funded by Sheffield City Council Housing Department	See Private Sector Housing Policy	See Private Sector Housing Policy	See Private Sector Housing Policy

Page 148

**APPENDIX 2 - STATUTORY AND REGULATORY FRAMEWORK**

- ✓ Equality Act 2010 - The Equality Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities. A long-term effect refers to impairments that have lasted at least 12 months, or the effects of which will last for at least 12 months, or which are likely to last for the remainder of a person's life.
- ✓ Housing Grants, Construction and Regeneration Act 1996 - The legislation which sets out the duty and rules for providing mandatory Disabled Facility Grants.
- ✓ Disabled Facilities Grant (DFG) delivery: Guidance for Local Authorities in England 2022 - Advice and guidance for local authorities on how to deliver DFG funded adaptations effectively and efficiently.
- ✓ Care Act 2014 - The legislation which sets out how adult social care in England should be provided.
- ✓ Sheffield City Council Private Sector Housing Policy - The policy which sets out the rules on how the council allocates grants to people living in private sector housing.

# Sheffield City Council Occupational Therapy and Adapted Housing Team

## What Can I Expect?

The Adults Occupational Therapy team complete work under the remit of The *Care Act 2014* to promote the independence and *wellbeing* of an individual and help to *prevent, delay, or reduce* the need for a person to access formal care and support.

### ADULT SOCIAL CARE 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.*



## What Is Occupational Therapy?

Occupational Therapy can help you live your best life. It's about being able to do the things you want and need to do. That could mean helping you overcome challenges you may face when completing everyday tasks or activities – what we call occupations. These could be getting dressed, getting out of the house, or simply doing the dishes.

## What Does an Occupational Therapist Do?

Occupational Therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments with you which is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open new opportunities and change the way people feel about the future. (Royal College of Occupational Therapy)

## How Can We Support You?

We can support you by:

- ✓ Listening to you to understand what aspects of daily life you need support with.

## **Sheffield City Council Occupational Therapy and Adapted Housing Team What Can I Expect?**

- ✓ Talking to you and your support network over the phone or seeing you in your home to identify if changes to your environment or the way you do things can help you to carry out everyday tasks, safely and more independently.
- ✓ Working with you to help find solutions which enable you to engage in the things you wish to or need to do.
- ✓ Providing information, advice, guidance, equipment or recommending minor or major adaptations which will help reduce the impact of illness/ disabilities on your health, wellbeing, and independence and ways of carrying out activities of daily living.
- ✓ Providing advice, equipment or recommendations which will help those that help care for you continue to do so in a safe way.
- ✓ With your consent, we will work with other agencies, when required, to achieve the above.
- ✓ Make recommendations and onward referrals for rehousing if a person's property cannot be adapted to meet their long-term needs.

In working with you we aim to

- ✓ Support you in a person-centred way, taking a proportionate and least restrictive approach and maintaining dignity, choice, and control.
- ✓ Work within professional boundaries under the Health and Care Professionals Council (HCPC) and the Royal College of Occupational Therapy (RCOT) Code of Ethics and Conduct
- ✓ Offer the most appropriate assessment method, this may include self-directed, telephone or remote assessments, an invitation to our clinic, or in some cases a home visit.

### **Who Is This Service Available To?**

- ✓ People whose ordinary residence is Sheffield.
- ✓ People over the age of 18 years (We have a separate access document for anyone under 18 years.)
- ✓ People who are having difficulty or unable to undertake daily living tasks in and around their home.
- ✓ People at risk of injury when undertaking tasks around their home.
- ✓ People at risk of admission to hospital or residential care because of difficulties managing a long-term condition or because of a change in functional abilities not attributable to acute illness. (Please refer through Health, Single Point of Access, if you or the person you care for has experienced a sudden decline in function)

Any person who is an ordinary resident of Sheffield, but out of area is eligible for an assessment of need. However, a mutual arrangement may be agreed where the host authority carries out the assessment.

# Sheffield City Council Occupational Therapy and Adapted Housing Team

## What Can I Expect?

Any person being referred to occupational therapy will need to be aware of and consented to the referral (or if the person lacks capacity, an OT assessment has been deemed to be in their best interests.)

### When We Are Unable to Meet Your Needs?

The Adult Occupational Therapy team may not always be best placed to meet your needs where you are in receipt of continuing healthcare funding and for people accessing partner occupational therapy services. Examples are below: -

- ✓ Where you need walking aids, specialist bed, management of pain, pressure care, rehabilitation programme, specialist therapy to improve your functional skills, and/ or equipment to preventing admission to hospital due to an acute illness please contact your GP or Single Point of Access (SPA).
- ✓ Where you need a wheelchair assessment. This would be undertaken by [Sheffield Wheelchair Services](#).
- ✓ Where your clinical and functional needs are best met by a specialist team such as Community Learning Disabilities team, Mental Health Team, Neuro Outreach Team/Neuro Enablement Service, Community Stroke Service, Integrated Care Team Therapy (which includes Falls Prevention), Integrated Care Team Nursing. *Where major adaptations are identified as needed, we would work jointly with clinicians from the services to support you.*

We not usually become involved in referrals for assessments for re-housing where your health/ disability does not significantly impact on their functional skills.

We will usually not become involved to review Moving & Handling Equipment and Care plans in a care home where there is a staff member who is deemed to be competent to carry out adjustments to a person's moving and handling plan.

### How to make a referral to the Adult Occupational Therapy Team

Please contact Business Support on 0114 2714709, between 10am-12pm and 2pm-4pm, Monday – Friday or complete a referral at [Equipment and adaptations for your home | Sheffield City Council](#)

# Sheffield City Council Occupational Therapy and Adapted Housing Team What Can I Expect?

**Don't want to wait?**

**You can find information and advice on: -**

**purchasing your own equipment on our Sheffield Directory:** - <https://sc-sheffield-preprod.pcgprojects.co.uk/adults/living-independently/support-to-keep-you-independent/equipment-adaptations-and-technology-enabled-care/>

**home adaptations please visit:** - [Disabled Facilities Grants - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

If you wish to pay privately for an Occupational therapy assessment, there are independent Occupational Therapists who do private assessments for specialist equipment and adaptations for a fee. Please ensure you check the HCPC register prior to agreeing a service from a private practitioner: - [Check the Register and find a registered health and care professional | \(hcpc-uk.org\)](http://www.hcpc-uk.org)

**Contact details for other therapy teams;**

Sheffield Teaching Hospital Single Point of Access (SPA) 0114 2266500

- Admissions Avoidance
- Integrated Care Team Therapy and Nursing

Wheelchair service 0114 2266833

Neurological Enablement Service 0114 2711132

Mental Health Team 0114 2263636

Community Learning Disability Team 0114 2261562

**References**

[Professional standards for occupational therapy practice, conduct and ethics - RCOT](#)

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



# A system approach - Community Falls Pick Up Service Sheffield

## Organisation: A Partnership between Yorkshire Ambulance Service, Sheffield City Council and South Yorkshire Integrated Care Board

Sharon Marriott, Senior Programme Manager SYICB [Sharon.marriott1@nhs.net](mailto:Sharon.marriott1@nhs.net)

- Natalie Howson, System Support & Delivery Manager South Yorkshire Ambulance Service NHS Trust  
[Natalie.Howson@nhs.net](mailto:Natalie.Howson@nhs.net)
- Michelle Glossop, Service Manager, City Wide Care Alarms & Enablement  
Sheffield City Council [Michelle.Glossop@sheffield.gov.uk](mailto:Michelle.Glossop@sheffield.gov.uk)

Integration and  
Better Care Fund



# Overview of BCF

- Page 164
- Since its implementation the Sheffield BCF has continued to evolve with the needs of the Population to include over **£507m** of services commissioned and delivered locally.
  - Sheffield is ranked as the 57th most deprived local authority in England, out of 317 with approximately 24% of the population of Sheffield living in the most deprived local decile. In 2022 the population of Sheffield was 595,100, this is expected to grow to 648,400 by 2043 representing a 9% increase. Within this increase, **the older persons grouping (aged 65+) is expected to grow to 19%** with the working age reducing.
- Giving the ageing population the work on falls is high priority. The statistics show that:
- **1 in 3 people over 65-years old, and 1 in 2 people over 80-years old will fall each year.**
  - **50% of hospital admissions for injury are due to falls.**
  - **Hip fractures are the most common serious injury in older people. As a result of a fall, 30% die within 1 year and 50% never regain former mobility. (PHE 2021)**
  - Early falls prevention is key in order to reduce pressure on urgent response services and acute care. Following the extensive networking, scoping, and testing that is being undertaken, Sheffield are working to a joint 'Team Sheffield' falls plan delivered by our falls collaborative.



# Overview

- Funding is being used to expand the city-wide community falls pick up and response service. The service provides a non-urgent but rapid response to people who have fallen in their own homes and requiring assistance.

Page 155

The scheme and the interventions aim to reduce the unnecessary conveyance and admission to hospital for non-urgent treatment and by default is reducing the need for admission and subsequent discharge

- Aligned to Urgent Community Response pathway - The partnership also work closely with the city's falls collaborative group and a range other services including voluntary sector partners who support with interventions to identify and reduce further risk of falls.



# Method and approach

- Emergency admissions and readmissions : National data has shown the number of emergency admissions to hospital has risen year on year since 2014, rising sharply in 2021/22. Falls were the largest cause of emergency admissions in those aged over 65 and more significantly in those aged 85 and over ('State of the Older Nation', Age UK 2023)
- One third of adults over 65 who live at home will have at least one fall a year, most falls do not result in serious injury, but they are often unable to get up from the floor themselves.
- This Initiative set up initially to support low acuity falls for those individuals who did not require emergency care but would often be conveyed due to a 'long lay'
- Referrals from YAS are made to the CWCA Service who deploy responders who attend, assess and using appropriate equipment and techniques 'lift' the person from the floor. They also provide assurance and wellbeing checks and make any onward referral to other service and support



# City Wide Care Alarms (CWCA)

- CWCA provide a community alarm service covering the city of Sheffield 24 hours per day, 365 days per year. This now includes an expanded service supporting level 1 falls response and pick up service
- Responsible for the installation of Telecare equipment, monitoring of the Telecare equipment via a dedicated Contact Centre and the provision of support workers/responders who respond to calls for assistance in their own homes - for people to remain as independent as possible.
- Available for anyone over 18 living in Sheffield who 'feels' they need the security the service provides, or someone they care for.
- Works in partnership and with diverse communities, statutory providers, housing, emergency services, Yorkshire Ambulance Service, NHS and the Voluntary Sector

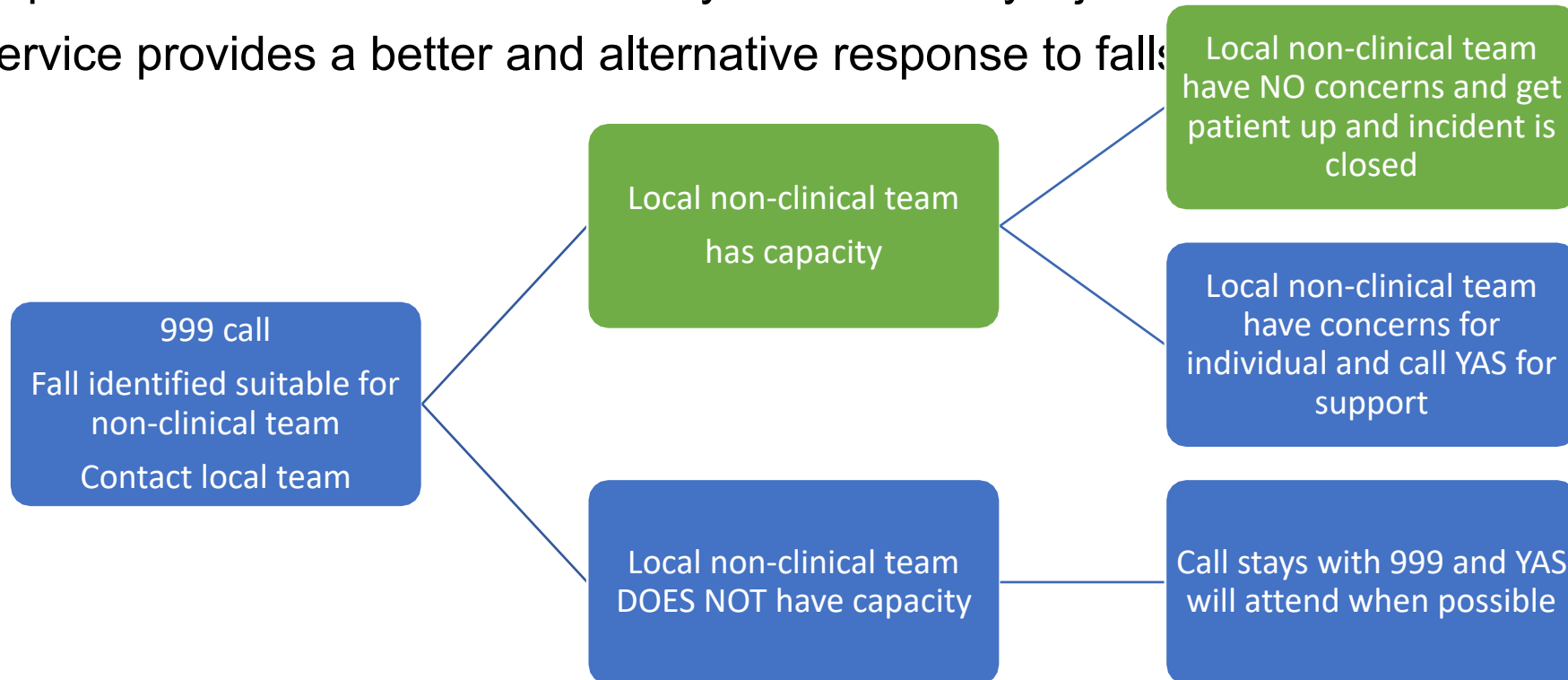
# The best response – First Time

8-10% of Yorkshire Ambulance 999 demand are for people who have fallen

Someone who has fallen and has no injuries, can wait hours for 999 response, as we will always priorities those who are seriously ill or seriously injured.

Page 158

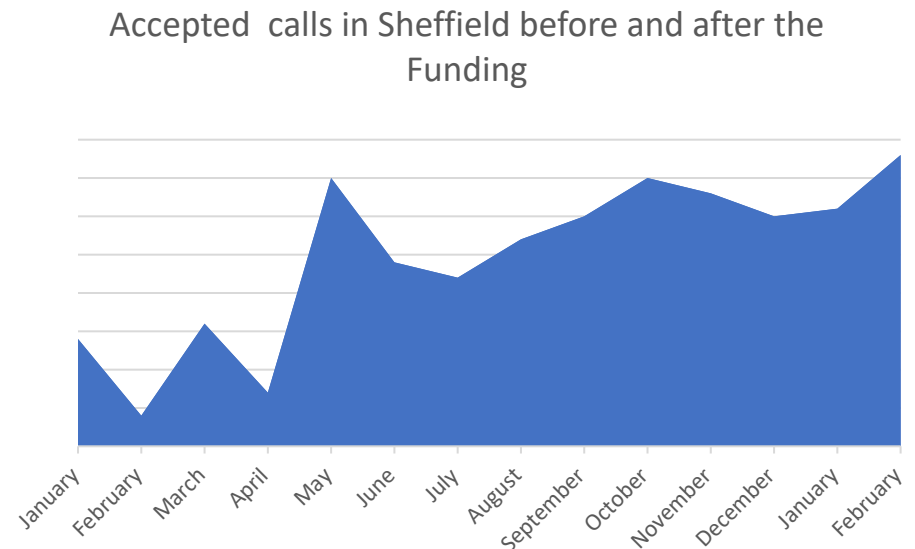
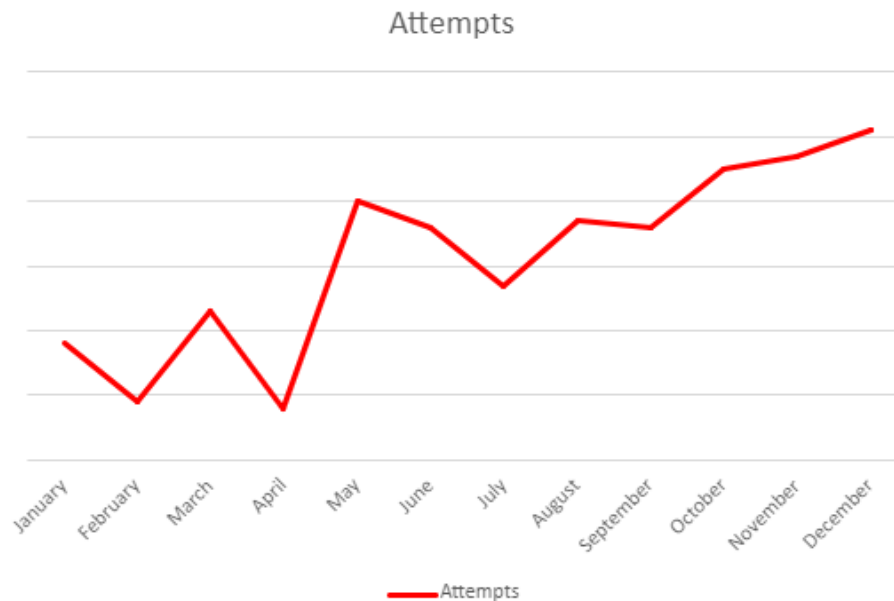
This service provides a better and alternative response to falls



## Successes, measurable impact and quantifiable benefits

- From the calls YAS have sent Sheffield in this past year only 6.85% of the people have required an ambulance.
- Sheffield falls response team have therefore prevented 93% of the calls passed to them from going to hospital.
- Not only does this prevent an ED attendance and possible admission but is more responsive to the individual and more catered to their needs reducing harm by the patient waiting on the floor for an extended time.

Page 159



# Challenges

- Improving understanding to partners that calls to 999 are not necessarily an emergency and that they may be better responded to by a different provider.
- Capacity: Getting it right! Could the number of referrals the falls response teams accepted could still increase if capacity increased? The review will need to explore the full potential alongside the responses required for those with a community alarm





# Key learning points

- Positive outcomes drive more referrals which embeds the work
- Positive impact and experience for those who fall
- <sup>Page 191</sup> Significant improvement in initial response times and reducing the risk of impact of long lies
- Improved system efficiency, in ambulance crew hours
- Improving and building on existing community-based provider models and resources including opportunities to explore the use of technology enabled models of

## Next steps

- First year review in April 2024 including performance reporting and feedback
- Explore/determine key areas for development for example, if this could be expanded to support other community settings, for example Care Homes (mixed stakeholder views around this)
- Expand options as part of UCR
- Learning from other areas





## Report to Policy Committee

**Author/Lead Officer of Report:**

Mary Gardner, Strategic Commissioning Manager  
Lee Teasdale-Smith, Commissioning Officer

**Tel:** 0114 474 3439

**Report of:** *Strategic Director of Adult Care and Wellbeing*

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

**Date of Decision:** *20<sup>th</sup> March 2024*

**Subject:** *Update on the Carers Delivery Plan (2022-2025)*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? 2643				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken? <small>(see Section 4.4 for summary of climate implications)</small>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The <b>(report/appendix)</b> is not for publication because it contains exempt information under Paragraph <b>(insert relevant paragraph number)</b> of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

**Purpose of Report:**

This report provides an update to the Adult Health and Social Care Committee on progress of our multi-agency Carers Delivery Plan (2022-2025).

The Delivery Plan supports the ‘Young Carer, Parent and Adult Carer Strategy’ and ‘Living the life you want to live,’ the Adult Social Care Strategy 2022 to 2030.

**Recommendations:**

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

1. Recognise the positive progress made on delivery of the Carers Delivery Plan (2022-2025).
2. Reaffirm our commitment to people who are unpaid carers across the city, so they feel recognised, valued, and supported and request that the Strategic Director brings a report to Committee setting out how we will become a Carer Friendly City.
3. Acknowledge the future actions the Delivery Plan aim to deliver.
4. Request that the Strategic Director Adult Care and Wellbeing brings back updates every 6 months as an assurance on delivery of the plan.

**Background Papers:**

- Appendix 1: the 'Carers Delivery Plan 2022-2025'
- Appendix 2: ['Young Carer, Parent and Adult Carer Strategy' link to website](#)
- Appendix 3: ASCOF Adult Carers Survey Analysis
- 'Living the life you want to live', the Adult Social Care Strategy 2022 to 2030
- 'Our Sheffield Delivery Plan 2022-23' Sheffield City Council

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: Catherine Bunten
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> Janet Kerr	<b>Job Title:</b> Director of Operations
	<b>Date:</b> 12 <sup>th</sup> February 2024	

## 1. PROPOSAL

- 1.1 There are approximately 60,000 carers in Sheffield (1 in 10 of us) with around 7,000 being young carers. The caring population is not static; in Sheffield about 20,000 people start or stop caring each year. NHS England says it takes on average two years for someone to realise they are a carer. Academics have calculated that carers save the economy £162 billion per year, the equivalent spent on the NHS.
- 1.2 A carer is someone, of any age, who looks after a person (a family member, partner, or friend) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.
- 1.3 Evidence states that caring is a social determinant of health, i.e. a non-medical factor that influences health outcomes. It is therefore vital for health and social care systems to support carers.
- 1.4 The Carers Delivery Plan (2022-2025) was approved at the Adult Health and Social Care Committee on 19 December 2023. It was developed following consultation with carers and partners, who agreed that the [Young Carer, Parent and Adult Carer Strategy](#) remained relevant however what was needed was a multi-agency Delivery Plan to ensure the strategy was purposeful and delivered on its commitments and principles, which were for carers to:
- Access at the right time, the right type of information and advice for them, their family and the person they care for.
  - Understand their rights and have access to an assessment.
  - Have a voice for themselves and the person they care for.
  - Have regular and sufficient breaks.
  - Continue to learn and develop, train or work (if they wish to).
  - Look after their own health.

*“Carers need all kinds of different support from lots of different agencies, including health services. The health services and social services should know about and look after carers, as well as the person who has the care.”*

- Quote from a carer

- 1.5 The Carers Delivery Plan takes a multi-agency approach as partnership working between organisations is vital in order to recognise, value and support our carers. The actions are informed by the six ‘Carer Principles’ set out in the carer’s strategy. Carers told us that they want actions, not just words. The Delivery Plan provides the roadmap for change and action. The full Carers Delivery Plan can be seen in Appendix 1.
- 1.6 Carers supported through the Delivery Plan are:
- Young carers – a person under 18 who provides or intends to provide care for another person.
  - Young adult carers - young people aged 16–25 who care, unpaid, for a family member or friend with an illness or disability, mental health condition or an addiction.
  - Adult carers – an adult who provides or intends to provide care for another adult (an adult needing care)
  - Parent carers – a person aged over 18 who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

### 1.7 Impact of Carers Delivery Plan

*“...Please make carers feel valued & respected, including hidden carers...”*

- Quote from a carer

- 1.7.1 The Delivery Plan is an essential tool to make our carers strategy vision a reality. Our vision states 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.
- 1.7.2 Our significant achievements against the Carers Delivery Plan, are highlighted below:

Theme	Key Achievements in 2023
<b>Strategic</b>	<ul style="list-style-type: none"> <li>• Delivering our first ‘Carers Roadshow’ in which 33 support agencies held stalls, enabling 1728 contacts between carers and support organisations and 2041 pieces of information given out.</li> <li>• Launch of the multi-agency Carers Strategy Implementation Group that governs, scrutinises, and evolves the Carers Delivery Plan in collaboration with adult and young carers.</li> <li>• Adult Care and Wellbeing improve its Adult Social Care Outcome Framework (ASCOF) scores for carers in 4 out of 5 measures.</li> <li>• Sheffield Carers Centre creating their 'Involvement Network' which currently has approximately 100 active members who share their lived experience to shape services and policies.</li> <li>• Young people and staff in Sheffield Young Carers worked with Paul Blomfield MP, alongside other national partners and MPs, to ensure young carers were included in the Health and Care Act, which gave Integrated Care Boards and hospitals new duties relating to young carers.</li> <li>• 23 young people from Sheffield Integrated Care Board started a carer support group for its staff who are in a caring role</li> <li>• the Young Carers National Voice submitting a collective video giving evidence to the All-Party Parliamentary Group Inquiry on Young Carers and Young Adult Carers. Sheffield Young Carers took a young adult carer to Parliament for the launch of the report from this inquiry on 14th November.</li> <li>• A full programme of activities for Carers Week created and delivered in a multi-agency way.</li> <li>• Adult Care and Wellbeing referred more carers to the Carers Centre than ever before: <ul style="list-style-type: none"> <li>○ 750 in 2023 (62.5 carers per month) from 458 in 2022.</li> <li>○ That is a 63.8% increase in referrals from 2022 to 2023.</li> </ul> </li> </ul>

Theme	Key Achievements in 2023
<b>Operational</b>	<ul style="list-style-type: none"> <li>• Changes made to the Council’s Liquid Logic system to enable easier referrals to the Carers Centre and Sheffield Young Carers.</li> <li>• Sheffield Teaching Hospitals creating a ‘Carer Passport’ which it is currently piloting on several wards.</li> <li>• Sheffield Teaching Hospitals working with the Carers Centre producing a discharge <a href="#">guide/animation</a> to get support information to carers and better connect health / social care systems and creating prompts in the admission and discharge checklist on the patient administration system - this prompts staff to ask if a patient has a carer and asks whether this is a young carer – a check box enables monitoring.</li> <li>• Sheffield City Council's Community Youth Services working on their database / forms to ensure they routinely identify young carers and link into the Young Carers Register.</li> <li>• Sheffield Health and Social Care Trust benchmarking in-patient services for the ‘Triangle of Care’ accreditation.</li> <li>• Sheffield Young Carers and Sheffield Carers Centre delivered three training sessions per year (open to health and social care professionals) to raise carer awareness.</li> <li>• Improved data governance to track referrals and non-referrals.</li> <li>• Dedicated carers training on unpaid carers for social care teams.</li> </ul>

1.7.3 A highlight of the year was the first ever Sheffield Carers Roadshow. A public event held at the Winter Gardens. The concept was to put carers at the centre of the day and wrap a range of complementary services, advice workshops and information sharing around them, all in one place, making it as accessible as possible for carers. The event evidenced the power of multi-agency working between Sheffield Integrated Care Board, Sheffield City Council, Sheffield Carers Centre, Sheffield Young Carers and Carers UK as they worked together to plan and

coordinate the day. The approach embodied the Council's core values, specifically, 'people are at the heart of what we do and 'together we get things done'.

- 1.7.4 The Roadshow also raised carer awareness with notable attendees to help promote the carer agenda including Paul Blomfield MP; Colin Ross, the Lord Mayor; John Burkhill, Sheffield's own 'Man with a Pram' and many of our local Councillors.
- 1.7.5 Feedback on the day was incredibly positive and this was further supported via a short follow up questionnaire. 100% of respondents said the roadshow made them feel valued and supported.
- 1.7.6 A substantial action within the Carers Delivery Plan was to 'improve our carers Adult Social Care Outcome Framework (ASCOF) results'. ASCOF measures how well Care and Support Services achieve the outcomes that matter to people. There are five carer specific measures, with a Local Authority's scores being determined by responses to the Survey of Adult Carers in England (SACE).
- 1.7.7 The table below gives Sheffield's scores for the carer measures in 2021/22 and 2023/24, plus national and regional scores for context. We have made sizable progress on four out of five outcome areas which is extremely positive considering the ongoing cost of living crisis. There is still work to do but the evidence from 577 carers (who responded to the SACE), tells us that carers' quality of life is improving, which is exactly what the Strategy and Delivery Plan aim to do.

ASCOF Measure	Measure Description	Sheff 2021/21	Sheff 2023/24	National 2021/22	Y&H 2021/22
1D	Carer reported quality of life	7.3	7.4	7.5	7.7
1I2	Proportion of carers who reported that they had as much social contact as they would like	30.0%	33.9%	32.5%	35.8%
3B	Overall satisfaction of carers with social services	34.7%	31.2%	38.6%	40.1%
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	62.4%	66.7%	69.7%	70.7%
3D2	The proportion of carers who find it easy to find information about services	53.2%	56.0%	62.3%	63.4%

## 1.8 Priorities for the next 12 months

*"Some people can shout and make others understand what they need . Others find that hard. None of us ever thought we would be carers. That's our job. Just make sure you are all doing yours right for people like me."*

– Quote from a carer

- 1.8.1 The Carers Delivery Plan is already having a positive impact on the lives of carers. There is evidence that tells us carers feel valued and supported and that their quality of life is improving, however, whilst partners should be proud of the achievements over the last 12 months, there is no room for complacency.
- 1.8.2 The priorities for the next year are set out in the full Delivery Plan in Appendix 1, however our agreed priority goals include:
- **Identification** - Identify more carers, ensuring they are linked to appropriate support, advice, and networks. Adult Care and Wellbeing has carer focused roles in the Short-Term Interventions Team plus Adult Future Options and is aiming to have roles in Living and Aging Well in the future.

- **Awareness** – Updating and providing information for the public to assist people to recognise themselves as carers, including further campaigns.
- **Equality** – Reach and engage with minority and diverse communities to identify carers and work with communities to develop supports which are personalised.
- **Governance and Partnership** - Review the governance and membership of the Carers Strategy Implementation Group, particularly ensuring that carers voices remain central to driving and informing improvements.
- **Personalised and Joined Up Support** - Work with partners to improve the connectivity of services and enabling personalised supports.
- **Young Carers** - Ensure more young carers get added to our Young Carers Register and review / improve the service offer to young adult carers.
- **Involvement** - Expanding the membership of the 'Involvement Network' – Sheffield Carers Centre.
- **Strategy** - Completing the Carers Centre's Carers Strategy.

1.8.3 As we continue to embed and further implement our Carers Delivery Plan, our ambition is Sheffield is a Carer Friendly City. We want Carers to be valued, supported and recognised. To do this, a priority to work with carers to set out how Sheffield can become known as a Carer Friendly City.

## 2. HOW DOES THIS DECISION CONTRIBUTE?

2.1.1 This multi-agency Delivery Plan aligns with the mission of our new draft four-year Council plan which is 'together we get things done.' The Carers Delivery Plan contributes to outcome 1 which is *'A place where all children belong, and all young people can build a successful future'* and outcome 3 which is People live in caring, engaged communities that value diversity and support wellbeing

2.1.2 In regards Outcome 1, Caring can have a profound impact on our children, findings from the [All-Party Parliamentary Group enquiry](#) in 2023 found that:

- 10% of all pupils provide high or very high levels of care – equating to at least 2 carers in every class.
- 13% of all pupils surveyed had caring responsibilities.
- Young carers miss an average of 27 school days per academic year compared to peers without caring responsibilities:
- Higher prevalence of anxiety and depression (13%) compared to non-carers (8%).
- Have a higher prevalence of self-harm (25%) compared to non-carers (17%).
- Of those who self-harm, twice as likely to do so in an attempt to take their own life (17% compared to 7% of non-carers).
- 32% 'always' or 'usually' face additional costs because they are a carer.
- 57% said they are 'always' or usually' worrying about the cost of living and things being more expensive.
- Five times more likely to drop out of college.
- 38% less likely to achieve a university degree than their peers without a caring role.
- 32.9% were not currently in education, employment or training (NEET), compared to 5.3% who were not carers.
- 40% of registered carers and 31.3% of unregistered carer had spent over 18 months being NEET.
- 40% say caring 'always' or usually' affects how much time they can spend with their friends.

2.1.3 The Carers Delivery Plan has a positive impact on young carers who are learning in our schools, colleges and universities. It ensures that young carers are identified and that they are



not undertaking inappropriate caring tasks or take on responsibilities that could impact their education or wellbeing.

- 2.1.4 In regards outcome 3, The Carers Delivery Plan will also contribute to outcome 3 of our four-year Council plan which is 'People live in caring, engaged communities that value wellbeing.'
- 2.1.5 Carers are essential to our communities and a vital partner in supporting those with health and social care needs; this is recognised in the long-term strategic direction and plan for Adult Social Care 'Living the life you want to live'. This strategy commits to: 'Recognise and value unpaid carers and the social care workforce and the contribution they make to our city.'
- 2.1.6 We know that carers can be negatively impacted by their caring role, including mental, physical health, educational attainment, employment status, potential earnings, pension accrual, and perceived status e.g. 'you're just a carer'. The Coronavirus and the cost-of-living crisis disproportionately affected carers and this continues. For example, Coronavirus significantly increased the need for unpaid care, meaning that there are more carers, and for many, caring has become more intensive. As the majority of carers are female (57%) the pandemic is likely to have exacerbated gender inequality as women are more likely to provide care and change their circumstances in order to care, e.g. reduce hours in work / leave work, etc. however, caring is still satisfying and a source of pride for many. We need to help our carers continue to care, if they want to, and reduce the inequalities they can face.
- 2.1.7 The Carers Delivery Plan also contributes towards delivery upon the Adult Social Care Strategy Living the Life You Want to Live, specifically Connected and Engaged and Aspire and Achieve Outcomes. It also contributes to delivery upon our All Age Autism Strategy, All Age Emotional and Mental Health Strategy, Learning Disability Strategy, Dementia Strategy, Hospital Discharge Model and Workforce Strategy.

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

- 3.1 Our Carers Strategy Implementation Group is a multi-agency group where carers, parents and young carers join colleagues from Social Care, Health, Sheffield Teaching Hospitals, ICB and carer representative organisations. This group actively govern, scrutinise and promote activities within Carers Delivery Plan.
- 3.2 The Plan delivers on an existing co-produced carers strategy. Carers and other key stakeholders created the Strategy that drive actions / outcomes for carers. The consultation process was extensive, and the strategy was informed by carer support groups, carers cafes, carers organisations / stakeholders, over 700 carer questionnaire responses, etc.

### **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

#### **4.1 Equality Implications**

- 4.1.1 Unpaid carers are at risk of health and social inequalities. Government has acknowledged that caring should be considered a social determinant of health. This Plan helps identify carers and links them into appropriate support. This prevents, reduces and delays needs developing and reduces inequalities that can be caused by being a carer.
- 4.1.2 We have legal requirements under sections 149 and 158 of the Equality Act 2010. These are referred to as the 'general duties to promote equality.' Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:
- Eliminate discrimination, harassment, victimisation, and any other conduct that is connected to protected characteristics and prohibited by or under this Act.
  - Advance equality of opportunity between those who share a relevant protected characteristic and those who do not.
  - Foster good relations between those who share a relevant protected characteristic and those who do not.
- 4.1.3 The Council recognises carers as a group in its own right when carrying out equality analysis,

going beyond the statutory scope of protected characteristics.

- 4.1.4 This Plan aids reducing inequalities, we know that carers can be impacted by their caring role. As the majority of carers are female (57%) it creates a gender inequality for women as they are more likely to provide care or change their circumstances in order to care, e.g. reduce hours in work or leave their employment. The Plan has a positive impact on young carers who are learning in our schools.

#### 4.2 **Financial and Commercial Implications**

- 4.2.1 This Delivery Plan supports existing investment in carer services. There is the risk that, should we not continue to invest in the Carers Service, that social care costs may increase.
- 4.2.2 For 23/24, the gross budget for the Adults Care and Wellbeing Carers Service is £830,700, including £242,500 of Public Health funding.
- 4.2.3 A 3.5% uplift to the Public Health Grant element of the budget was applied in 23/24 for inflationary pay pressures. Any further funding requests are subject to a formal approval process.

#### 4.3 **Legal Implications**

- 4.3.1 Focusing on identifying more carers the Delivery Plan will support the Council to discharge its section 2 Care Act 2014 duties regarding it 'preventing needs for care and support'. Section 2 states that '(1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will -...  
(b) contribute towards preventing or delaying the development by carers in its area of needs for support ...  
(d) reduce the needs for support of carers in its area'.
- 4.3.2 The Delivery Plan can also support the wider health system to deliver section 91 of the Health and Care Act 2022 which states:  
(1) Where a relevant trust is responsible for an adult hospital patient and considers that the patient is likely to require care and support following discharge from hospital, the relevant trust must, as soon as is feasible after it begins making any plans relating to the discharge, take any steps that it considers appropriate to involve -  
(...B) any carer of the patient'  
Although these requirements are placed on health trusts, there is a duty on Local Authorities to co-operate with such bodies in this activity. "

#### 4.4 **Climate Implications**

- 4.4.1 As a multi-agency Delivery Plan, there is no single Climate Impact Assessment Tool. The Delivery Plan will aim to contribute to the Climate Statement approved at Committee in January 2024 through encouraging all partners involved in delivery to consider actions which can respond to impacts of climate change and contribution to Net Zero.
- 4.4.2 **Transport**  
When partners meet, we can use MS Teams for many meetings, reducing the need to travel. When meeting in person, 'active travel' and public transport is promoted in invitations.
- 4.4.3 **Working with stakeholders**  
We collaborate with partners who are engaged with the climate agenda, for e.g., Sheffield Teaching Hospitals are 'committed to becoming a more sustainable Trust, reduce their climate footprint and impact on climate change.' The Trust are run a project called 'Be Green' to help their hospitals and offices operate in a more environmentally friendly way.
- 4.4.4 Council-funded carers support services are due to be reprocured in December 2026. A detailed Climate Impact Assessment will be completed as part of the Procurement Strategy.
- 4.4.5 The partnership includes unpaid carers; we use our partners to communicate directly with and

to encourage climate impact awareness. This contributes to supporting this vulnerable group adapt to some of the impacts of climate change, including extreme weather / heat events, resource scarcity, price increases, energy / water/ resource efficiency advice, travel options, etc. by signposting people to climate-friendly resources where appropriate.

4.5 **Other Implications**

N/A

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Option – Not to update to the Delivery Plan – Rejected.

5.2 Now is the right time to reaffirm our commitment to carers. The Council and its partners want to continue to make Sheffield a carer friendly city.

**6. REASONS FOR RECOMMENDATIONS**

6.1 We want to be bold and ambitious and make Sheffield a carer friendly city. We recognise, value and support our carers and the vital role they have in our communities. We know from the first 12 months that the Carers Delivery Plan has positively impacted the lives of carers but there is still much more to do.

6.2 Carers are vital to our health and social care systems. They provide care to some of the most vulnerable in our communities and in doing so save the economy billions of pounds per year, however being a carer can lead to social, educational and health inequalities. It is therefore essential that we recognise, value and support those in a caring role and prevent inappropriate caring, especially with young carers; our Carers Delivery Plan empowers us do this.

This page is intentionally left blank



Key

Deadline passed, action not complete  
 Close to deadline, action not complete  
 Action on track to be complete  
 Action not started



Theme	Milestone/action	By when	Lead	RAG	Update
Strategic	Work with Adult Social Care to improve our carers Adult Social Care Outcome Framework results.	Mar-24	Sheffield City Council	Green	Complete
Operational	Start the Carers Strategy Implementation Group to oversee, add to and allocate actions for transparency/scrutiny purposes	Nov-22	Sheffield City Council	Green	Complete
Operational	Promote adult carer's assessments by improving our whole family approach to assessing and supporting carers including referring more carers from adult social care to the Sheffield Carers Centre.	Mar-23	Sheffield City Council	Green	Complete
Operational	Implement new process and guidance in Adult Care and Wellbeing to identify young carers.	Mar-23	Sheffield City Council	Green	Complete
Operational	Work with partners to refresh the Carer Voice group to broaden our engagement with carers.	Mar-23	Sheffield City Council	Green	Complete
Operational	Publish Sheffield Teaching Hospitals Carers Policy and publicise across the Trust. Policy to give guidance on identifying carers, working in partnership with carers and referring for further support.	Sep-23	Sheffield Teaching Hospitals	Green	Complete
Operational	Roll out new online Carers training at Sheffield Teaching Hospitals and promote this and existing training available to all staff who work with carers. Training to give guidance on identifying carers, working in partnership with carers and referring for further support.	Sep-23	Sheffield Teaching Hospitals	Green	Complete
Operational	Review impact of Carers Policy and Training at Sheffield Teaching Hospitals via:	Jun-23	Sheffield Teaching Hospital	Green	Complete
Operational	Annual survey of carers views – including whether they have been involved and consulted in discharge arrangements	Jun-22	Sheffield Teaching Hospitals	Green	Complete
Operational	Keep working on the discharge leaflet and get the message out to staff.	Dec-23	Sheffield Teaching Hospitals	Green	Complete
Operational	Launch M-PACT which is a national programme to support families affected by addiction – will be delivered three times per year and has been successful elsewhere in the country so hopeful of success.	Dec-23	Sheffield Young Carers	Green	Complete
Operational	Plan and launch Sheffield's first Carers roadshow in partnership with other organisations.	Oct-23	Sheffield Integrated Care Board	Green	Complete
Operational	Facilitate carer involvement to help shape Sheffield Teaching Hospital's Carer Passport	Dec-23	Sheffield Young Carers/Sheffield Carers Centre	Green	Complete

# ASCOFF Adult Carers Survey Analysis

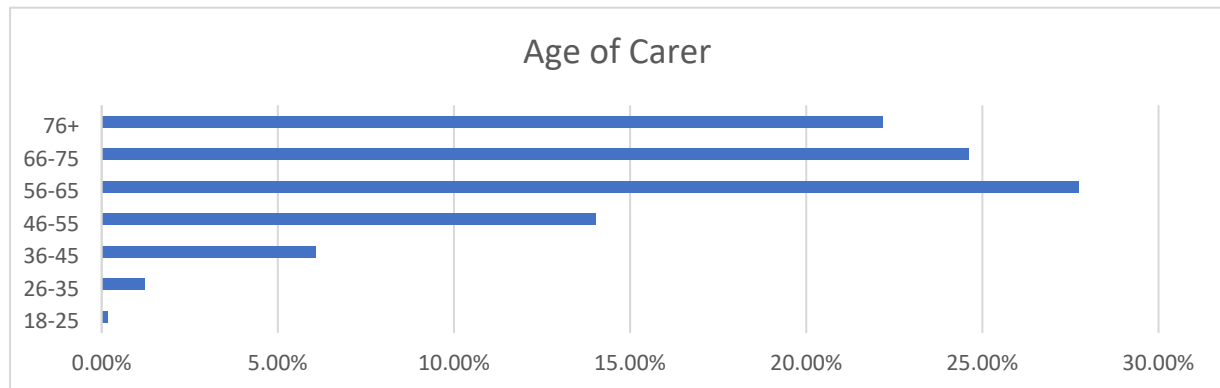
The carers survey was sent to 2,461 carers with the data provided to SCC from the Carers Centre.

When we completed the field work process, we had received 577 completed questionnaires, roughly an 23% response rate.

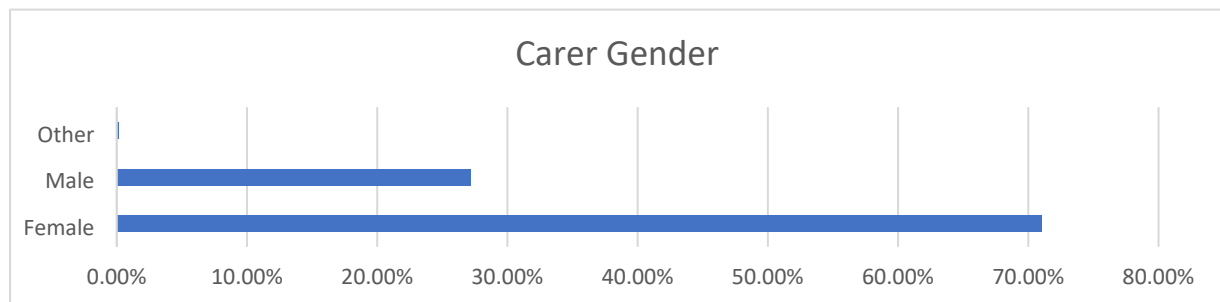
All the following information is based on the 577 carers who completed and returned the survey.

## Carer Demographics:

- 75% of carer respondents are aged 56 and over



- 71% of carer respondents were female.



- British made up 89% of carer respondents.

## ASCOF Measures

We improved on the 21/22 survey in all areas except for 'Overall Satisfaction', however, it is worth noting that only 'extremely' and 'very' satisfied responses are used for this measure. A further 18% of all responses stated they were quite satisfied.

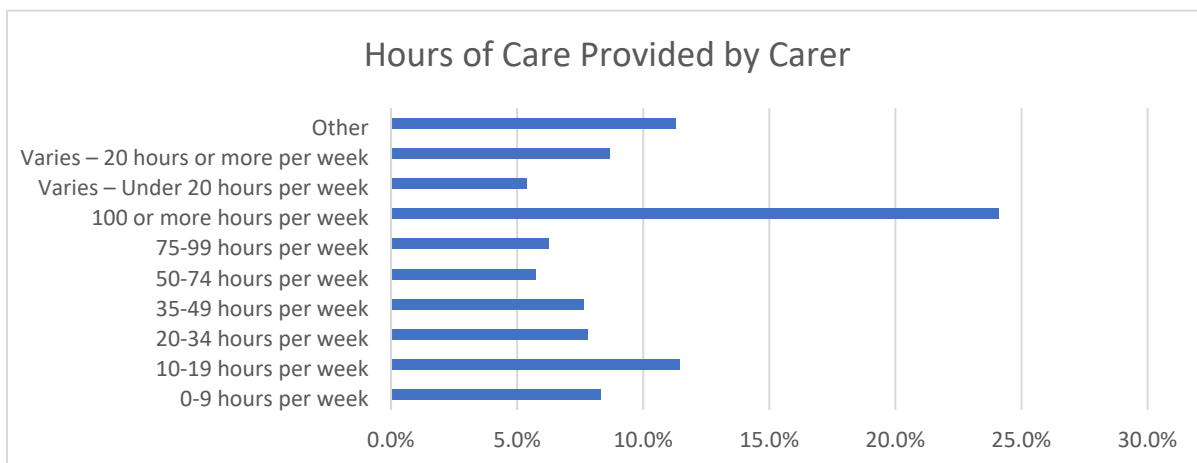
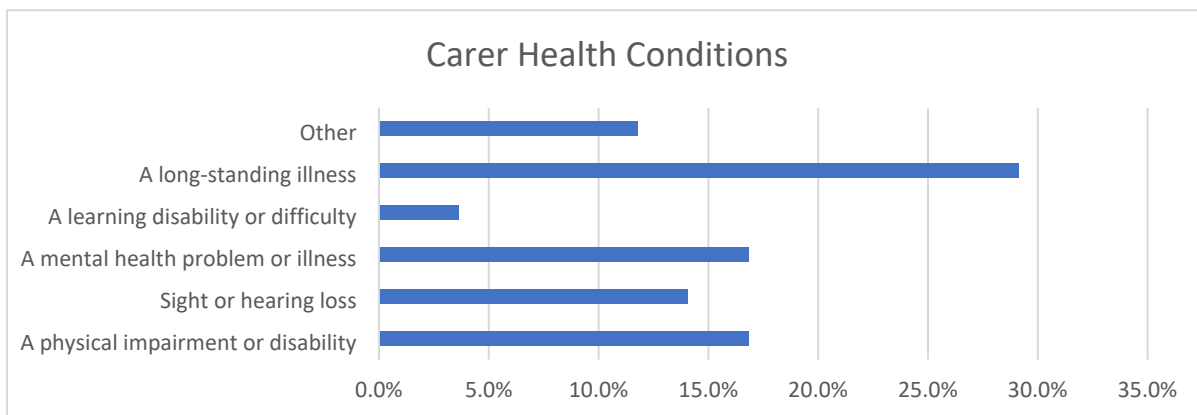
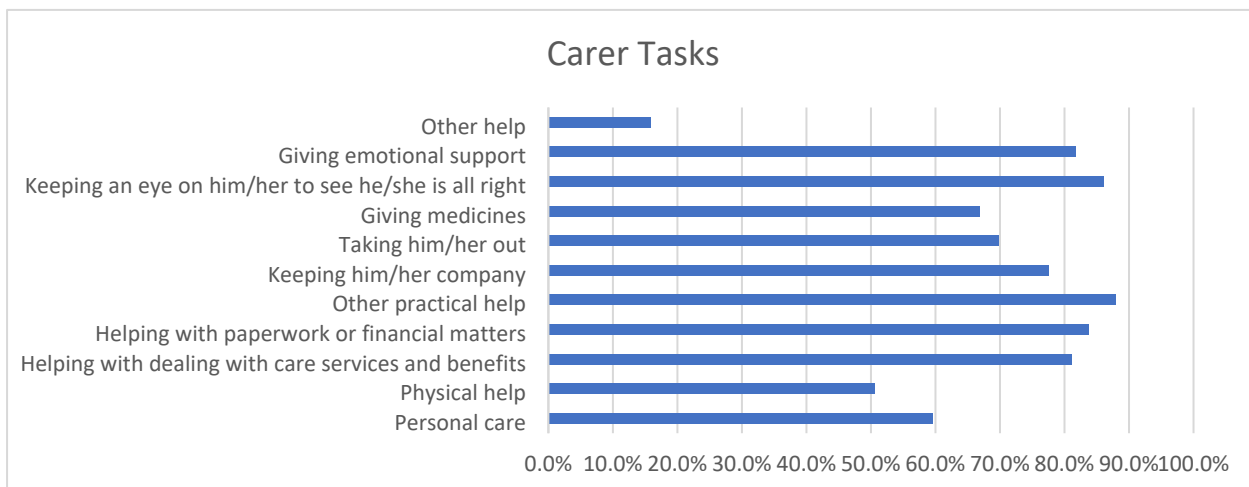
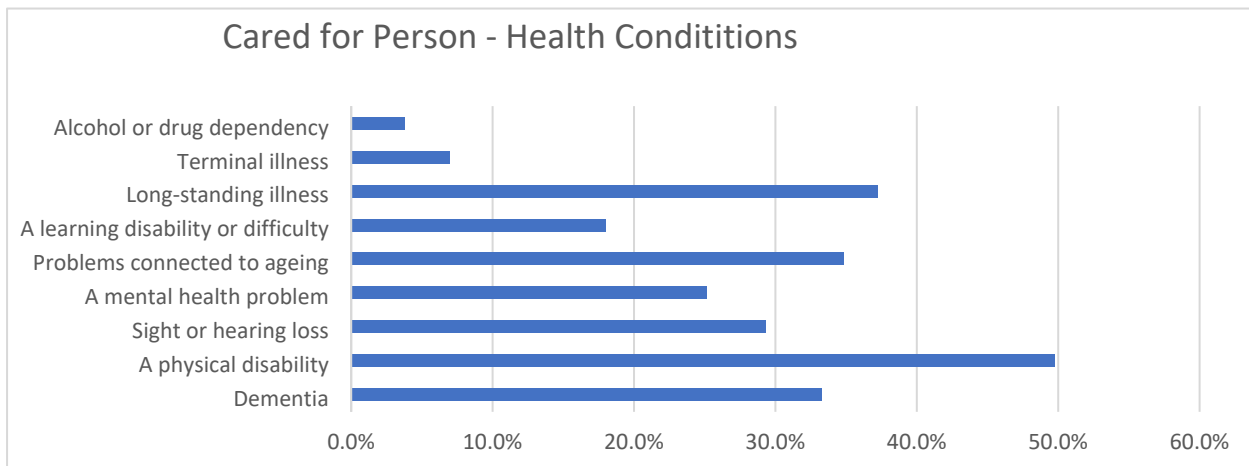
This figure is also based on the 330 responses which had received support only.

CARER SURVEY RELATED ADULT SOCIAL CARE OUTCOMES FRAMEWORK (ASCOF) RESULTS											
Measure	16/17 Score	18/19 Score	20/21 Score	21/22 Score	23/24 Score	Target	Trend V Prev Yr	National Score	Regional Score	Peer Score	Core City Score
1D: Carer-reported quality of life	7.1	7.0	Postponed (COVID)	7.3	Provisional 7.4	7.7	Better	7.3	7.4	7.2	7.0
1I(2): Proportion of carers who reported that they had as much social contact as they would like	28.9	26.6	Postponed (COVID)	30.9	Provisional 33.1	33.0	Better	28.0	31.2	27.5	26.7
3B: Overall satisfaction of carers with social services	30.0	26.6	Postponed (COVID)	34.7	Provisional 31.2	30.0	Worse	36.3	37.7	35.1	33.7
3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for	66.0	56.0	Postponed (COVID)	62.4	Provisional 66.7	64.0	Better	64.7	64.7	65.0	60.8
3D(2): The proportion of carers who find it easy to find information about services	53.8	51.2	Postponed (COVID)	53.3	Provisional 56.0	62.0	Better	57.7	56.3	56.5	52.3

## Survey Summary:

- 60% of cared for people live with their carer with 37% living somewhere else.
- Compared the 21/22 survey there has been an increase across all categories of the carer health's being impacted by their carer's role. The biggest increases are the carer having disturbed sleep, feeling depressed and going to see their own GP.

- 24% of carers spend more than 100 hours per week helping the person they care for.
- 29% of carers state they have a long-standing illness of their own, with 60% having some form of long-term health condition.
- 22% of carers have helped the person they care for, for over 20 years.





Question	Response	21/22	23/24
Q4. Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?	No support received in last 12 months	43.1%	40.7%
	I am extremely satisfied	7.9%	8.0%
	I am very satisfied	11.2%	9.9%
	I am quite satisfied	14.1%	17.7%
	I am neither satisfied or dissatisfied	10.8%	9.4%
	I am quite dissatisfied	5.3%	4.9%
	I am very dissatisfied	1.3%	3.3%
Q7. Which of the following statements best describes how you spend your time?	I am extremely dissatisfied	4.6%	4.2%
	I'm able to spend my time as I want, doing things I value or enjoy	18.2%	16.5%
	I do some of the things I value or enjoy with my time but not enough	60.9%	65.3%
Q8. Which of the following statements best describes how much control you have over your daily life?	I don't do anything I value or enjoy with my time	18.5%	15.6%
	I have as much control over my daily life as I want	25.3%	22.4%
	I have some control over my daily life but not enough	57.4%	64.1%
Q9. Thinking about how much time you have to look after yourself – in terms of getting enough sleep or eating well – which statement best describes your present situation?	I have no control over my daily life	15.4%	11.4%
	I look after myself	47.3%	47.3%
	Sometimes I can't look after myself well enough	32.1%	29.8%
Q10. Thinking about your personal safety, which of the statements best describes your present situation?	I feel I am neglecting myself	18.5%	21.5%
	I have no worries about my personal safety	79.8%	79.0%
	I have some worries about my personal safety	17.1%	17.2%
Q11. Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?	I am extremely worried about my personal safety	1.1%	1.7%
	I have as much social contact as I want with people I like	30.1%	32.4%
	I have some social contact with people but not enough	48.4%	49.9%
Q12. Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?	I have little social contact with people and feel socially isolated	19.1%	15.6%
	I feel I have encouragement and support	28.8%	28.8%
	I feel I have some encouragement and support but not enough	42.2%	44.0%
Q13. Thinking about the other people you have caring responsibilities for, which of the following best describes your current situation? Please exclude the person you spend most time helping.	I feel I have no encouragement and support	25.9%	23.9%
	I don't have caring responsibilities for anyone else	50.5%	46.6%
	I always have enough time to care for them	18.7%	18.4%
	I sometimes have enough time to care for them	22.4%	25.3%
	I never have enough time to care for them	4.8%	5.5%

Page 17

Q15. In the last 12 months, has caring caused you any financial difficulties?	No, not at all	57.4%	55.5%
	Yes, to some extent	30.3%	32.2%
	Yes, a lot	8.8%	9.2%
Q16. How often do you feel lonely?	Often or always	-	13.2%
	Some of the time	-	28.8%
	Occasionally	-	28.1%
	Hardly ever	-	15.9%
	Never	-	11.4%
Q17. In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services.	I have not tried to find information or advice in the last 12 months	37.8%	32.9%
	Very easy to find	7.3%	6.9%
	Fairly easy to find	24.4%	29.6%
	Fairly difficult to find	18.7%	19.6%
	Very difficult to find	9.0%	9.2%
Q18. In the last 12 months, how helpful has the information and advice you have received been? Please include information and advice from different organisations, such as voluntary organisations and private agencies as well as Social Services.	I have not received any information or advice in the last 12 months	41.1%	38.8%
	Very helpful	14.1%	14.2%
	Quite helpful	32.7%	34.5%
	Quite unhelpful	5.9%	7.6%
	Very unhelpful	2.9%	2.8%
Q19. In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?	There have been no discussions that I am aware of, in the last 12 months	45.9%	39.5%
	I always felt involved or consulted	17.6%	20.1%
	I usually felt involved or consulted	13.8%	18.4%
	I sometimes felt involved or consulted	13.4%	14.0%
	I never felt involved or consulted	5.5%	5.2%
Q21. Thinking about combining your paid work and caring responsibilities, which of the following statements best describes your current situation?	I am not in paid employment because of my caring responsibilities	18.0%	19.4%
	I am not in paid employment for other reasons (e.g. Retired)	50.5%	50.6%
	I am in paid employment and I feel supported by my employer	12.5%	14.4%
	I am in paid employment but I don't feel supported by my employer	5.7%	5.0%
	I do not need any support from my employer to combine my work and caring responsibilities	4.6%	3.3%
	I am self-employed and I am able to balance my work and caring responsibilities	2.2%	1.9%
	I am self-employed but I am unable to balance my work and caring responsibilities	1.1%	1.4%



This page is intentionally left blank

# Equality Impact Assessment – 2643 (formerly EIA 903)

## Carers' Strategy Delivery Plan

### Introductory Information

#### Proposal type

- Budget
- Project

#### Decision Type

- Cabinet
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

#### Lead Cabinet Member

Cllr George Lindars-Hammond

#### Entered on Q Tier?

- Yes
- No

#### Year(s)

<input type="radio"/> 14/15	<input type="radio"/> 15/16	<input type="radio"/> 16/17	<input type="radio"/> 17/18	<input type="radio"/> 18/19	<input type="radio"/> 19/20	<input type="radio"/> 20/21	<input checked="" type="radio"/> 21/22
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

#### EIA date

04/02/2021

#### EIA Lead

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

#### Person filling in this EIA form

Lee Teasdale-Smith

#### Lead officer

Alexis Chappell

**Lead Corporate Plan priority**

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

**Portfolio, Service and Team**

**Cross-Portfolio**

- Yes                       No

**Portfolio**

People Services

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**

**Update Feb 2024**

This EIA has been produced to take account of the updated delivery phase of the Carers Strategy. It considers the impacts of the Carers Strategy Delivery Plan which goes to the Adult Health & Social Care Policy Committee for an update in March 2024.

The Carers Strategy takes a multi-agency approach and partners alongside SCC have actions in the Delivery Plan; these actions are driven by the 'Carer Principles' that were co-produced when refreshing the carers strategy. They tell us, what carers will say and what organisations will do if the strategy is working:

<b>Carers will say</b>	<b>Organisations will</b>
1. I have good quality information and advice which is relevant to me and the person I care for.	We will: <ul style="list-style-type: none"> <li>• Identify carers and understand that not all people in a caring role will recognise the term carer.</li> <li>• Link up carer registers across Sheffield to make carer identification more effective.</li> <li>• Be proactive, giving carers good quality information and advice when it is wanted or needed.</li> <li>• Give personalised information and advice that is specific to the carer and the person they care for.</li> </ul>
2. I know what my rights are and how to enforce them.  There are laws that help and protect me as a	We will: <ul style="list-style-type: none"> <li>• Make effective interventions at the right time to prevent, reduce or delay carers' needs developing/escalating.</li> <li>• Recognise carers' rights and support them</li> </ul>

<p>carer, and they cover things like:</p> <ul style="list-style-type: none"> <li>• Employment.</li> <li>• Protection from discrimination.</li> <li>• Right to education.</li> <li>• Social security benefits.</li> <li>• Assessment of my need(s).</li> </ul>	<ul style="list-style-type: none"> <li>• Balance caring with education/employment.</li> <li>• Avoid inappropriate caring.</li> <li>• Be involved in health/social care planning for the person they care for.</li> <li>• Arrange regular training for staff so they understand carers rights and know what support is available to carers.</li> <li>• Take a whole family approach to assessment and support. This will result in a holistic view of the needs of the cared-for person and their family/network of support.</li> </ul>
<p>3. The caring I do is valued and I am listened to. This includes:</p> <ul style="list-style-type: none"> <li>• My own needs, wants, opinions and feelings as a carer.</li> <li>• My needs, wants opinions and feelings when talking about the person I care for.</li> </ul>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Listen to carers and support them to participate in decision making with the person they care for.</li> <li>• Recognise and understand the importance of carers who are experts by experience.</li> <li>• Treat carers with dignity and respect.</li> <li>• Enable and empower carers to have a 'voice.'</li> <li>• Work with carers like they are partners in the delivery of health/social care.</li> <li>• Build relationships with carers, recognising that trust is earned. This is particularly important for organisations providing support to the cared-for person.</li> <li>• Help carers to reduce or stop their caring role when that is what the carer wants.</li> <li>• Consider different cultural and religious beliefs.</li> <li>• Co-design/co-produce support for carers with carers.</li> </ul>
<p>4. I have breaks from caring, meaning I have a life of my own and time for friends and family.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Signpost or provide carer break support.</li> <li>• Take a personalised approach, asking carers 'what matters to you?'</li> <li>• Be flexible, allowing carers to make best use of their time to give more scope for breaks</li> <li>• Encourage carers to get replacement care via an assessment of the person they care for.</li> <li>• Support carers to be digitally included to help keep in touch with friends and family.</li> </ul>
<p>5. My prospects in life are not affected due to me being a carer. I can access education, employment, and training.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Work together with the carer to raise aspirations and achieve the outcomes that matter to them in their lives. Recognising that this is especially important for young carers transitioning to adulthood.</li> </ul> <p>Be carer aware with carer friendly policies/processes e.g. flexible working.</p>

<p>6. I am supported to look after my mental/physical health and wellbeing.</p>	<p>We will:</p> <ul style="list-style-type: none"> <li>• Understand that caring can negatively impact on a person's health and wellbeing.</li> <li>• Promote self-care so carers are more actively interested in their own health.</li> <li>• Support carers to access services/groups that will promote health and wellbeing e.g. exercise groups/move more initiatives.</li> <li>• Proactively engage at risk groups including carers who are isolated or lonely.</li> </ul>
---	--

The delivery plan will also be shaped by the vision of the carers strategy. This says 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.'* This vision is echoed in *'Living the life you want to live,'* which says, *'Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.'*

The first, and most important step, in making this vision a reality is identifying carers. If we don't know who our carers are, then how can we value and support them? NHS England's Commitment to Carers (2014) states that *'It takes carers an average of two years to acknowledge their role as a carer. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care whether that relationship is as a parent, a son or daughter, or a friend.'* The identification and support of carers is the responsibility of all partners in the health, education, and social care systems. Though the Care Act/Children and Families Act (2014) duties apply primarily to local authorities, the Care Act and other relevant guidance applies to other partners e.g., NICE's ['Supporting Adult Carers'](#); this guidance is clear, detailing that carers should be identified and supported whilst in the health system. Supporting carers is also promoted via NHS England's ['Commitment to Carers'](#) and ['Supporting carers in general practice: a framework of quality markers'](#). [The Health and Care Act \(2022\) places a duty on hospital trusts to take any steps that it considers appropriate to involve carers, as soon as feasible when discharge planning. Health services are a essential partner for this delivery plan and this is underlined by NHS England's Commitment to Carers \(2014\) which states that '70% of carers come into contact with health professionals, yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%.'](#)

The delivery plan aims to identify more carers in the health and social care systems, in order to link them into support and achieve our vision and 'Carer Principles'.

## Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity



- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these – positives will be part of any mitigation. The action plan should detail any mitigation.

## Overview

### **Briefly describe how the proposal helps to meet the Public Sector Duty outlined above**

The proposal supports SCC’s responsibilities under the Public Sector Equality Duty, specifically in relation to people who share different protected characteristics:

For example, younger people, older people, people with a disability, people from different ethnic backgrounds who require care and will benefit from support to their carers (people who provide unpaid care).

The proposal also supports broader SCC equality priorities that go beyond legally defined protected characteristics: i.e. carers themselves will directly benefit, and there will be an impact on health, poverty and other areas of interest.

It is critical that we do what we can to support our carers; [Carers UK reported](#) that the financial impact of the Coronavirus pandemic has been even harder on under-represented groups and the ‘cost of living crisis’ will likely exacerbate the impact; this means, that existing social, economic and health inequalities could be further amplified and embedded.

## Impacts

### **Proposal has an impact on**

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

Give details in sections below.

## Health

**Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?**

Yes     No    *if Yes, complete section below*

### Staff

Yes     No

### Impact

Positive     Neutral     Negative

### Level

None     Low     Medium     High

## Details of impact

### Customers

Yes     No

### Impact

Positive     Neutral     Negative

### Level

None     Low     Medium     High

## Details of impact

In March 2021 the Department of Health and Social Care produced a report arguing that there is growing evidence to suggest that caring should be considered a social determinant of health. The report detailed the impact caring has both mentally and physically stating:

'The evidence available suggests that the consequences of caring for older people are not significantly different to the consequences of caring for other populations. The rapid review evidence indicates that carers of older people experience poor mental health, including anxiety and depression, alongside 'carer burden', stress and poor quality of life. This aligns with findings from previous research about the impact of providing unpaid care (for any population) on mental health.

The report goes on to say:

'...carers are at increased risk of illness, and specifically musculoskeletal conditions, cardiovascular disease, generalised cognitive deterioration and function, and poor sleep.'

The Delivery Plan will have a positive impact on carers' health. It will support carers being identified earlier, multiagency working i.e., Sheffield Teaching hospitals, Sheffield Integrated Commissioning

Board, Sheffield health and Social Care Trust and other partners working together in a strategic way to support carers.

The refreshed Carers Strategy and Delivery Plan both have health outcomes, focused on maintaining or improving the health of carers. They also focus on prevention and early intervention as well as health and wellbeing.

One of the aims of the Carers Delivery Plan is to identify more carers. Once identified partners can link carers into the Carers Centre. Evidence is clear that the Carers Centre has a positive impact on health and wellbeing. In 2023, 72% of carers said the Carers Centre had supported them with their emotional/mental wellbeing and 54% said the SCSS supported them in caring for their own physical health (based on 107 responses to the standard carer feedback survey questions)

### **Refresh Young Carer, Parent and Adult Carer Strategy Principles**

These Principles were co-produced with carers and professionals from organisations that typically interact with, or support carers. The Work on the Delivery Plan will use the updated 'Carers Principles' to maintain the momentum:

Principle 6 is 'I am supported to look after my mental/physical health and wellbeing.' Organisations that sign up to the strategy will be expected to:

- Understand that caring can negatively impact on a person's health and wellbeing.
- Promote self-care so carers are more actively interested in their own health.
- Support carers to access services/groups that will promote health and wellbeing e.g., exercise groups/move more initiatives.
- Proactively engage at risk groups including carers who are isolated or lonely.

### **Comprehensive Health Impact Assessment being completed**

Yes     No

*Please attach health impact assessment as a supporting document below.*

### **Public Health Lead has signed off the health impact(s) of this EIA**

Yes     No

**Health Lead**

## Age

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

Approximately 20% of carers in Sheffield are aged 65 and over and one in three are aged 50-65. We also know that carers are getting older (21% increase of carers aged 65+ from the 2001 to 2011 census).

The Delivery Plan will have a positive impact on those aged 65 and over as it will help support carers and as there are a disproportionate number of carers over 65, compared with the general population of Sheffield (approximately 15%).

## Disability

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

## Details of impact

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

## Details of impact

There are approximately 17,000 people in Sheffield who provide unpaid care who themselves have a long-term health problem. This includes approximately 7,000 carers whose day-to day activities are limited a lot, 50% of whom provide more than 50 hours of care per week.

We also know that young carers are more likely to have special educational needs or a disability than their peers.

The Carers Strategy and Delivery Plan will positively impact all carers, as one of the main aims is to identify more carers and provide them with support, including those with a disability.

## Race

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

## Details of impact

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

Approximately 11% of those caring in Sheffield are Black Asian Minority Ethnic (BAME). The Delivery Plan will have a positive impact on BAME carers. For example one of the delivery plan actions is:

'Monitor and continuously improve the carer support services delivered by Sheffield Carers Centre and Sheffield Young Carers, in partnership with unpaid carers

This will include monitoring our carers services to make sure they reflect our diverse population in Sheffield.'

### Sex

#### Staff

Yes       No

#### Impact

Positive    Neutral    Negative

#### Level

None    Low    Medium    High

### Details of impact

#### Customers

Yes       No

#### Impact

Positive    Neutral    Negative

#### Level

None    Low    Medium    High

### Details of impact

The carer support proposed will positively impact women, this is due to the makeup of the carer population in Sheffield – approximately 60% of carers are women and 40% are men. SCC needs to ensure that the carers we engage and support are reflective of the demographic profile in Sheffield to ensure equity. This will be done via SCC's equalities monitoring which is a standard part of contract monitoring.

Furthermore, a key aim of the delivery plan is to identify and support more carers. [Evidence](#) shows that typically, providing care is disproportionately done by women and girls. The delivery plan will help us identify more carers and therefore more women and girls who we can support.

## Carers

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

This is an opportunity to consider SCC employees within the broader aims of the strategy. Unpaid carers made up 18.6% of SCC's workforce in 2022-23 (the most recently available year). The delivery Plan has actions related to campaigning/awareness raising during Carers Week/Carers Rights Day. This includes messaging to our own staff, highlighting our carer support e.g. Employers for Carers/paid carers leave etc.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

SCC (and partners) are being responsive to needs of carers through the Delivery Plan and our response to the refreshed Carers Strategy 'Principles.' The Delivery Plan aims to drive activity and achieve outcomes for carers by clearly setting out the milestones/actions that our multi-agency partnership will be focusing on. For more information, please see the Committee Report and Appendix 1 of that report (which contains the Delivery Plan).

## Voluntary/Community & Faith Sectors

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

Sheffield Young Carers and Sheffield Carers Centre are VCS partners in the Delivery Plan. A proportion of their workforce are in a caring role, furthermore, both partners are part of the Sheffield VCS network and can support other organisations (including their staff) with identifying and supporting

**Customers** Yes     No**Impact** Positive    Neutral    Negative**Level** None     Low     Medium     High**Details of impact**

As above, the Delivery Plan will work with the VCS to raise carer awareness so that more of their customers who are carers are identified and supported.

**Cohesion****Staff** Yes     No**Impact** Positive    Neutral    Negative**Level** None     Low     Medium     High**Details of impact****Customers** Yes     No**Impact** Positive    Neutral    Negative**Level** None     Low     Medium     High**Details of impact**

Carers are an essential component to community cohesion. The care they provide, to some of the most vulnerable people in our society should be recognised and valued. The Delivery Plan will mean Sheffield continues to support our carers, for example by creating a joint health and care plan. This in return will help our health and social care systems and our communities, having a positive impact on cohesion.



## Partners

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

Several partner organisations are signed-up to the Delivery Plan and a multiagency approach, including Sheffield Teaching Hospitals, Sheffield Integrated Care Board, Sheffield Health and Social Care Trust, Sheffield Carers Centre, Sheffield Young Carers etc. It is vital we take a partnership approach to identify carers in the health, education and social care systems. The delivery plan encourages organisations to work together to recognise, value and support carers.

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

## Poverty & Financial Inclusion

### Staff

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

### Details of impact

### Customers

Yes  No

### Impact

Positive  Neutral  Negative

### Level

None  Low  Medium  High

## Details of impact

Carers can often be financially disadvantaged due to caring. This is due to things like carers reducing their hours at work, stopping working in order to provide care, finding it difficult to regain employment after taking time away from work etc. Carers UK states that Carers Allowance (for those caring for more than 35 hours per week) is the lowest benefit of its kind at only £76.75 per week (2023/24).

According to the Joseph Rowntree Foundation, 44% of working-age adults who are caring for 35 hours or more a week, are in poverty. Census 2021 data helps to give us an estimate of what that could be in Sheffield. There are 18,631 people (between 16-64) who are caring for either 20-49 or 50 plus hours per week. Of that population, approximately 8000 will be in poverty.

The cost of living crisis means that financial support has been vital strand of work in our delivery plan.

It is important that carers are given appropriate financial advice and guidance as well as financial support via benefits, grants and other hardship funds. The Delivery Plan and our carers support services will continue to tackle poverty and financial hardship.

Service delivery connected to the Delivery Plan encourages links with other organisations such as Citizens Advice Sheffield to ensure carers are maximising their income including claiming appropriate benefits such as carers allowance.

## Cumulative Impact

### Proposal has a cumulative impact

Yes  No

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

### *If yes, details of impact*

The development of the Delivery Plan follows the successful contracting with Sheffield Carers Centre and Sheffield Young Carers in 2021 to provide support to a wide range of unpaid carers.

The Delivery Plan builds on several strategies including The Young Carer, Parent and Adult Carer Strategy. This says 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.' This vision is echoed in 'Living the life you want to live', which says, 'Unpaid carers are recognised

for their expertise and supported to make the right choices for them and their family.' Our Delivery Plan for carers has been shaped by the vision and is helping us achieve its ambition.

The vision is centred around delivery of six Carer Principles; these provide the guidance our multi-agency partnership has followed to improve the lives of carers in our city. This delivery plan aligns with and adopts Commitment five of 'Living the life you want to live' which states we will 'Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city'.

**Proposal has geographical impact across Sheffield**

- Yes       No

*If Yes, details of geographical impact across Sheffield*

**Local Partnership Area(s) impacted**

- All       Specific

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

**Action Plan and Supporting Evidence**

**Action Plan**

Need to consider how to enhance communication to SCC's workforce – e.g. by intranet and other methods (e.g. supervision or team meeting prompts?)

**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**

The Delivery Plan is a mechanism to achieve aims set out in the Carers Strategy, which was subject to consultation and engagement. In addition, there is very close, ongoing engagement with partners through the Delivery Plan.

**Are staff who may be affected by these proposals aware?**

- Yes
- No

**Are customers who may be affected by these proposals aware?**

- Yes
- No

**If you have said no to either please say why**

**Summary of overall impact**

**Summary of overall impact**

In 2018 the Department of Health & Social Care produced the 'Carers Action Plan 2018-2020'. The document said that 'A sustainable social care system for the future is simply not possible without focusing on how our society supports carers'. Coronavirus has applied even more pressure to our health and social care systems in Sheffield; now more than ever, we need to care for our carers.

The Delivery Plan will have a positive impact across several areas outlined above and it will help support our carers. This is beneficial for our health and social care systems and our communities, as well as carers themselves.

**Summary of evidence**

**Changes made as a result of the EIA**

**Escalation plan**

**Is there a high impact in any area?**

Yes       No

**Overall risk rating after any mitigations have been put in place**

High     Medium     Low       None

### Sign Off

**EIAs must be agreed and signed off by an Equality lead Officer.  
Has this been signed off?**

Yes       No

Date agreed    21/11/2022      Name of EIA lead officer    Ed Sexton

Date reviewed    05/03/2024      Name of EIA lead officer    Ed Sexton

This page is intentionally left blank



## Report to Policy Committee

**Author/Lead Officer of Report: Rebecca Dixon, Service Manager Care Governance and Nicola Maskrey, Service Manager Strategy and Partnerships**

**Report of:** *Strategic Director adult Care and Wellbeing*

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

**Date of Decision:** *20<sup>th</sup> March 2024*

**Subject:** Adult Health & Social Care Strategy Delivery Plan and Performance Update

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(1148)</i>				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

**Purpose of Report:**

Sheffield's Adult Health & Social Care Strategy was approved by the Co-operative Executive on 16th March 2022. An operating model to deliver on the strategy was subsequently approved by the Adult Care Policy Committee in November 2022.

Following on from the Strategy Delivery Update provided in both September and December 2023, this paper:

- Provides a further scheduled update, aligned to our cycle of assurance, setting out our delivery progress and what's been achieved.
- Provides an overview of the draft CQC self-assessment for Adult Care, including the full assessment document as an appendix, and horizon scan.
- 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.

## Recommendations

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

1. Notes progress in delivering upon the Adult Care Strategy Living the Life You Want to Live.
2. Notes Adult Care and Wellbeing performance at February 2024 in relation to each of the Adult Care and Wellbeing priorities and our actions in response.
3. Notes the planned consultation and engagement on the CQC self-assessment and our preparations.

## Background Papers:

- Appendix 1 - Adult Care and Wellbeing Performance Dashboard February 2024.

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: <i>Kerry Darlow</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate: Rebecca Dixon and Nicola Maskrey
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Cllr Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Alexis Chappell</i>	<b>Job Title:</b> <i>Strategic Director Adult Care and Wellbeing</i>
	<b>Date:</b> <i>26 February 2024</i>	



## 1. PROPOSAL

- 1.1 As always, this report starts with recognition and gratitude for all those working in the adult social care sector, who continue to work together to support people stay safe, well and independent. Sheffield's Adult Health & Social Care Strategy focuses on five outcomes and makes six commitments as the guiding principles we will follow to deliver upon the outcomes.
- 1.2 Our focus is on the delivery of outcomes and working in genuine partnership with individuals, carers, those with lived experience, colleagues, and partners. Through our collaboration and engagement approach this will enable us to achieve positive outcomes through excellent quality social work and social care in the city for all citizens of Sheffield, including equity of access and experience.
- 1.3 This report provides a further update on delivery of our strategy and performance, following on from the update provided in December 2023. It also provides an update of national and local developments relating to Adult Care as a DASS update and our draft self-assessment for CQC alongside related preparations.

### 1.4 *Horizon Scanning*

- 1.4.1 We have continued to progress our delivery on our strategy and target operating model but at the same time horizon scan, reflect and learn and talk about some of our developments across England. This has included:
- ✓ - **Adult Social Care Conference** and event to 20th February as a key next step in promoting and building partnership and collaborative working across Sheffield. Over 200 of our staff attended alongside colleagues from across the social care sector to promote wider collaboration.
  - ✓ - **Research** - Development of a partnership with Sheffield University – Centre for Care to look at joint research and areas for development in the social care sector. This will be supported through our Chief

Social Work Officer and Principal Occupational Therapist in particular as we go ahead, with an annual workplan to be provided at next Committee.

- ✓ - **Innovation** – Continuing to embed our strategy and our shift towards earlier intervention, prevention, and independent living. This includes benchmarking, learning from events, and looking at good practice, taking time to look at research, reflect and learn from other areas and look at partnerships in social care to enrich our thinking and with that lay foundations for our plans for this year and going forward for Sheffield to flourish and achieve the very best for our citizens and our workforce.
  
- ✓ **Collaboration**: To further embed our commitment to partnership working and collaboration, we are co-developing an Adult Partnership Board to strengthen opportunities and build relationships across the wider health and social care system.
  
- ✓ **Integration**: Our work with the ICB in relation to the CQC assessment of Integrated Care Systems will enable us to further build integrated relationships across the health and social care system and build opportunities for further partnership working.

#### 1.4.2

Underpinning all of this is embedding a culture of empowerment, value, trust, and compassion across Adult Care and across all our workforce – both within Sheffield City Council and across all our providers, which enables everyone to feel engaged to lead and deliver excellent quality support which individuals and carers feel is positive. This will continue to be our key focus as an enabler across all our activities.

### 1.5

#### **ADASS Update**

#### 1.5.1

ADASS recently set out in [Time to Act: A Roadmap for Reforming Care and Support in England](#), that care and support for those of us who are older or disabled, who care or work in care, can be brilliant, but it's stretched ever more thinly. In our priority sessions in March, the plan will be to review the learning from the Roadmap to look at how we can champion care over the next year and bring back proposals in June 2024.

#### 1.5.2

The [ADASS submission to the Spring Budget Consultation 2024](#) puts forward some priorities for consideration in drawing up the Spring Budget that enables a shift towards investing in a range of services and supports aimed at enabling people to live as healthily and independently as possible, for as long as possible. The ADASS submission describes some of the investible propositions that should be part of that transition, including:

- Better support for unpaid carers.

- More reablement and rehabilitation.
- Good quality accessible, specialised and age friendly housing and accommodation.
- Stronger crisis resolution and recovery services; and
- Personalised information, advice and support that enables more people to live at home, or in a place they call home.

### 1.5.3

As with the learning from the Roadmap, during March we will look at learning and bring proposals in June to support and champion care delivery.

## 1.6 ***DASS and Strategy Update***

1.6.1 The Director of Adult Social Services (DASS) is a key role in ensuring that the voice of individuals, carers and communities are heard as well as promoting the voice of social care, social work, and the social model across a range of partnerships is heard.

1.6.2 Over the last few months, we have continued to embed our approaches to coproduction and engagement. This has included:

- Inviting key statutory partners, VCSE colleagues and commissioned providers to whole service events and strategic management meetings.
- Appointing two co-chairs from the autistic community to be our ambassadors and leaders and working with the Autism Partnership Board to place peoples views at the centre of driving change and setting up delivery groups to continue work on each of the strategic themes.
- Continued our proactive input into national forums in relation to hospital discharge and in particular taking forward approaches which Make Discharge Personal and focused on people's outcomes.
- Our Changing Futures programme has coproduction as a key priority, connecting workstreams across the city with people with lived experience, referred to as coproduction associates within the programme, and recognised as equal partners. Our coproduction associates are part of a National Expert Citizens Group in Sheffield, meaning Sheffield is now part of a national coproduction network informing the priorities in central government.

1.6.3 To both streamline and embed our approach with our governance going forward, our aim is to undertake an annual self-assessment based on the CQC assessment framework and principles. This will be fully aligned to the DASS (Director of adult social services) local account and annual

report, so it becomes part of core routine activity aligned to our annual business and strategic planning and performance reporting.

## **1.7 CQC Update: Preparations and Self-Assessment**

1.7.1 CQC have confirmed as indicated in our leaders briefing in January and to Policy Committee members that the financial position of Councils will not be considered as the focus of CQC will look at the delivery of our Care Act duties. CQC have also confirmed that they will escalate concerns to DHSC where they consider duties not being met. Due to this the following actions are underway as part of our preparations: -

- **Self-Assessment** - Completion of our self-assessment as to our strengths and areas of risk and challenge against the Quality Statements & our delivery on the Care Act and Local Authority Information Return (LAIR). The self-assessment and LAIR will be used by CQC as part of their evidence process and is required to be provided to CQC within 3 weeks of notification.
- **Consultation on Self-Assessment** - Engagement with Members, our workforce, colleagues across the Council, social care providers, VCSE, partners, HWBB on the self-assessment so that the self-assessment feels owned and reflective of everyone's views and enables a collaborative approach to both continuing to build on our strengths and developments to date and embedding a joined-up approach to response to risks and areas of joint challenge. As part of this joint sessions with ICS colleagues are being planned, given that CQC will assess both the ICS and Local Authority.
- **Risk Assessment** - A risk assessment in terms of our current position relating to Care Act duties delivery identified in our self-assessment and the resource, financial, legal implications where there are risks identified in relation to duties not being met and any mitigations/ modelling which can support. This particularly applies to issues reported previously to Committee (e.g. Assessment & Review Waits; Equipment & Adaptations, Quality of Care & Social Care Providers Oversight/ Engagement, Trajectory towards Fair Cost of Care, Leadership and Safeguarding Capacity to meet Demand).

1.7.2 Ensuring that the self-assessment is a document which fully reflects the views of partners, our workforce and those people who access care and support, their families, carers, and those with lived experience. The openness and transparency of this document, through challenge and additional scrutiny will ensure we present a true narrative to CQC which resonates and reflects the views of all to drive forward improvements in ASC. Equally this will ensure accountability to our partners and those who access and experience our services. To enable full and meaningful consultation, the self-assessment report will be available on the Council's website and *Have Your Say* consultation platform via the following link <https://www.sheffield.gov.uk/adultselfassessmentreport>.

1.7.3 Following the culmination of 12 months of development and scoping work, including active engagement and coproduction, our self-assessment for the CQC assessment of Adult Social Care in Sheffield is now in its final stages as a draft for consultation. The CQC Self-Assessment is structured around the themes which CQC will assess our delivery upon the Care Act 2014 duties, and aligned DASS duties, which are: -

- [Working with People](#) - This theme covers: assessing needs, planning, and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information, and advice, understanding, and removing inequalities in care and support, people's experiences, and outcomes from care.
- [Providing Support](#) - This theme covers market shaping, commissioning, workforce capacity and capability, integration, and partnership working.
- [Ensuring Safety](#) - This theme covers Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.
- [Leadership](#) – This theme covers strategic planning, learning, improvement, innovation, governance, management, and sustainability.

1.7.4 The narrative for each of these themes includes:

- A summary of how we are meeting the quality statements outlined by CQC for each theme.
- Our key performance and data in relation to this.
- Identified areas of both strengths and areas for improvement. These are all structured around our bold ambitions for the people of Sheffield, work we have undertaken and are developing for these areas, and our impact including the outcomes for people who access our services and those with lived experience.

1.7.5 From the point of receiving the notification of inspection from CQC, we will have 3 weeks to provide the Local Authority Information Return (LAIR) and our self-assessment. The assessment visit by CQC will take place approximately 6-8 weeks later, after this information has been received.

1.7.6 To develop their own learning and approach to assessment, CQC assessed five pilot Local Authorities in 2023. The learning from these pilots is focussed on:

- ***Integrated Working with Health and Our Partners*** - to enable challenges to be addressed such as discharge and mental health,
- Waiting lists and building capacity - this has been a huge area of

- focus for us as part of redesign and new ways of working,
- **Transitions** - partnerships between adult social care, children's services & health,
- **People Who Are Seldom Heard** -how are we engaging with those seldom heard,
- **Workforce** - focus on 'growing your own,' apprenticeships, and incentives,
- **Early Help and Prevention** - Delivery on Care Act 2014 Duties related to early help and prevention.

## 1.8 Adult Care Performance and Quality Update

- 1.8.1 When developing the Strategy and our accompanying future design, it was acknowledged that we needed to improve the outcomes, and 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.
- 1.8.3 Our Performance Framework and Cycle of Assurance were approved at Committee on 14th June 2023. Following this a performance dashboard has been implemented which aligns together National Adult Care Outcomes (ASCOF Measures), our I statement's 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 framework against the strategic outcomes set out in our Strategy *Living the Life You Want to Live*. The Adult Care Performance Dashboard for February 2024 is attached at Appendix 1.
- 1.8.4 The highlights from the Dashboard for this update highlight that Adult Care has key strengths in relation to:
- **Early Help and Prevention:** Our I-Statements results indicate a positive direction of travel and demonstrate we are on a much-improved trajectory. In addition, our dashboard demonstrates we are enabling individuals to live independently at home and upon discharge through our enablement, occupational therapy and first contact services. The % of people receiving support from First Contact that no longer need support has reduced but is likely as a result of increased demand and aim is to further focus on combing our early help offer aligned to our developments around occupational therapy noted at Committee in March 2024.
  - **Reducing waiting times for reviews:** We have continued to see a continued positive trajectory on reducing waiting times for reviews. In Quarter 2 2023/24 (Sept) this had risen to 68% and as of February 2024 this figure is now at 84%. This is a significant indicator because it tells us people are being seen, providing assurance on safety, that our care packages reflect need, peoples' outcomes are being delivered, and we are better able to prevent crisis and an escalation of need and cost. This improvement has led to other positive impacts

on financial assessments, equipment and adaptations, and safeguarding waiting times.

- **Equity of Access and Experience:** Our I-statement data from 2023, shows a positive trajectory of at least 5% across a range of indicators relating to equity of access, experience, and outcomes, including:
  - *Question 6.* I have a conversation with someone who understands me: 70.7% of people strongly agree / agree in 2023, which is a 5.8% increase from 2022.
  - *Question 9.* I know that I have some control over my life and that I will be treated with respect: 79.2% of people strongly agree / agree in 2023, which is an 8.5% increase from 2022.
  - *Question 15.* I am listened to and heard and treated as an individual: 71.8% of people strongly agree / agree, which is an increase of 5.3% from 2022.
  
- **Continuity of Care and Commissioning for Older People:** As of February 2024:
  - 8 out of 10 providers are rated as good or excellent,
  - Our homecare waits remain low including discharge from hospital.
  - 85% of people who use services say that those services have made them feel safe and secure. (ASCOF 4B).
  - We have care home sufficiency.
  - Sheffield has low numbers of provider failures and exits from the Market.
  - We have low numbers of embargoes and 0 regulation 28 reports.
  
- **Supporting Unpaid Carers:** We are referring 76% more Carers to the Carers Centre. At the end of December 2023, we had referred 779 (65 carers per month) set against the same figures in 2022 which were 443 (37 carers per month). 100% of carers asked said they were satisfied or very satisfied with the service they received. In addition, there is currently no wait for Carers who are high priority and require support urgently, and those with a lower priority waiting no more than 1 to 3 weeks.
  
- **Hospital Discharge:** Over the past two years, we have made significant progress to achieve our ambitions. Our daily reporting shows minimal waits for new home care support required for discharge, somewhere to assess and residential care beds, alongside good flow for our internal homecare provision. NHS England weekly reported performance data highlights Sheffield discharges more people home than regional and peer comparators and have reduced length of stay over 7 days (from 19% in 2021 to 12.4% March 2024 progress has been reported publicly and transparently through our committee system in February and June 2023, and January 2024, to enable us to build openness, transparency, and accountability within our approach.

## **Adult Care Strategy Next Steps**

### **1.9**

1.9.1 In April we will be hosting two system-wide workshops to bring partners together to look at our progress against the requirements of the Local Authority CQC assessment and review the Strategy Delivery Plan and Target Operating Model for Adult Care as part of our wider engagement activities.

1.9.2 In addition to this, we will be taking forward further scoping and development of how we ensure individuals, carers and those who are seldom heard voices are central to and drive our changes building on our learning and activities to date.

1.9.3 It's aimed by taking this approach that, we are able to ensure that our self-assessment, strategy delivery plan and next steps in relation to our Target Operating Model are cohesive and focused on how as a partnership we can collectively enable people to live the life they want to live.

1.9.4 In preparation for the workshops, we are currently reviewing progress made against the Strategy Delivery Plan since September 2023. This will help to frame discussions and provide an opportunity to review and update the proposed priorities for 2024 – 2026 with partners. As the monthly performance update demonstrates, we have broadly continued to show an improvement in services in line with our commitments in the Directorate Plan.

1.9.5 Examples in practice include:

- The launch of the refreshed of the Learning Disabilities Partnership Board, in December 2023 which is co-chaired with a person with a learning disability. The commissioning report provides a further update regard transforming our approach to care homes, short breaks and accommodation with care in particular at March Committee.
- In terms of improving our Financial Resilience, the Joint Efficiencies Group is now putting together nine key lines of enquiry which set out how closer working between health and social care can generate efficiencies for both. The Financial Recovery report provides further update at March Committee.
- For Safeguarding, a monthly agenda item on safeguarding performance is now included at the Directors Leadership Team. The second phase of Safeguarding Audits has been completed, which teams have found helpful in reflecting on practice. Modern Slavery training is now mandatory for all staff. The Safeguarding Delivery report provides a further update at March Committee.

1.9.6 We are continuing to strengthen partnerships across the Care and Wellbeing. A working group has formed to co-develop a Partnership and



Innovation Board including key VCS and Community Organisations, Care Providers, Skills for Care, and the University of Sheffield's Centre for Care. The aim of the Board is to facilitate collective voice and opportunities for collaboration and innovation and build capacity in the system.

1.9.7 Following the April partnership workshops, in May we are also launching a year-long programme of system-wide workshops for Care and Wellbeing, for partners to collaborate on key issues and opportunities in the City. The proposed themes for the workshops are:

- Disability Friendly City
- Dementia Friendly City
- Carers Friendly City
- Autism Festival
- Care Delivery – Our Care at Home and Care Homes
- Early Help and Prevention
- Celebrating our Workforce
- Climate Change

1.9.8 The themed workshops will link to the quarterly Whole Service Events and will provide an opportunity for a deeper examination of what we could aspire to achieve for each theme through partnership working, where collectively we already have strengths – strategic and operational, where there are opportunities for stronger collaboration or innovation, and where more development is needed.

1.9.9 We expect that in addition to strengthening partnership working in the city, the workshops will influence strategy and contribute to improvements, efficiencies, and innovation in delivery for all partners.

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

2.1.1 This report contributes to delivery upon Social Care outcomes as set out in the Adult Social Care Strategy *Living the Life You Want to Live* – note the strategic outcomes it relates to (Safe and Well, Connected and Engaged, Active & Independent, Inspire and Achieve, Efficient and Effective)

2.1.2 This proposal directly supports the future design of Adult Care (operating model) which is rooted in improving the experience and outcomes of people through the care system and maximising their independence and health wherever possible.

2.1.3 Organisational Strategy *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. 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 for adults in Sheffield'. The Delivery Plan update augments this with further detail on how the outcomes were achieved.

2.1.4 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 City Goals](#): - A Creative & Entrepreneurial Sheffield, A Sheffield of thriving communities, A connected Sheffield, A Caring and Safe Sheffield, A Sheffield for All Generations
- [The Council Plan](#): *Outcome 3: People live in caring, engaged communities that value diversity and support wellbeing; Outcome 4: A creative and prosperous city full of culture, learning, and innovation*

2.1.5 Our self-assessment for CQC is a review of the current position of ASC in Sheffield which aims to reflect the views and experiences of our staff, partners and people who access care and support, their families, carers, and those with lived experience.

2.1.6 Our intention is that by having an open and transparent narrative, the feedback and further co-production work this will activate, will enable us to make improvements which mean everyone in Sheffield can access the care and support they need, when they need it, irrespective of their individual circumstances, ensuring equity of access, experience, and outcomes for all.

2.1.7 To appraise our performance and delivery of the areas of improvement identified in the self-assessment, and wider performance framework, we will consider the following three core elements:

- ✓ **Our self-assessment**: what we know and regard as our strengths, areas of challenge and improvement and opportunities.
- ✓ **What the data tells us**: Our performance information, including dashboard reports, ASCOF measures, key performance indicators (KPIs), benchmarking, workforce surveys, I-statements, compliments, and complaints.
- ✓ **What people tell us**: our partners from statutory sectors, VCSE and commissioned providers; people who access and use our services, their families, carers, and those with lived experience.

2.2.4 The voice of people who use our services, their families, carers, and those with lived experience, are a vital component to driving forward improvements, because they are the best placed to tell us about their experience of the care and support, we deliver. By triangulating the outcomes from these core elements, we will be able to assess the impact of our coproduction and engagement activity.

2.3.1 In addition to ensuring our Strategy Delivery Plan continues to be

relevant to current and projected needs and aspirations, working with partners on our CQC Self-Assessment, establishing the broader Partnership workshops and board, as well as our continued commitment to coproduction with citizens, will further strengthen collaboration and relational working in Adult Care and Wellbeing, in line with all three of the Council Values.

- 2.3.2 By working with partners throughout we can maximise opportunities for addressing the climate emergency, adapting our city and council for a changing climate, and reducing emissions to achieve our ambition to be a net zero city by 2030. In addition, a dedicated partnership workshop on Climate will provide a space to reflect on progress so far, and identify key priorities and actions to take forward.

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

- 3.1 The production of our self-assessment for CQC is the culmination of 12 months' work, developing our narrative, seeking external challenge on our performance including peer challenge and internal audit, embedding a robust performance framework, and ensuring it reflects the feedback and experiences of people who access care and support from our services, alongside our workforce.

- 3.1.1 Our key next step as part of our preparation for CQC in ACW has been to distribute the draft document to elected members, our partners and workforce. Alongside this by making this document openly available in the public domain we endeavour to gain further insight and feedback from the citizens of Sheffield. In addition to this we are hosting a series of workshops with staff and partners across all sectors to further test our narrative to ensure it is a collaborative document encompassing the views, perspectives, and experience of all.

- 3.1.2 Going forward, as part of the annual review of our self-assessment, our intention is to firmly embed this within our performance framework and actively seek opportunities to share and develop with the people that access our services, their families, and carers, alongside those with lived experience.

- 3.1.3 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 co-developing mechanisms so that people with lived experience are equal partners in the delivery of our strategic plan, building further on our lessons from our festival of involvement undertaken throughout the summer 2023.

- 3.1.4 Our commitment to coproduction and collaboration is further reinforced in the Council's corporate plan 2024-2028, which includes a core mission statement of "Together we get things done".

## **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](#). The additional detail in this Strategy Delivery Plan does not alter this assessment, although does add a layer of detail.

4.1.2 The self-assessment for CQC adds further detail to our delivery and performance against the strategic outcomes and priorities outlined in our delivery plan. Core to the self-assessments the principle of coproduction and engagement to ensure it provides a transparent and honest account of Adult Social Care, which reflects the views and experiences of the people who use and access our services, their families, carers, and those with lived experience,

### **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](http://sheffield.gov.uk)) and is closely aligned with the budget strategy. The additional detail in this Strategy Delivery plan does not alter this strategy, although does add a layer of detail. 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 Delivery Plan makes specific reference to ensuring a focus on Climate Change – both in terms of an ambition to contribute to net zero as well as adapt to climate change. Elements of the Strategy Delivery Plan with a significant climate impact, have and will continue to complete a detailed climate impact assessment to inform plans and decision making.

4.4.2 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

4.4.3 The Climate Impact Assessment for Recommissioning Homecare Services A Climate Statement has been drafted on behalf the Committee and was approved at Strategy and Resources Committee on 14th December 2023 along with all Committee statements. Delivery upon the statement will be provided as core to our strategy delivery and DASS updates for assurances.

#### **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 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 going forward.

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.

- 5.3 ***Do not share the ACW CQC Self-Assessment with partners and in the public domain*** - To not share the self-assessment and ask for comment would go against the approach and principles we are embedding as business as usual in Adult Care. To have both credibility and relevance, it is vital that this is a report which provides an honest and transparent narrative for adult social care informed by the voices and experiences of staff, partners, commissioned providers, VCSE, and the people who access our services, their families, carers, and those with lived experience.

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1 Asking for regular updates and refreshes of the Strategy Delivery 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.
- 6.2 Asking for regular updates and refreshes of the CQC self-assessment, including wider assessment preparations and communications will enable Committee to have oversight and assurance that Adult Care know themselves and are able to drive forward service improvements, alongside the assurance that we are well prepared for the CQC assessment process.
- 6.3 Ensuring that the self-assessment is a document which fully reflects the views of partners, our workforce and those people who access care and support, their families, carers, and those with lived experience. The openness and transparency of this document, through challenge and additional scrutiny will ensure we present a true narrative to CQC which resonates and reflects the views of all to drive forward improvements in ASC. Equally this will ensure accountability to our partners and those who access and experience our services.
- 6.4 Noting the performance update, enables Committee to undertake scrutiny of Adult Care performance including strengths and areas for prioritisation.

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)				
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Yorkshire & Humber	Peer Group	England Average	
<b>Safe and Well</b> (Priorities - Safeguarding, Quality of Care) <b>Page 215</b> (Prevention of Admission/ Timely Discharge)	<b>Priority 1 - Safeguarding</b>											
	Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor	Assistant Director Access, Mental Health and Wellbeing	Decreased	1280	22/23	1354		1694	1415	1313	
	Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital)	To Monitor		Decreased	291	22/23	342		550	642	387	
	Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital)	To Monitor		Increased	84%	22/23	81%		95%	95%	91%	
	DoLS Applications received per 100,000 Adults (NHS Digital)	To Monitor		Decreased	481	22/23	584				601	
	Number of DoLS applications not completed at end of reporting year	To Monitor		Decreased	850	22/23	Mar 22: 1365		717	791	829	
	Number of S117 aftercare arrangements (SCC Data)	To Monitor		Increased	810	Feb-24	745					
	Number of Guardianship Orders (SCC Data)	To Monitor		n/a	0	Feb-24	New measure					
	Number of Community Treatment Orders (SCC Data)	To Monitor		n/a	63	Feb-24	New measure					
	Number of Regulation 28 (Prevention of Future Deaths) Reports (SCC Data) (Rolling 12 months)	To Monitor		Same	0	Feb-24	0					
	Number of SARs (Rolling 12 months) (SCC Data)	To Monitor		Increased	15	Feb-24	6					
	Number of DoLS awaiting allocation (new and renewal) (SCC Data)	0		Increased	1351	Feb-24	1079					
	Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (SCC Data)	95%		Same	100%	Feb-24	100%					
	% referrers who received feedback about a safeguarding referral from Adult Care (SCC Data)	95%		Increased	92%	Feb-24	74%					
	% Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries)	95%		Increased	96%	Feb-24	95%					
	Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries)	95%		Decreased	91%	Feb-24	93%					
	Median number of days to complete Safeguarding initial response	1	Increased	1	Feb-24	0						
	Median number of days to complete S42 Safeguarding enquiries, noting exceptions where Making Safeguarding Personal principles and circumstances apply.	28	Same	70	Feb-24	68						
	<b>Priority 2 – Quality, Continuity and Sustainability of Care</b>											
	ASCOF 1A: Social care-related quality of life score (based on several questions)	20	Assistant Director Commissioning (Quality) and Chief Social Work Officer	Increased	18.5	22/23	17.5		18.8	19.2	18.7	19
	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	0.40	22/23	0.32		0.4	0.4	0.4	0.4
	People who use services who feel safe. (ASCOF 4A)	85%		Increased	66.6%	22/23	56.9%		68.1%	71.9%	68.3%	70.0%
	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%		88.3%	88.7%	87.9%	86.7%
	ASCOF 3A: Overall satisfaction of people who use services with their care and support	85%		Same	58.3%	22/23	58.7%		61.3%	65.8%	61.5%	64.3%
	% regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain	100%		Increased	85%	Feb-24	83%		77%	77%	77%	80%
	% of Regulated Care – Care Homes - rated good or outstanding (SCC Data)	100%		Decreased	84%	Feb-24	87%		77%	78%	78%	80%
	% of Regulated Care – Community based services – rated good or outstanding (SCC Data)	100%		Increased	86%	Feb-24	80%		80%	83%	81%	85%
	% Care Home Bed Occupancy	85%		Increased	89%	Feb-24	86%			88%		89%
	Home care waiting list (people) (Based on daily referral rates) (SCC Data)	10		Decreased	52	03/03/2024	Mar 21 = 71					
	% adults receiving long term support who had an annual review.	80%		Increased	78%	Feb-24	43%					
	Median number of days to determine if support is needed (Rolling 12 month)	28		Increased	30	Feb-24	23					
	Median number of days to put support in place (Rolling 12 month)	28		Decreased	7	Feb-24	14					
	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		Increased	72.4%	23/24	61.9% 22/23					
	I feel safe and well.	New Measure		n/a	72.4%	23/24	New measure					
	% of domiciliary care staff with face-to-face contact absent due to Covid-19 – Capacity Tracker	To Monitor		Decreased	0.7%	Jan-24	Oct 21 0.8%			0.5%		0.4%
	Number of domiciliary care staff with face-to-face contact employed – Capacity Tracker	To Monitor		Increased	4803	Jan-24	Oct 21 - 3232					
	% of Care home staff absent due to Covid-19 - Capacity Tracker	To Monitor		Decreased	0.1%	Jan-24	Oct 21 - 0.5%			0.1%		0.2%
	Number of directly employed care home staff - Capacity Tracker	To Monitor		Increased	5408	Jan-24	Oct 21 - 4049					
	Contracts handed back early to the local authority by providers (Rolling 12 months) (SCC Data)	To Monitor		n/a	4	Feb-24	New measure					
	Number of Providers decommissioned within contract term (Rolling 12 months) (SCC Data)	To Monitor		n/a	2	Feb-24	New measure					
	Local authority commissioning embargoes (Rolling 12 months) (SCC Data)	To Monitor		n/a	10	Jan-24	New measure					

These measures are local to Sheffield and not benchmarked at this time

These measures are local to Sheffield and not benchmarked at this time

These measures are local to Sheffield and not benchmarked at this time

Performance Indicator and Outcome					Latest Adult Care Position				Benchmarking (Where Available)			
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Yorkshire & Humber	Peer Group	England Average	
Safe and Well (Priorities - Safeguarding, Quality of Care, Prevention of Admission/ Timely Discharge)	<b>Priority 3 – Prevention of Admission and Hospital Discharge</b>											
	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	85%	Operations Director and Assistant Directors Living and Ageing Well	Increased	85.2%	Q3 23/24	80.5%	81.80%	83.00%	81.20%	82.90%	
	ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.	6%		n/a	6.4%	22/23	6.1%	5.2%	2.1%	4.6%	3.3%	
	% acute hospital beds occupied by those medically fit for discharge for over 7 days (NHS England Data)	10%		Decreased	12.4%	03/03/2024	19.0%		11.8%		12.9%	
	Number of referrals for unpaid carers support by hospital services (STIT/ Social Work). (Rolling 12 month)	250		Increased	423	Jan-24	2022 = 88	These measures are local to Sheffield and not benchmarked at this time				
	Number of referrals to Home First service (rolling 12 month)	To Monitor		Increased	807	Feb-24	2022 = 579					
	Number of S42 enquires undertaken in hospital setting (rolling 12 month)	To Monitor		Increased	166	Feb-24	111					
	Proportion of individuals lacking capacity who were supported by an advocate, family member or friend in a hospital setting only (CQC)	100%		Same	100%	Feb-24	100%					
Aspirations and Engaged – (Priorities – Unpaid Carers, Early Intervention & Community Resilience and Citizen Leadership & Personalisation)	<b>Priority 4 – Unpaid Carers</b>											
	ASCOF 1C(2B): The proportion of carers who receive direct payments	To Monitor	Deputy DASS (Operations) and Assistant Director Adult Commissioning (Quality)	Increased	36.9%	22/23	18.6%	81.2%	81.6%	78.2%	79.5%	
	ASCOF 1C(1B): The proportion of carers who receive self-directed support	100%		Same	100%	22/23	100%	97.6%	89.7%	98.8%	91.6%	
	ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would like	50%		Increased	33.1%	23/24	30.9%	26.7%	31.2%	27.5%	28.0%	
	ASCOF 3B: Overall satisfaction of carers with social services	85%		Decreased	31.2%	23/24	34.7%	33.7%	37.7%	35.1%	36.3%	
	ASCOF 1D: Carer-reported quality of life (OFLOG)	7.5		Increased	7.4	23/24	7.3	7	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	85%		Increased	66.7%	23/24	62.4%	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)	80%		Increased	56.0%	23/24	53.3%	52.3%	56.3%	56.5%	57.7%	
	New referrals to the Sheffield Carers Centre	To Monitor		Increased	554	In Q3 2023	2022=1828	These measures are local to Sheffield and not benchmarked at this time				
	New referrals to the Sheffield Carers Centre made by adult social care	500		Increased	182	In Q3 2023	2022=458					
	No. Assessments by Carers Centre- Tier 1	500		Increased	171	In Q3 2023	2022=442					
	No. Assessments by Carers Centre- Tier 2	40		Increased	17	In Q3 2023	2022=29					
	No Carers Support Plans in Place	To Monitor		Increased	155	Sep-23	Mar23:133					
	I am connected and engaged with my community	New Measure		n/a	41.3%	23/24	New Measure					
	I have aspirations in my life and achieve my goals	New Measure		n/a	39.5%	23/24	New Measure					
	I have balance in my life, between being a parent, friend, partner, carer, employee.	New Measure		Increased	51.2%	23/24	47.9% 22/23					
Intervention & Community Resilience and Citizen Leadership & Personalisation)	<b>Priority 5 – Citizen Leadership, Involvement and Personalisation</b>											
	ASCOF 1B: The proportion of people who use services who have control over their daily life.	85%	Assistant Directors Living and Ageing Well Long-Term Support  Assistant Director Access, Mental Health and Wellbeing  Assistant Director Adult Future Options  Assistant Director Commissioning	Increased	75.6%	22/23	68.1%	75.7%	77.6%	74.8%	77.2%	
	ASCOF 1C(2A): The proportion of people who use services who receive direct payments	33%		Decreased	31.9%	22/23	34.5%	24.7%	26.7%	26.1%	25.9%	
	ASCOF 1C(1A): The proportion of people who use services who receive self-directed support	100%		Same	100%	22/23	100%	88.0%	97.1%	91.3%	93.9%	
	ASCOF 1I (1): The proportion of people who use services who reported that they had as much social contact as they would like	40.6%		Increased	41.1%	22/23	36.5%	44.0%	46.3%	42.9%	44.2%	
	I feel that I have a purpose.	New Measure		Increased	56.3%	23/24	54.0% 22/23	These measures are local to Sheffield and not benchmarked at this time				
	I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself.	New Measure		Increased	66.7%	23/24	57.8% 22/23					
	I am listened to and heard and treated as an individual.	New Measure		Increased	71.8%	23/24	66.5% 22/23					
	I know that I have control over my life, which includes planning ahead.	New Measure		Increased	61.8%	23/24	60.8% 22/23					
	I know that I have some control over my life and that I will be treated with respect	New Measure		Increased	79.2%	23/24	70.7% 22/23					
	I can make a choice on whether I move into a care home, and where and with whom I live.	New Measure		Decreased	64.3%	23/24	65.5% 22/23					
	I can manage money easily and use it flexibly.	New Measure		Increased	48.9%	23/24	47.2% 22/23					
	When I need support, it looks at my whole situation, not just the one that might be an issue at the time.	New Measure		Increased	61.9%	23/24	52.5% 22/23					
We start with a positive conversation, whatever my age.	New Measure	Increased		72.4%	23/24	63.2% 22/23						
I only tell my story once unless there are changes to 'what matters to me'	New Measure	Increased	55.6%	23/24	44.8% 22/23							



Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)							
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Yorkshire & Humber	Peer Group	England Average				
Page 217 Mental Health	<b>Priority 6 – Early Intervention, Prevention and Community Resilience</b>			Assistant Director Access, Mental Health and Wellbeing and Assistant Director Living and Ageing Well Short-Term Support											
	ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG)	67%			Increased	50.8%	22/23	48.1%	63.8%	68.9%	69.4%	75.8%			
	ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG)	64.60%			Increased	63.1%	22/23	60.1%	64.5%	69.2%	65.5%	67.6%			
	Number of contacts to First Contact (Rolling 12 Month Total)	To Monitor			Increased	22,351	Feb-24	17,452	These measures are local to Sheffield and not benchmarked at this time						
	% increase in referrals to First Contact (Rolling 12 month)	To Monitor			n/a	6%	Feb-24	27%							
	% of people referred to First Contact who did not require long term support	67%			Decreased	52%	Feb-24	58%							
	% of people referred back to Adult Social Care within 3 months (First Contact)	To Monitor			Increased	38%	Feb-24	28%							
	% of people referred back to Adult Social Care within 6 months (First Contact)	To Monitor			Increased	40%	Feb-24	36%							
	Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days)	250			Decreased	1087	Feb-24	2115							
	Number of referrals to Occupational Therapy (Rolling 12-month total)	To Monitor			Increased	8195	Feb-24	3852							
	% Increase in referrals to Occupational Therapy Annually	To Monitor			Increased	102%	Feb-24	11% 22/23							
	% equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day)	98%			Increased	99.95%	Feb-24	98.6%							
	The system is easy to navigate. I know how and where I can get the support I need when I need it.	New Measure			Increased	28.3%	23/24	26.3% 22/23							
	I know what services are available and can make informed decisions.	New Measure			Increased	49.6%	23/24	36.4% 22/23							
	I know where to go and get help.	New Measure			Increased	61.6%	23/24	51.1% 22/23							
	I know what services and opportunities are available in my area.	New Measure			Increased	47.4%	23/24	43.4% 22/23							
	I can have fun, be active, and be healthy.	New Measure			Increased	55.6%	23/24	42.5% 22/23							
	I am confident to engage with friends/support services.	New Measure			Increased	66.8%	23/24	64.8% 22/23							
	<b>Priority 7 - Living and Ageing Well (Support to Adults Aged Over 65)</b>				Assistant Director Living and Ageing Well Long Term Support										
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.	683		Increased	684		Rolling 12 month to Jan 24	659	754					644	647	571
% Adults aged over 65 receiving services who are living at home.	85%		Same	70%		Jan-24	70%	63%					59%	63%	62%
Adults aged over 65 receiving Community Support per 100,000	3000		Increased	3201		22/23	3109	3000					2037	2641	2132
I am active and independent	New Measure		n/a	45.7%		23/24	n/a	These measures are local to Sheffield and not benchmarked at this time							
% adults receiving long term support who had an annual review.	80%		Increased	84%		Feb-24	42%								
Number of Reviews Completed (rolling 12 months)	4300		Increased	5598		Feb-24	2664								
Median no. of days to determine if support needed for Adult's aged over 65 noting exceptions where personal circumstances apply. (Rolling 12 month)	28		Increased	27		Feb-24	22								
Median no. of days to put support in place for Adult's aged over 65. (Rolling 12 month)	28		Decreased	6		Feb-24	13								
Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults aged over 65	150		Decreased	286		Feb-24	454								
Number of people aged over 65 waiting over 6 months for an assessment	0		Decreased	2		Feb-24	7								
Number of people aged over 65 waiting over 3 months for an assessment	0		Decreased	4		Feb-24	74								
Number of out of area placements (out of South Yorkshire and Derbyshire)	To Monitor		Decreased	15		Feb-24	16								
Number of out of area placements (out of Sheffield)	To Monitor		Decreased	47		Feb-24	58								

Performance Indicator and Outcome				Latest Adult Care Position				Benchmarking (Where Available)				
Strategic Outcome	Performance Indicator	Milestone	Delivery Lead	Direction of Travel	Current Position	Latest Period Available	21/22 Position Baseline	Core Cities Mean	Yorkshire & Humber	Peer Group	England Average	
Active Independent – (Priorities – Living & Ageing Well, Disability Friendly City)	<b>Priority 8 - Wellbeing, Mental Health and Recovery (Support to Adults Aged 18 – 64 with a Mental Health Condition)</b>											
	ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support.	32%	Assistant Director Access, Mental Health and Wellbeing	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	6%		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.	13.5		Increased	22.4	Rolling 12 month to Jan 24	17	18	16.8	17.7	14.8	
	% adults receiving services who are living at home.	85%		Increased	79%	Feb-24	76%	These measures are local to Sheffield and not benchmarked at this time				
	% adults receiving long term support who had an Annual Review.	80%		tbc	New Measure	Feb-24	New Measure					
	Number of Reviews Completed (rolling 12 months)	New Measure		tbc	New Measure	Feb-24	New Measure					
	Median no. of days to determine if support needed noting exceptions where personal circumstances apply (Rolling 12 month)	28		n/a	56	Feb-24	New Measure					
	Median no. of days to put support in place (Rolling 12 month)	28		n/a	28	Feb-24	New Measure					
	Number of people awaiting an assessment for long term support (Based on average referral rate per month)	50		n/a	40	Feb-24	New Measure					
	Number of people waiting over 6 months for an assessment	0		n/a	19	Feb-24	New Measure					
	Number of people waiting over 3 months for an assessment	0		n/a	28	Feb-24	New Measure					
	Number of out of area placements (out of South Yorkshire and Derbyshire)	To Monitor		Decreased	14	Feb-24	21					
	Number of out of area placements (out of Sheffield)	To Monitor		Decreased	36	Feb-24	40					
	<b>Priority 8 – Adult Future Options/ Disability Friendly City (Support to Adults with a Disability aged 18 – 64)</b>											
	ASCOF 1E: The proportion of adults with a learning disability in paid employment	4.80%	Assistant Director Adult Future Options	Decreased	3.3%	22/23	3.6%	3.3%	4.8%	4.4%	4.9%	
	ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family.	78%		Decreased	68.9%	22/23	72.9%	78.0%	80.3%	80.2%	81.4%	
	% adults receiving long term support who had an annual review.	80%		Increased	78%	Feb-24	43%	These measures are local to Sheffield and not benchmarked at this time				
	Number of Reviews Completed (rolling 12 months)	2000		Increased	2340	Feb-24	1367					
	Median no. of days to determine if support needed noting exceptions where personal circumstances apply. (Rolling 12 month)	28		Increased	42	Feb-24	34					
	Median no. of days to put support in place (Rolling 12 month)	28		Increased	28	Feb-24	22					
	Number of people awaiting an assessment for long term support (Based on average referral rate per month)	150		Increased	321	Feb-24	279					
	% adults receiving services who are living at home.	85%		Increased	91%	Feb-24	89%					
	Number of people waiting over 6 months for an assessment	0		Decreased	1	Feb-24	2					
Number of people waiting over 3 months for an assessment	0	Decreased		9	Feb-24	47						
Number of Out of Area Placements (out of South Yorkshire and Derbyshire)	To Monitor	Decreased		51	Feb-24	55						
Number of Out of Area Placements (out of Sheffield)	To Monitor	Increased		159	Feb-24	157						
<b>Priority 9 – Valued Workforce</b>												
ASC Staff Turnover Rate – Sector Wide	25%	Chief Social Work Officer and Assistant Director Commissioning		Increased	37.0%	22/23	32.6%		29.9%		28.3%	
ASC Sickness Days Lost – Sector Wide	6		Decreased	8	22/23	9.9		6.9		5.9		
Number of Posts in Adult Care Across Sector	To Monitor		Increased	17.5	22/23	16.5				1.79m		
% of Posts in Independent Sector Providers	To Monitor		Decreased	77%	22/23	80%						
% of Posts working for direct payment recipients	To Monitor		Decreased	11%	22/23	12%						
Proportion of workforce on zero-hour contracts	20%		Same	25%	22/23	25%		18%		22%		
% workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield	26%		Increased	25%	22/23	16%		12%		26%		
Economic Contribution of Adult Care Workforce (Gross Value Added)	To Monitor		n/a	NA	22/23	£480m		£331m		£51.5 billion		
<b>Priority 10 – Effective Governance &amp; Financial Resilience</b>												
Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over	£1,120		Assistant Director Care Governance	Lower	£1,044	22/23	£1,129	£1,162				
Gross expenditure (long term care £000s) per 100,000 18+ population	To Monitor	Higher		£43,772	22/23	£41,895	£41,810	£40,252	£35,196	£40,747		
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					



## Report to Policy Committee

**Author/Lead Officer of Report:**  
**Catherine Bunten – Assistant Director Adult Commissioning and Partnerships**

<b>Report of:</b>	Strategic Director Adult Care and Wellbeing
<b>Report to:</b>	Adult Health and Social Care Committee
<b>Date of Decision:</b>	20 <sup>th</sup> March 2024
<b>Subject:</b>	Adult Care & Wellbeing: Market Sustainability & Commissioning Update

Has an Equality Impact Assessment (EIA) been undertaken?      Yes  No

If YES, what EIA reference number has it been given? **2632**

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 provide Committee with an update on Adult Care and Wellbeing Commissioning programmes in 2023/24, and priorities in 2024/25.

The report seeks to provide assurance on how we are delivering our market sufficiency responsibilities as set out in the Care Act 2014, covering achievements and planned activity to improve sufficiency, stability, and quality assurance.

## **Recommendations:**

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

1. Note the trajectory towards the Fair Cost of Care, and proposals for future work.
2. Note progress with commissioning programme and priorities for 2024/25.
3. Note the Market Oversight and Assurance position at year end, and the establishment of the Monitoring Advisory Board
4. Note the approach to engagement and partnership working with Providers, and Voluntary, Community and Faith sector.
5. Note that the next Commissioning update will focus on Adult Care and Wellbeing Quality Assurance.
6. Requests that the Strategic Director Adult Care and Wellbeing continue to bring regular updates to the Adult Health and Social Care Policy Committee.

## **Background Papers:**

- [Adult Care & Wellbeing Market Sustainability and Commissioning Update and Approval of 24/25 Care Fees](#), 13<sup>th</sup> December 2023
- [Adults with a Learning Disability Strategy and Adult Future Options Transformation Plan](#), 20<sup>th</sup> September 2023
- [AHSC Policy Committee Report: Market Sustainability: Adult Social Care Fee Rates 2023/24](#), 16<sup>th</sup> March 2023
- [Home Care: Care and Wellbeing Service Contract & Discharge Provision](#), 20<sup>th</sup> September 2023
- [Adult Care and Wellbeing Governance, Assurance, and Performance Framework](#), 14<sup>th</sup> June 2023
- [Adult Care Providing Support, Market Sustainability Commissioning Plan 2023-2025](#), 14<sup>th</sup> June 2023
- [ASHC Policy Committee Report: Transforming Care Homes for Citizens of Sheffield](#), 8<sup>th</sup> February 2023
- [Market Oversight and Sustainability: Adult Social Care](#), 8<sup>th</sup> February 2023

**Appendices:**

Appendix 1: Care and Wellbeing Service

Appendix 2: Adult Care and Wellbeing Commissioning Priorities 2024/25

Appendix 3: Market Sustainability Delivery Plan

Appendix 4: EIA

<b>Lead Officer to complete: -</b>		
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: <i>Kerry Darlow</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate: <i>Catherine Bunten</i>
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell</i>
3	<b>Committee Chair consulted:</b>	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Catherine Bunten</i>	<b>Job Title:</b> <i>Assistant Director Commissioning and Partnerships</i>
	<b>Date:</b> <i>11/03/24</i>	

## 1. PROPOSAL

- 1.1 Our Adult Health and Social Care vision, set out in Sheffield's [Adult Health and Social Care Strategy](#), is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.
- 1.2 The proposals in this report align with our vision and primarily support the delivery of Commitment 6: 'We will make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality' and priority 3: Quality and Continuity of Care.
- 1.3 Securing sufficient care and support provision that meets the needs of our population is a statutory requirement for all Local Authorities. This duty, as set out in Section 5 of the Care Act 2014, recognises that "*high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of services available*".
- 1.4 Specifically, the Care Act 2014 sets out that a local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market:
  - a. has a variety of providers to choose from who (taken together) provide a variety of services.
  - b. has a variety of high-quality services to choose from.
  - c. has sufficient information to make an informed decision about how to meet the needs in question.

In performing that duty, a local authority must have regard to the following:

- a. the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide.
  - b. the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand.
  - c. the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training.
  - d. the importance of ensuring the sustainability of the market.
  - e. the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which services are provided and of encouraging innovation in their provision.
  - f. the importance of fostering a workforce whose members are able to ensure the delivery of high-quality services.
- 1.5 In addition, the [Health and Care Act 2022](#) gave the Care Quality Commission (CQC) new powers to allow an assessment of care at local authority and integrated care system level. The CQC will use a new [assessment framework](#) to assess how well local authorities meet their duties under the Care Act 2014. Theme 2: Providing Support, which covers market shaping, commissioning, workforce capacity and capability, integration and partnership working is particularly relevant for commissioning.

- 1.6 In fulfilling this duty and our regulatory requirements, local authorities must therefore ensure good oversight and understanding of the local care market. This covers both commissioned and non-commissioned services – including those used by self-funders.
- 1.7 This report provides Committee with assurances on our progress across three pillars of a sustainable and quality market and with that our trajectory to ensuring that not only are we meeting our statutory duties, but we are also focused on the delivery of positive experiences and outcomes for citizens, carers, providers, and our workforce:
1. *Sufficiency and stability*: an update on Commissioning activity to secure sufficient, diverse, and effective provision to meet the needs of people in Sheffield.
  2. *Quality*: noting developments in our Quality Assurance approach, including strengthened Quality Assurance governance and oversight arrangements and clear escalation processes for providers.
  3. *Value for Money*: A consideration of the Fair Cost of Care exercise and current position.
- 1.8 Our update on delivering upon our workforce strategy was provided to Committee in January 2024 through our [Workforce Strategy Update](#) as an assurance of how we are fostering a workforce who can deal with high quality services.
- 1.9 An update regards our intentions for the Market were set out in the [Commissioning and Market Sustainability Delivery Update in December 2023](#). The [Market Sustainability Delivery Plan \(Jan 23\)](#) presented to Committee in February 2023 sets out Sheffield’s approach to meeting its sufficiency and stability duties. It describes our approach to commissioning and how Sheffield will fulfil its role to facilitate and shape a diverse, sustainable, and quality market, as well as identifying the key challenges and risks to achieving this and our approach to overcoming them to ensure that our local care market is sustainable.
- 1.10 The Market Sustainability Delivery Plan has been updated at March 2024 to reflect progress made to date, intentions for 24/25 and the delivery portfolios of Living and Aging Well, Adult Future Options and Mental Health & Wellbeing and is included for noting at Appendix 1.

## **2 Sufficiency and Stability - Commissioning Updates and Priorities Q4**

- 2.1 In 2023/24, we continue to make considerable progress in improving our local offer and delivering upon these ambitions. Together with our partners, we have supported and delivered several key activities in 23/24 to continue to secure and improve the provision of care and support.
- 2.2 Our achievements in 23/24 and priorities for 24/25 are set out in Appendix 2. The achievements in 23/24 set the foundations for long term transformation of adult care provision particularly relating to our delivery of:
- Direct Payments and Personalisation
  - Long term stability and quality of our accommodation with care provision

- Long term stability and quality of our care at home, including care at night provision.
- Long term stability and quality of our day activities, supported living, and extra care provision.
- Mental Health services, including support and prevention delivery.
- Advocacy, Healthwatch, and involvement of citizens
- All age autism, learning disability and mental health strategies.

2.3 In 2023/24 the Commissioning service has continued to strengthen existing partnerships, and mechanisms by which we engage with providers, including consult on specifications. We have also sought to develop new opportunities to work collectively to improve outcomes for people in Sheffield. This work includes:

- Ongoing work with the Sheffield Care Association, with monthly meetings that focus on support and development of the Care Home sector. The ambition is to broaden this representative approach in 2024/25 to strengthen and widen scope, becoming a vehicle for best practice, workforce support, “Fair Cost of Care” development and market shaping.
- Grant funding for Disability Sheffield to deliver our ‘We Speak, You Listen’, with events and spaces for people with a learning disability and/or autism can come together to share issues that affect their lives.
- Establishment of the Adult Partnerships, Innovation and Development Board Working Group, which is to co-produce through our partnership approach and ways of working together to deliver our vision for people in Sheffield as set out in our Strategy.
- The commissioning team oversee the delivery of regular forums with providers in the City. These provide opportunities to share information, raise and discuss issues relating to all our contracts, and to look to future market needs and developments.
- The Care & Wellbeing Service Contract, providing home care in the City, goes live in 2024/25. A central part of this redesign is the community and neighbourhood delivery model – which seeks to strengthen local networks – of providers, and Care partners, and communities. The new model prioritises collaboration over competition, and the new contract will also include quarterly forums with providers to share good practice and with an ambition to move our provision towards “Outstanding”.

## 2.4 Transforming Care Homes

2.4.1 Transforming Care Homes is a key priority aligned to approval to undertake a programme in February 2023. There remains a risk regards quality of provision across the City and this programme alongside our development of our quality assurance processes, model and systems will aim to ensure that citizens of Sheffield who need residential or nursing care and their families have positive experiences and outcomes.

2.4.2 To this end, A new contract for Older People’s Standard Care homes (residential and nursing care) started on Monday 5th February 2024 with 25 Providers, and 45 care homes on the framework. The framework is for 5 years (until 2029) and we will support and encourage all relevant homes in the City to submit a tender, as the process will remain open.



- 2.4.2 Our new contract sets an improved contractual arrangement with providers of older people's residential and nursing care with updated Terms and Conditions and a Core Service Specification detailing the standards of quality all care home providers are expected to achieve based on the 8 core principles of what makes a good care home, and in line with Care Quality Commission (CQC).
- 2.4.3 Future work will include further specifications which will describe the care and / or health requirements that should be delivered in addition to this, depending on the service type or service user groups. It is anticipated that this 'non-standard care' will attract a higher price than the standard care fee.
- 2.4.4 The development of the standard specification included:
- information sessions to providers and relevant stakeholders to ensure the commissioning plan and approach to deliver the changes were fully understood and to share specification structure/content and procurement timeline.
  - work with Adult Future Options commissioning team to develop the approach to non-standard contract.
  - development of specification requirements and contract terms and conditions with ICB commissioners. The contract is substantially based on the NHS standard contract to increase clarity and integration of health and social care.
  - development of reporting and monitoring schedule of requirements with contract teams from ICB & SCC.
  - development of a payment schedule
- 2.4.5 It is our intention that we will seek providers on this framework first when procuring placements. This is to ensure that current and any future placements funded by the Council and Health (funded nursing care, FNC) continue to deliver the standards of care as set out in the required contract and service specification. Being on the framework does not guarantee business or place a requirement on providers on the framework to agree any specific package(s) of care.
- 2.4.6 The Quality & Performance Team have reviewed and updated the monitoring toolkit for the Care Homes to align with the new specification (including "good care home" principles) and the outcomes from Healthwatch's report: [What matters to us: Older people's experiences of living in a care home](#).
- 2.4.7 To deliver excellent quality care homes which are experienced positively by individuals, families, and our workforce, it is important to build the foundations which mean individuals, families, care home providers, partner agencies, commissioners and social work teams are working towards the same aim and understand each other's drivers for change. To do this we aim to develop a partnership working approach with forums/groups who will explore and deliver support (non-financial) options to both sustain the market and build relationships.
- 2.4.8 We have pursued this through:
- Engagement with a group of interested organisations across care homes and similar interest groups.
  - Created a skeleton website for providers to get information shared. Work is still being carried out to develop the site and to enable SCC to hand over its responsibilities for the website management to the Sheffield Care Association.
  - Webinars held on: Energy saving in the care sector, Digital Innovation, Recruitment and Retention, Bid Writing, Banking, Financial Assessments

- All webinar information has been shared in the Provider Bulletin, including links to the recording and the slides, ensuring everyone can access this information.
- Using our purchasing powers elsewhere, started to explore the energy grants through solar panelling, carbon neutral projects, energy tariffs – Site visit to one home who has invested in solar. This visit was to seek out costs and resources and to assess grant availability for other homes.
- Provider Information sessions sharing the Commissioning Plan and the approach to delivery.
- Meeting with Workforce development workstream to link this area of work. For example: meeting with Sheffield College to assess viability of introducing students to the care profession as a career, opening up volunteering opportunities for students and care homes, meeting with Department for Work and Pensions to discuss volunteering opportunities within the sector for work ready citizens.
- Exploration of electric vehicle charging option for care homes. Barriers identified around land ownership, maintenance etc. Actions are to; create a summary of care home car parking capacity, talk to organisations who have experience.
- BSL training options appraisal and use in care homes regarding appropriateness of offering training.
- Met with the Local Area Partnership lead officer for the north of Sheffield to assess care homes integrating with community activities in their local area.
- Development of information available to people explaining access to care homes. standards and the SCC values. This is part of the Healthwatch recommendations.

2.4.9 Three events were held in Summer 2023 for residents, relatives, friends, and neighbours to talk about what makes a good care home. We ran two daytime workshops in local care homes and an evening zoom session. These events were part of the Sheffield Adult Social Care Festival of Involvement. These sessions aimed to bring to life the eight key principles of a good care home that were developed last year with local people, care home staff and other workers.

2.4.10 We explored what the principles mean to residents and their loved ones and identify some examples. The examples gathered will:

- help us all to better support residents to keep their sense of identity - something we know is a big worry for people moving into care homes.
- help to make our quality assurance processes more meaningful.

## 2.5 Adult Future Options: Transformation Programme

2.5.1 On 16<sup>th</sup> November 2023, AHSC Committee approved the [Adult Future Options transformation plan and LD strategy delivery plan: "Hear our voice"](#), the successful delivery of which will lead to improved outcomes for adults with a disability in Sheffield, and also support the Adult Care and Wellbeing recovery programme.

2.5.2 The priorities in our co-produced Learning Disability Strategy include:

- Overnight Short Breaks - developing capacity for overnight short breaks, including improving the quality and variety of provision in the market.
- Disability awareness in public and when using services – supporting the promotion and development of Safe Places, helping everybody feel able to access them.

- Skills and technology to support being active and independent – increasing the awareness of, and confidence to use technology enabled care for people, families, carers and staff.
- Specialist accommodation with care - developing an accommodation growth plan to promote independent living (supported living), reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning. We will also continue our focus on Individual Support Funds.
- A variety of exciting day opportunities – we continue to promote our Framework, encouraging more and different providers to join, with a clear message that later evening and weekend activities are wanted, with many opportunities for people to socialise. We will work with our QA teams and partners to that people with lived experience are part of our quality assurance processes.
- Travel – people have told us that they can find it difficult to travel. We have shared information about accessible facilities but will work with providers to remove barriers and develop our transport options.
- Transitions – we have encouraged our providers to apply to our framework offering transition support for young people, and are working closely with Children’s Services to improve transition planning for young people in Sheffield. Young people have told us that peer support is important, and we have launched a befriending tender and will work with young people to develop ‘buddy’ offers and to develop good transitions arrangements between Child and Adolescent Mental Health Services.
- Meaningful work – we will engage with a wide variety of businesses and education providers to create volunteering and paid work opportunities, and to promote the benefits to employers of employing staff members with a learning disability. At the same time, we will make sure people have the information they need about support to job search and apply for jobs.

2.5.3 Alongside our Learning Disability strategy and delivery plan, we are focused on securing value for money in the provision of care and support services in the City.

2.5.4 We have purchased [CareCubed](#), a cost of care tool that will support us in creating a baseline for care costs and create open and transparent negotiations for care packages. We have done this in partnership with Children’s services so that our packages, including those at the point of transition, are sustainable, high quality and value for money.

2.5.5 This will be supported by a shift in the commissioning and brokerage approach, with a new and enhanced brokerage service - making brokerage personal and adding further support and oversight of the market.

2.5.6 This is the foundation for further market shaping. With a clear understanding of costs of delivery together with the understanding of what young people in the City want and need collated within our Strategy, we can work with existing and new providers to develop new and specific service offers within the city, improving outcomes and reducing the need for out of city placements.

### **3 Excellent Quality Care Provision**

- 3.1 As part of our approach to embedding Quality Improvement and implementing, a Care Quality Framework was agreed at Adult Health and Social Care Committee in February 2023 so that:
- people know the standards of the service which should be delivered no matter who the provider is.
  - people experience equality of access high quality services that deliver culturally appropriate care and support.
  - the adult social care workforce, including commissioned providers, share a clear vision of what high-quality care looks like and how they can contribute to delivery
  - the views and feedback from individual's and carers' views informs quality assurance activity and service development and improvement.
- 3.2 The framework sets out:
- our approach and standards for Care Quality
  - the quality assurance process and system support
- 3.3 It is intended that the Care Quality Framework is implemented throughout 2024 to 2025, as new models of care and support are mobilised in the City, so that all provision across the City is assessed by us and CQC as being good or outstanding.
- 3.4 The following improvements have been made to our Care Quality Framework in 2023/24:
- Investment in Adult Future Options Quality Assurance capacity to support the new Adults with a Disability Framework and Enhanced Supported Living Framework.
  - Investment in regulatory expertise to support Provider Services and Quality oversight of the independent sector.
  - Investment in a dedicated leadership relating to Care Quality and Improvement.
  - Reporting on our performance relating to Care Quality and Continuity of Care.
  - Strengthened governance arrangements, including the Joint Quality Assurance Committee (with the ICB), Provider Services Board and Monitoring Advisory Board.
  - Developed an accompanying escalation framework for providers to support communications and provide clear routes for providers to inform us of changes, including any fee rates requests (supported by the procurement of software to analyse the cost of care provision across Adult Care & Wellbeing markets)
- 3.5 The stronger governance arrangements ensure that the Council receives regular reporting and oversight of the quality and sustainability of provision, as a whole market approach (i.e. Sheffield City Council delivered services, and services procured from independent organisations).
- 3.6 As part of the focus on quality, the review and business case will be completed regards brokerage and payments model and the quality assurance model across all regulated provision in the City during 2024/2025. This is recognition of the priority and risks relating to quality of care across the city and need for sufficient capacity to ensure that monitoring visits can be undertaken across providers, in partnership with experts by experience, to prevent harm and ensure excellent quality care.

- 3.7 Reporting will include analysis of sufficiency, quality, and value for money – and the actions we will take to improve, informed by our learning from the voice of people with lived experience, quality visits and audits, complaints and feedback, staff and partner information, changes in the market (including provider exits and embargoes), and data and key performance indicators.
- 3.8 Committee is asked to note that the next Committee report will focus on Adult Care and Wellbeing Quality Assurance.

#### 4 Value for Money & Fair Cost of Care

- 4.1 This report notes the progress made in understanding the cost of care and moving towards a Fair Cost of Care. Fee rates for Council contracted providers in the financial year 2024-25 were approved by Committee in December 2023. These rates take effect from 8<sup>th</sup> April 2024.
- 4.2 In fulfilling our Care Act 2014 duties, local authorities must ensure good oversight and understanding of the local care market, including setting rates that we believe, based on the evidence, will support a quality, flexible and sustainable market, providing choice to those who purchase care.
- 4.3 This duty is balanced with the budget planning requirement for Adult Care and Wellbeing/Sheffield City Council. Fee rates are set within a context of increasing costs for the Council's other essential services and a budget balanced through use of reserves and ambitious savings in 2022/23, 2023/24 and into 2024/25.
- 4.4 Following the completion of the Fair Cost of Care exercise in Autumn 2022, and ongoing engagement with the residential sector, the Council has taken several steps to close the gap between the weekly standard fee rate and the median Fair Cost of Care output for standard residential care.
- 4.5 The outputs from the Fair Cost of Care exercise (residential settings) in Autumn 2022 are provided in the table below, along with 23/24 and 24/25 rates with SCC inflation modelling applied:

Provision Type	FCOC output 22/23 (median rate)	FCOC output 23/24 (9.8% increase)	FCOC rate in 24/25 (8.89% increase)
Standard residential care homes	£787.54	£864.72	£941.59
Enhanced residential care homes	£806.06	£885.05	£963.73

- 4.6 The standard rate for 65+ residential care will increase to £700 per week from 8th April 2024. This is an 11.11% uplift to the 23/24 rate and equates to an additional £14 per week over an inflation only uplift. Further, this is applied to the in-year uplift given in 2022/23 of £18pw, and the above inflation uplift provided in 23/24 of £10pw. Over the last two years, we have reduced the gap between fee rates and the Fair Cost of Care, alongside responding to inflation, from 44% to 35%

4.7 Without these steps, the 24/25 standard rate would be £643pw, and so we have closed the gap between our 2022 rates and the Fair Cost of Care output by £57pw.

Provision Type	Gap b/n FCOC and SCC rate 22/23 (£547)	Gap b/n FCOC and SCC rate 23/24 (£630)	Gap b/n FCOC and SCC rate 24/25 (£700)	Gap b/n FCOC and SCC rate 24/25 without additional uplifts (£643)
Standard residential care homes	£240.54 / 44%	£234.72 / 37%	<b>£241.59 / 35%</b>	£298.59 / 46%
Enhanced residential care homes	£259.06 / 47.5%	£255.05 / 40%	<b>£263.73 / 38%</b>	£320.73 / 50%

4.8 It is our intention to work with residential providers to continue to move towards the Fair Cost of Care and for the care workforce to receive the Foundation Living Wage whilst continuing to ensure that we maintain a sufficient and stable market, offering choice, quality, and value for money and efficiency in our residential provision by delivering the Transforming Care Homes programme.

4.9 If the current volume of accommodation with residential care continues to be needed (approximately 60,500 weeks a year, although this may be subject to fluctuation due to demographic growth) we can estimate the cost of any fee uplifts agreed above inflation to have the following cost pressures to the Council:

Additional fee uplift value	Cost pressure to Council
£10	£605,000
£15	£907,500
£20	£1,210,000
£25	£1,512,500

4.10 It is anticipated that to close the gap between the Fair Cost of Care output and current fee rates within the life of the Adult Care and Wellbeing Strategy: Living the Life you want to live, would require an uplift of £25 above inflation in each year together with work to deliver market efficiencies. This assumes that rates of inflation fall to 2% and remain consistent.

4.11 To meet the Councils' ambition that front line care sector workers are paid the Foundation Living Wage, above inflation fee rate increases for Care Homes or differential rates for providers who can evidence that funding is passed to care workers should be considered.

4.12 To reach a Fair Cost of Care, recognising the trajectory to be travelled alongside our [Care Home Transformation High Level Plan](#), its planned to work to the following timelines:

Milestone	Action
June 2024 (TBC)	Publication of MTFAs by Sheffield City Council
September 2024	Review of acceptable profit margins by August 2024 for decision at Committee.
April – November 2024	Deliver workshops and a collective action plan with standard and non-standard residential care providers to review opportunities for

	energy and fuel efficiency, future models of delivery for accommodation with care, workforce resilience – including use of agency, nutrition, and management of voids to inform commissioning models which will enable a Fair Cost of Care to be reached.
April – November 2024	Re-open Care Home framework to support more Homes to be successful and undertake market shaping to support consistently high occupancy levels and reduce voids.
November 2024 – February 2025	Use of Care Cubed to produce a refreshed and more in-depth Cost of Care exercise to understand the costs of different provision and efficient models of delivery.
December 2024	Development of options for flexible care and rates, supported by enhanced brokerage and contract management, to increase the number of people who do not have to change providers should their care needs change, and to ensure rates support the care delivered.
December 2024	Propose Fee Rates for 25/26 as part of Business Planning.
December 2024	Review of and decision about use of Novation and VAT through relevant Committee.
March 2025	Bring forward proposals based on activity set out in 24/25 for longer term trajectory for a fair cost of care across the sector.

4.13 We have used our Market Sustainability and Improvement Fund in 2023/24 and 2024/25 both to increase fee rates for standard rate care homes, and to provide opportunities for our partners, including providers in the City to think creatively about improving workforce retention and resilience, contributing to a sufficient and high-quality market.

4.14 A range of projects have been identified through this, including staff wellbeing initiatives, increased staff capacity, and partnership work with local organisations to promote care as a career.

4.15 Of note is our agreement to work with [SACMHA Health & Social Care](#) to continue to ensure that our care workforce reflects the diversity within our City, and that we continue to engage with communities in the delivery of our care and support provision to meet the needs of people who live in the City. This work in particular will continue to inform our future priorities and commissioning intentions.

## 5 HOW DOES THIS DECISION CONTRIBUTE?

5.1 Market sustainability, alongside the Care Governance Strategy, and the Care Quality Framework are key to the delivery of the Council’s statutory responsibilities for Adult Social Care including the following outcomes for the people of Sheffield:

- promotion of wellbeing
- protection of (safeguarding) adults at risk of abuse or neglect
- preventing the need for care and support
- promoting integration of care and support with health services

- providing information and advice
- promoting diversity and quality in providing services

5.2 This proposal also meets the 'Efficient and effective' outcome set out in the Adult Social Care Strategy. Effective Market Shaping should ensure that people have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief.

## **6 HAS THERE BEEN ANY CONSULTATION?**

6.1 Consultation was held with care homes to inform fee rate proposals for 2024/25. A consultation survey was sent out to all care homes in the City. We received responses from 31 different providers representing 44 care homes. Online meetings were also held with 3 of these providers.

6.2 It was clear from the response that providers in the city felt that current fee levels were too low and that the Council would need to take larger steps towards the Fair Cost of Care. More than a quarter of the homes who responded told us they have needed to take exceptional steps to survive in the past 12-18 months. Many homes also told us that low fee rates were suppressing their ability to pay above the National Minimum Wage to staff or caused them to delay improvement work to their buildings.

6.3 Whilst low fee rates were by far the biggest concern in care homes many are still concerned about high energy prices and high inflation on other goods and services. Increased interest rates have had a large negative impact on homes with a high exposure to debt.

6.4 It is clear that not all care homes are experiencing inflationary pressures equally, many cost increases such as energy, interest rates, insurance costs, IT, maintenance and food vary significantly from home to home.

6.5 Recruitment and retention of staff and high agency costs continues to be a significant concern, and providers are keen to work with the Council for support in these areas.

## **7 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **7.1 Equality Implications**

7.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010. This includes the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

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

7.1.2 The broad ambitions set out above are consistent with The Duty. These include envisaging a range of different types of provision (supported living, extra care,



residential care, etc), including support for people with complex needs; aiming for preventative and community-based support, including for people with mental ill health.”

- 7.1.3 The Cost of Care has an impact on the market in relation to workforce pay, quality of care and availability and choice of provision. Having a focus on the Fair Cost of Care seeks to develop a stable and quality Market which enables choices.
- 7.1.4 By proposing fee increases at least in line with inflation, together with commissioning strategies already in train, we seek to address and mitigate cost pressures providers face, the risk of these adverse impacts is reduced, and there are more opportunities for ongoing improvements and development work to improve outcomes for people, with a particular focus on reducing inequalities and disproportionality.
- 7.1.5 Those who make contributions to their care will see an increase with any Council fee rate increases, and this takes place in a context where many people are impacted by the cost-of-living crisis, and the impact of this falls disproportionately across protected characteristics.
- 7.1.6 The Equality Impact Assessment can be found at Appendix 4.

## 7.2 Financial and Commercial Implications

- 7.2.1 The cost of the 24/25 fee rate increase was included in the Councils’ Budget which was approved by Full Council on 6<sup>th</sup> March 2024. Any future year fee increases will be taken through the Councils’ Business Planning process and will be subject to annual approval.
- 7.2.2 There is a risk that there will be additional costs associated with the delay in the Homecare contract start date, although this has not yet been quantified.
- 7.2.3 There may be investment required to deliver some of the proposals in section 2.9.2. Should that be necessary, they will need to be supported by a business case and will be subject to further approval.
- 7.2.4 Other costs associated with proposals for energy efficiency, EV chargers etc are anticipated to be grant funded.

## 7.3 Legal Implications

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

## 7.4 Climate Implications

- 7.4.1 The commissioning of care and support services for Adults in Sheffield can have a large impact on Sheffield's Climate Emergency. This was set out in the Climate Statement approved at Committee in January 2024. As set out in this report, workshops will be undertaken to involve providers in agreeing an action plan to respond to the effects of Climate Change.
- 7.4.2 Examples of practical actions which can come from the workshop are:
- The care workforce is significant, and is required to travel across the city, working together to create better opportunities for 'active travel' can help to reduce emissions from transport.
  - The energy efficiency of the buildings in which care is delivered (such as day services, or residential care) provides a significant opportunity to reduce our carbon emissions, and commissioning should encourage and enable improvements to environmental standards and promote renewable energy.
- 7.4.3 Climate Impact Assessments will be undertaken as a key element of our commissioning approach, and we want providers and partners to align with our Net Zero ambitions and will be looking to work with them to identify key areas of impacts in their activities and how we can reduce, monitor, and measure these.

## **8 REASONS FOR RECOMMENDATIONS**

- 8.1 In fulfilling our Care Act 2014 duties, local authorities must ensure good oversight and understanding of the local care market, including setting rates that we believe, based on the evidence, will support a quality, flexible and sustainable market, providing choice to those who purchase care.

# Our new Care and Wellbeing Service

---

**March 2024**

# Care and Wellbeing Service

## Background and Reason for Change

The current Homecare Contract was let in 2017 and was extended via the provision of Regulation 72 under PCR to end on 09/04/2023. The contract has been further extended to June 2024 to support successful implementation of the new model. No further extensions are permissible, and a new procurement exercise was required.

A relatively large number of providers were successful on the current framework (35). The number of active providers was fewer than this however, and the framework has seen major capacity and operational issues during the term of the contract.

Demand has increased sharply on with the number of care hours delivered doubling in the last 5 years; the situation likely exacerbated by the Covid 19 pandemic. The Council saw a high increase in the number of spot purchase and Direct Awards arrangements due to capacity issues within the framework, and whilst focussed action has seen these reduce, the existing contractual arrangement do not safeguard sufficiently from this in the future.

One of the most significant issues in the Homecare Market in Sheffield is providers inability to attract and retain staff due to the low pay and relatively poor terms and conditions. The most recently available data from Skills for Care confirms annual staff turnover of 50% in the Sheffield independent sector, compared to 35% across Yorkshire & Humber and 2.7% for home care workers employed by the Council.

Proposals for the [Home Care Transformation in Sheffield](#) were taken to Education , Health and Care Transitional Committee on 7<sup>th</sup> October 2021, and the commissioning strategy for the [Care and Wellbeing Services Transformational Contract](#) to Adult Health and Care Policy Committee in June 2022.

# Care and Wellbeing Service

## – Our vision

**Adult Social Care Strategy, *Living the life you want to live*** – a service that contributes to the delivery of our strategy enabling people to live independently, connected to their community, and supported by the resources around them.

Sufficient, stable high-quality services for all, with a strength based and outcome focused approach

A highly valued, skilled and trained workforce:

- fit for the future with a commitment to training, development and career pathways
- flexible working pattern options available - including shifts
- parity of esteem across Health and Social Care

Neighbourhood based service provision that connects people to their communities and supports independence.

A move from provider competition to collaboration, driving quality improvement and integration and a seamless experience of care

Providers empowered to deliver flexible and responsive services able to respond to changes in need quickly and effectively.

# Care & Wellbeing Service Model

## Key components of the Care and Wellbeing Service Model:

- **Strong customer voice** – ensuring that people in receipt of care, their families and carers can positively contribute to the continual improvement of services that matter to them.
- **Stability and surety of delivery** – improved certainty for service delivery through neighbourhood-based contracts, prioritising provider stability and continuity of services and care through offering a 7-year contract with an option to extend by a further 3 years. Further strengthened through flexible planned care payment and charging model
- **Collaboration** – Consistent with our core value ‘together we get things done’, the focus on neighbourhood working together with the move from provider competition to collaboration supports our shared journey to delivering outstanding care across the city, with providers being part of our management family.
- **Empowerment** – Providers are empowered to deliver independence through flexible and responsive services as trusted reviewers (care plans), with the ability to respond timely to changes in need and circumstances.
- **Valued Workforce**: partnership approach to workforce development and support learning in key areas such as advanced dementia care, falls prevention, TEC and digital skills. We will also be working closely with the providers to build on current career pathways with the aim of supporting retention and recruitment.
- **Strength based approach** – a collective strength-based approach through assessments, reviews, and care delivery, which supports people’s potential for independent living, improving quality of life and optimising care costs.
- **Outcomes** – the move away from time and task to a more flexible and responsive outcome-based service, increasing personalisation and greater scope for creativity to meet needs and improve outcomes.
- **TEC and Digital** – is at the core of service delivery, with all 14 providers having a digital care planning capability. Smarter more intuitive ways of delivering care, with care staff having more time to care. The new contract will ensure that providers collaborate in the developments to embed TEC services aimed at supporting independent living, right sizing care packages, and enabling proactive and preventative care which delivers the best possible outcomes for people.
- **Climate** – supporting the response to Sheffield’s climate emergency, the compact geographical patches will significantly reduce care workers travel time between visits and allow for the introduction of new care workers operating on foot. This new approach will help build capacity, and support care delivery during periods of extreme weather.

# What will be different?

## People in Receipt of Care

Move away from “time and task” to flexible, outcome-based support based on ‘what matters to you’.

Neighborhood working that connects people to their communities and are able to live the life they want to live.

A strong voice for people in receipt of care, families, and carers will help support continual improvements to the services delivered and make care providers more accountable.

Providers delivering care that is responsive to individuals changing needs and preferences. The Trusted Reviewer (Care Plans) model will enable provider-led flexibility in support, and timely changes to Support Plans.

A collective approach to assessment, review, and care delivery to promote people’s potential for independent living and reduce care costs where care is focussed upon the priorities and goals a person wants to achieve to improve their wellbeing and independence.

Improving quality by contracting with a smaller number of high-quality care providers delivering locality-based service provision - with the move from provider competition to collaboration, with providers part of the Operational SMT family – shared journey to Outstanding care

Better continuity of care through fewer providers who are more accountable, with longer contracts, working in compact geographical areas (and aligned with Primary Care Networks)

Improved use of technology from the care providers will see benefits such as Smartphone Apps where families and carers can receive confirmation of the care visits delivered, which will include messages communicating care visit outcomes.

# What will be different?

## Care Workforce

- Workforce are placed front and centre, with a move to care workers being able to benefit from working on shifts.
- Improved technology provides better tools to deliver care, improves job satisfaction, retention, and recruitment.
- Long term job security from the 7 year contract with a three year option to extend.
- Introduction of career pathways will support personal development and improve retention and recruitment.
- A joint approach to workforce development enable a well-trained and skilled workforce fit for the future, ultimately improving the quality and impact of care.
- Better working environment through less time travelling and closer working relationships between social work teams and care providers working in same geographical area.
- Greater empowerment through the introduction of outcomes, enablement, and trusted reviewer, providing a better quality of care to people.



# What will be different? Providers

Improved collaboration and support, with providers no longer in competition, instead working together to share best practice and improvement against a specification developed through engagement with the sector.

Locality based service provision with the move from provider competition to collaboration, with providers part of the Operational SMT family – shared journey to Outstanding care

Greater empowerment for providers in recognition of their knowledge and understanding of the people cared for, such as outcome-based service delivery, Trusted Reviewer (jointly funded), and enablement.

The set methodology in relation to annual fee uplifts from year two providers assurance and supports a sustainable market.

Longer contract (7+3 years), commitment to paying 80% of contracted hours and move to a payment and charging model based on planned care gives providers more certainty and resilience, allowing them to make a long-term investment. People in receipt of care will benefit from more timely and more reliable invoices, reducing complexity and improving efficiency.

Better working relationships: contract areas are aligned with Primary Care Networks allowing us to strengthen the ways we work together with health, social care and Voluntary, Community and Faith groups. Local and regular meetings will strengthen partnership working with Social Work teams, supporting high quality and impactful service delivery and development.

Contracts for consolidated geographical patches improves effectiveness and delivers efficiencies with regards to operating costs, such as reduced travel for care staff - and in doing so reduce our carbon footprint - plus the ability to recruit more care workers on foot to build capacity.

## What will be different?

### Adult Care and Wellbeing & Health Partners

Improved collaboration between health and social care teams and care providers as a result of working in dedicated areas aligned to PCNs: will improve working relationships, communication, and ultimately the quality of the care delivered, with fewer package breakdowns and increased clarity and certainty of provision.

A more sustainable and resilient market, with fewer providers and increased accountability supporting us to build effective relationships, enabled through consolidated geographical areas and optimum sized 7-year contracts.

Better use of Technology Enabled Care will provide valuable insights which support the delivery of proactive and preventative care and support better outcomes for people and organisational efficiencies.

Greater empowerment for providers will help give valuable insights to potential long term changes to Support Plans through Trusted Reviewer (Care Plans) and help build capacity across social work teams.

A more stable care workforce with the new services supporting greater retention and recruitment, which supports the management of demand and system flow.

Local “Operational SMTs” including providers, social work teams, commissioners, brokerage

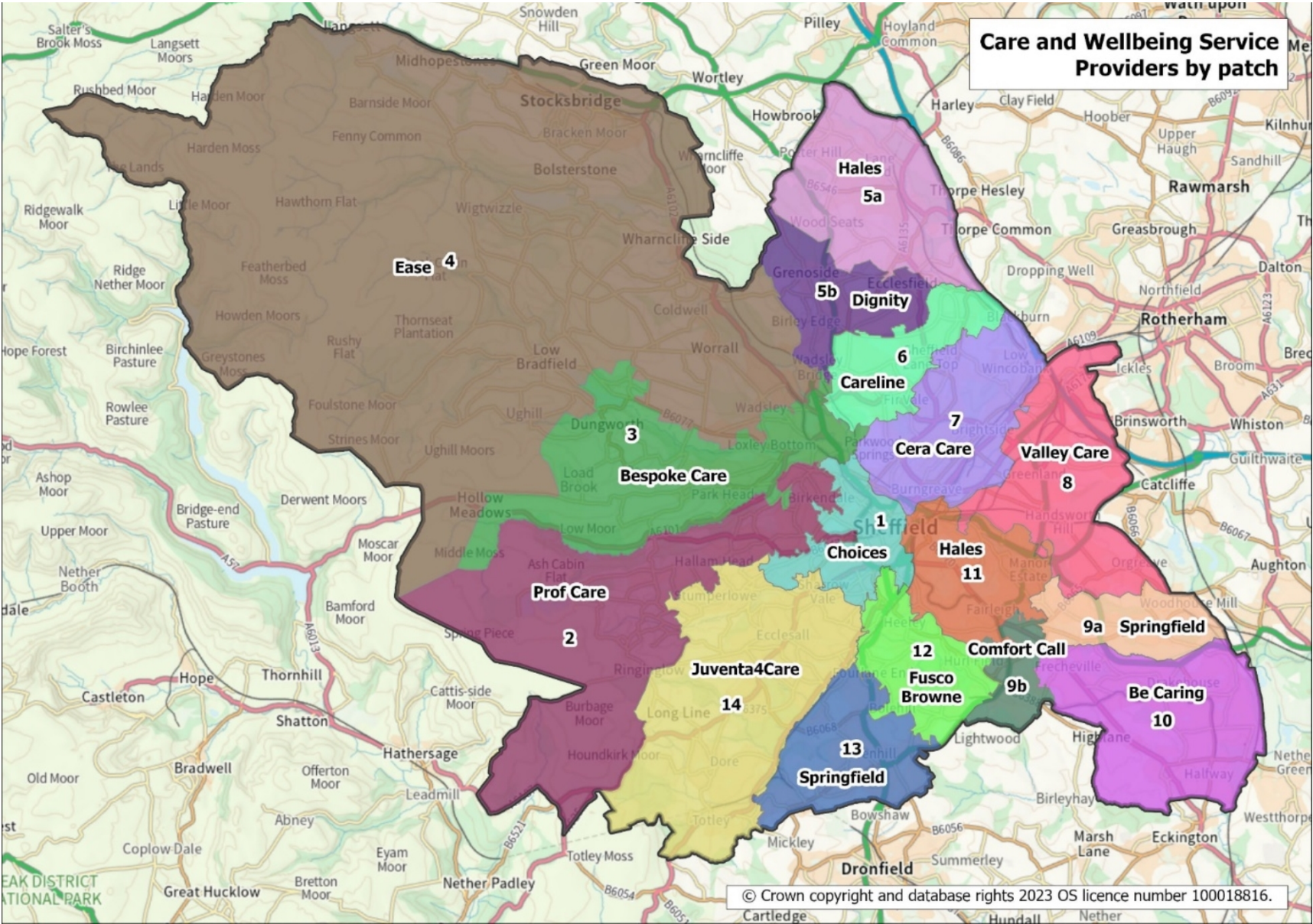
A combined strength-based approach to assessment, review, and care delivery will ultimately fulfil people's potential for independent living and reduce care costs.

# What will success look like?

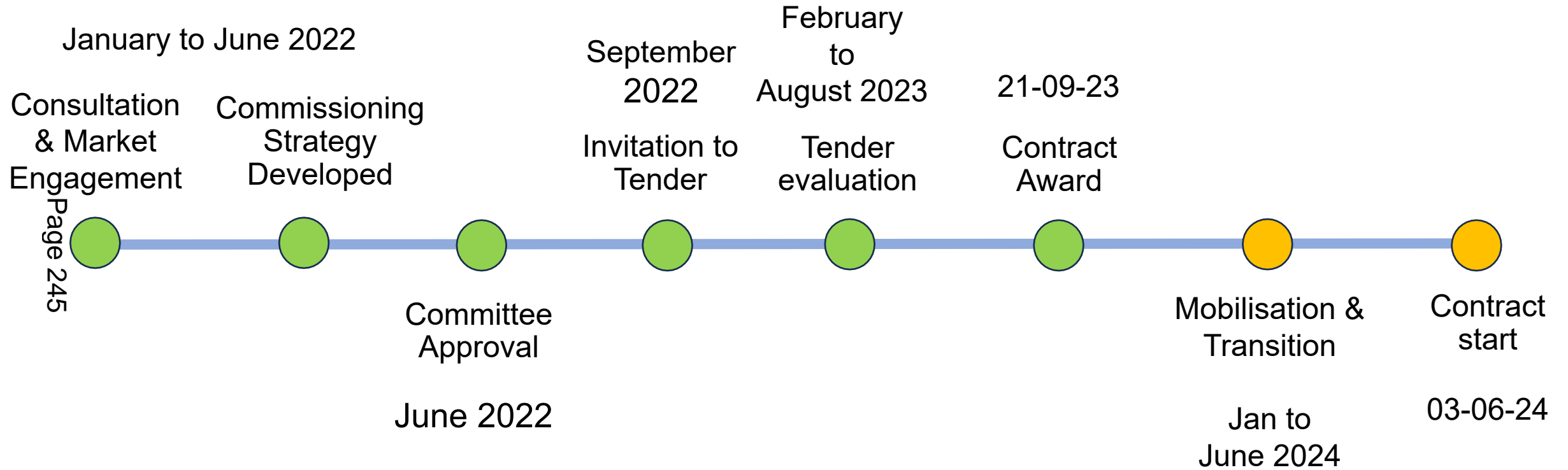
- Increased satisfaction and experience of care reported by people in receipt of care, unpaid carers and families (reduced complaints)
- Improved wellbeing outcomes and independence and connection with communities.
- Improved workforce retention, career options and outcomes
- All (100%) Home Care provision rated as Good or Outstanding by CQC, and SCC QA teams
- Improved timeliness of care (reduced waiting times for support to start)
- Long term financial resilience
- Fewer provider exits and support package breakdowns

# Care and Wellbeing Service – Contracted Patches

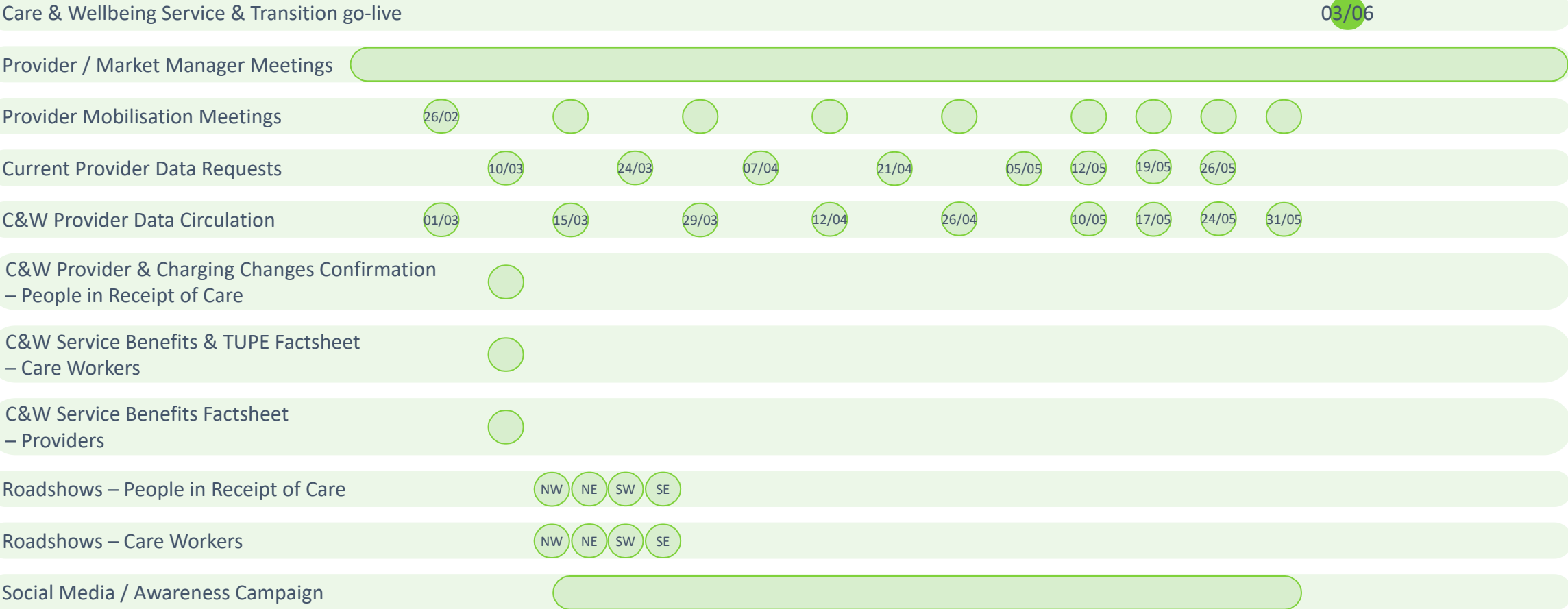
Page 244



# Care and Wellbeing Services Development – Timeline



# Care & Wellbeing Service Mobilisation - Communication Timeline



Commissioning priorities 24/25 are:

<b>Equalities and Climate Review</b>	Review of the joint strategic needs assessment, equalities data and equalities and climate impact assessments to ensure that all projects delivered contribute to tackling inequalities and mitigating impact of climate change.
<b>Urgent Care and Discharge Delivery Plan</b>	Development of provision to support a timely and safe discharge from hospital from both acute and mental health establishments.
<b>Adult Future Options</b>	Commissioning activity and service development to deliver better quality services and outcomes based upon our co-produced Learning Disability Strategy. The priorities are: <ul style="list-style-type: none"> <li>• Emergency Overnight Short Breaks - Developing capacity for emergency overnight short breaks, including improving the quality and variety of provision in the market.</li> <li>• Specialist accommodation with care. Developing an accommodation growth plan to promote independent living, reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning.</li> <li>• Direct Payments – Developing the Personal Assistant workforce in conjunction with our wider care workforce strategy and more flexible use of Direct Payments / Individual Service Funds.</li> </ul>
<b>Mental Health, Wellbeing and Early Help</b>	Commissioning activity and service development to deliver quality services and outcomes for people with mental health conditions. The priorities are: - <ul style="list-style-type: none"> <li>• Development of supported accommodation for more complex needs</li> <li>• Development of the specialist mental health support market</li> <li>• Evaluation of the Promoting Independence Programme and embedding the learn into longer term social care approach.</li> <li>• Development of the residential market towards a more specialist role</li> <li>• A further move towards personalised and outcome-based support</li> <li>• Longer contracts to provide stability support innovation and co-production.</li> </ul>
<b>Living and Ageing Well</b>	Commissioning activity and service development to deliver quality services and outcomes. The priorities are: - <ul style="list-style-type: none"> <li>• Development of a framework for Equipment and Adaptations as part of our developments around Equipment and Adaptations.</li> <li>• Implementation and development of Standard Care Homes framework</li> <li>• Delivery of phase 3 and 4 of the Strategic Review of Residential Care outcome-based community connected residential and nursing homes, including the development of a co-produced support programme for the sector, supporting commissioning strategies and procurement plans and our plans to work towards the fair cost of care for residential provision.</li> <li>• Mobilisation and development of Care and Wellbeing Service</li> <li>• Review of Temporary beds provision, including support to our work in Discharge</li> <li>• Review of Integrated Equipment Loan Service (ICELSS) and Adapted Housing</li> <li>• Development of Living and Ageing Well commissioning strategy, setting out commissioning intentions and market position statement for living and ageing well.</li> <li>• Development of commissioning intentions and market position statement for supporting people living with dementia aligned to the emerging dementia strategy</li> </ul>
<b>Community Connected Community Provision</b>	Implementation and development of the new Care & Wellbeing service, day activities, supported living and respite services contracts and as part of this development foster collaborative ways of working, and innovation in communities to improve outcomes for people, working with PCNs and operational services to improve outcomes and experiences for people in the City.
<b>Quality Standards and Assurance</b>	Implementation of Adults Quality & Personalisation Assurance Model and Adult Social Care Quality Standards, with improved reporting and governance as a whole market approach (independent sector and provider services), including SCC Monitoring Advisory Board and Joint Quality Assurance Committee (ICB). Development of new Quality Assurance tools and processes for Residential, Supported Living, Day Activities, Respite and Home Care.
<b>Brokerage and Payments</b>	Implement new brokerage model to ensure timely access to safe, high-quality care and timely payment for support.
<b>Technology Enabled Care (TEC)</b>	Implementation of TEC Transformation project including the co-design of a new TEC Services Delivery Model, development of a Joint TEC Commissioning Strategy for Health, Housing, and Social Care and a test of change with Sheffield University of Care to look at proactive and preventative connected care platforms.

ACHIEVEMENTS 23/24

<p><b>Living and Ageing Well</b></p>	<ul style="list-style-type: none"> <li>• Contract award for Care and Wellbeing Service –a new model for the provision of Home Care in the City. The service will be in mobilisation through Spring 2024, going live in June 2024 along with a media campaign. <i>Please see Appendix 1 for further information.</i></li> <li>• Partnership with health partners to review and procure the Care at Night service.</li> <li>• Partnership working to deliver on the Urgent Care and Discharge Delivery Plan at system level.</li> <li>• Contract Award for Standard Residential provision on a new specification and framework contract (<i>see paragraph 2.8</i>)</li> </ul>
<p><b>Adult Future Options</b></p>	<ul style="list-style-type: none"> <li>• Implementation of the Autism Strategy and Delivery plan reporting to the Autism Partnership Board</li> <li>• Development of a Learning Disability Strategy and Delivery plan and reporting to the Learning Disability Partnership Board</li> <li>• Contract award for the Adults with Disability Framework (Dynamic Purchasing System, allowing new providers to enter the Market)</li> <li>• Contract award for the Enhanced Supported Living Framework.</li> <li>• Development of Accommodation with Care Commissioning programme, linked to our recovery programme (<i>see paragraphs 2.9</i>)</li> </ul>
<p><b>Mental Health</b></p>	<ul style="list-style-type: none"> <li>• Development of new models for prevention and community provision, in partnership with Voluntary, Community and Faith partners.</li> <li>• Embedding and development of the Support and Independence Framework</li> </ul>
<p><b>Direct Payments and Personalisation</b></p>	<ul style="list-style-type: none"> <li>• Delivery upon Direct Payments and Personalisation Strategy including Annual Reporting and Improvement Plan.</li> <li>• Delivery of Individual Support Funds Pilot</li> <li>• Developing the future model of the Direct Payments Support Service</li> </ul>
<p><b>Advocacy</b></p>	<ul style="list-style-type: none"> <li>• Approval for recommissioning and delivery upon a new advocacy contract.</li> </ul>
<p><b>Healthwatch</b></p>	<ul style="list-style-type: none"> <li>• Approval to recommission the Healthwatch contract and to implement a 10 year contract.</li> </ul>
<p><b>Voice &amp; Involvement</b></p>	<ul style="list-style-type: none"> <li>• Delivery of Citizens Involvement Festival through Summer 2023</li> <li>• Established “We Speak, You Listen” groups for people with Learning Disability</li> <li>• Ongoing development of the Autism Partnership Board and Learning Disability Partnership Board, co-chaired by people with lived experience</li> </ul>



# **Adult Care and Wellbeing**

**Market Oversight Report 2023/4**

**Quarter 4, March 2024**

# Adult Health and Social Care: Market Sustainability Delivery Plan 2023/4

## Our Vision and Ambitions

Our vision, as set out in '[Living the life you want to live](#)', [Sheffield's adult social care strategy 2021 to 2030](#) 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:

- **Safe and Well**
- **Active and Independent**
- **Connected and Engaged**
- **Aspire and Achieve**
- **Efficient and Effective**

Securing a diverse provision of sufficient and high-quality care and support is critical for us to deliver upon our vision and ambitions in our strategy.

## What is Market Sustainability?

A sustainable market **operates in an efficient and effective way**, it is one which has a **sufficient supply of high-quality services**, and can deliver investment, innovation, and choice in care and support service provision. It is a market with a **sufficient workforce**,

receiving a fair rate of pay and supported with training and development to have the skills and knowledge to meet the needs of people receiving care and support.

Market Sustainability is therefore indicated by:

- A sufficient supply of services to ensure continuity of care with minimal disruption in the event of provider exit from the market.
- A range of high-quality services for people to choose from
- Sufficient investment in the workforce to attract and retain high-quality staff.
- Evidence of innovation and service diversity in order to evolve and meet changing user needs.
- Being attractive to new market entrants and able to manage the impact of future market changes

## Provider entry and exit

Market sustainability does not mean that providers do not ever exit the market: it is normal in a healthy market for businesses to both enter and exit. This may be due to a decision to close, business failure, or managed exits by local authorities. *A sustainable market* means that where there is provider exit, there

are sufficient alternative care services so that continuity of care can be maintained for people.

## Our Commitment to Market Sustainability

It is only through having a sustainable market, that we can assure ourselves of quality provision and continuity of care for the people of Sheffield.

To that end, it is our ambition that we facilitate an efficient and effective market, leading to a sustainable and diverse range of care and support, delivering choice, and driving improvement and better outcomes for adults in need of care and support in the City whether arranged through the Council, or purchased privately.

An assessment of Market Sustainability considers:

- adult social care statutory duties
- analysis of strengths and risks facing the market (for example; CQC, sufficiency of supply and occupancy levels, people's experiences and outcomes – with an equalities focus, financial context, geographical context, workforce stability and sufficiency)
- an analysis of future market changes

# Statutory Duties and Regulatory Framework

## Local authorities' duties in Market Sustainability are covered in section 5 of the Care Act 2014:

A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market:

- a) has a variety of providers to choose from who (taken together) provide a variety of services.
- b) has a variety of high-quality services to choose from.
- c) has sufficient information to make an informed decision about how to meet the needs in question.

In performing that duty, a local authority must have regard to the following:

- a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide.
- b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand.
- c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training.
- d) the importance of ensuring the sustainability of the market.
- e) the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which services are provided and of encouraging innovation in their provision.
- f) the importance of fostering a workforce whose members are able to ensure the delivery of high-quality services.

The CQC, in its Single Assessment Framework, will also consider the sustainability of the market through four themes:

- [Theme 1: Working with people](#) - [assessing needs \(including unpaid carers\)](#), [supporting people to live healthier lives](#), [equity in experiences and outcomes](#)
- [Theme 2: Providing support](#) - [care provision, integration and continuity](#), [partnerships and communities](#)
- [Theme 3: How the local authority ensures safety](#) - [safe systems, pathways and transitions](#), [safeguarding](#)
- [Theme 4: Leadership](#) - [governance, management and sustainability](#), [learning, improvement and innovation](#)

# What Does Good Look Like?

*Initial indicators to measure the success of our delivery plan are set out below. We will continue to develop these indicators in partnership with the people we support, carers and providers.*

## Sufficiency & Stability

- ✓ There is sufficiency of services to ensure timely provision and continuity of care.
- ✓ There is diverse range of good quality provision in the City, offering a choice in the type of support provided, and choice of who provides that care and support.
- Staff retention is high, with a low agency, vacancy and turnover rate.
- The workforce is supported by fair rates of pay and high-quality training and development.
- ✓ Oversight of the market picks up risks, and proactive support and activity ensures continuity of care.

## Quality & Outcomes

- ✓ All care provision is rated as 'Good' or better (by people with lived experience, their families, and carers, by the CQC and by SCC)
- ✓ Care provision reflects and meets the needs of people in Sheffield, and reflects the cultural diversity in the City
- ✓ Providers of care prioritise independence, using a strength based and personalised approach to maintain connections to communities and networks.
- ✓ Disproportionality in access, experience and outcomes is understood and actions to address are collectively owned and monitored.
- ✓ People and unpaid carers are integral to service planning and their views inform continued improvements.

## Value for Money

- ✓ We will have the right balance in cost and impact of service delivery, managing our resources effectively to respond to changing demands.
- ✓ Rates are 'fair', covering costs, aligning with quality, delivery best value for public money and support investment, innovation, and quality.

## Leadership & Governance

- ✓ Strategic leaders, commissioners and providers work together, and evidence joined up visible and effective leadership around a shared vision and plan.
- ✓ Staff, Adults, Carer and Partners feel confident about the support, leadership, and plans in place.
- ✓ Information to support people in receipt of, or purchasing care to make informed decisions and information to support providers to respond to changing needs is accessible, current, consistent, and clear.
- ✓ Oversight of the market is comprehensive and identifies risks early. SCC and partners work collectively to deliver the improvements and mitigations to stabilise care

# Market Oversight

In addition to the CQC Market oversight scheme<sup>1</sup>, Sheffield Adult Care and Wellbeing Quality Assurance team lead on the quality assurance of the market working together with the Adult Care Commissioning and Partnerships service and internal and external partners to ensure effective oversight of care provision in the City.

The Team act on intelligence received regarding all providers, with or without a contract with the Council. This includes providers who are delivering a service via a direct payment, self-funded arrangements, or through spot purchase or direct awards.

Regular reporting provides assurance on the sustainability of the market and includes monthly meetings with SYICB (Sheffield) and the Care Quality Commission Inspection Manager for the area, as well as the Monitoring Advisory Board.

## Provider Visits & Monitoring

On visits to providers, we undertake observations of practice and delivery of support and care, as well as checking documentation such as training for staff, accidents and incidents, care & support plans. We speak to individuals using the service to gain their views and input. We give feedback on the day of the visit, and we send a written report with an action plan for follow up where appropriate. We build positive relationships with providers and staff to effectively support good practice and challenge poor practice to drive improvements. We undertake risk assessments following our visits and have a monitoring plan for incidents and safeguarding concerns ensuring we are able to identify problems early, preventing escalation and identify organisational abuse.

Should a provider be escalated into our joint Sheffield City Council/South Yorkshire Integrated Care Board risk management process, we visit the provider and meet every 4-6 weeks to monitor the improvement plan. We work collaboratively with the provider to ensure that changes are made to sustain positive practice going forward.

We collate monthly key performance information from our contracted providers which is analysed and shared within the team.

A monthly performance report is produced and shared with stakeholders on the above areas of work.

---

<sup>1</sup> The CQC assesses the financial sustainability of adult social care providers that could be difficult to replace if they were to fail and one or more care services stopped and gives advance notice to local authorities so they can put plans in place to ensure that people who are affected continue to receive care. This is a statutory scheme with the CQC duty to perform this role set out in the Care Act 2014.

**Market Sustainability Delivery Plan**

**Ambition:** Adults in Need of Care and Support benefit from an efficient and effective market, leading to a sustainable and diverse range of quality care and support, delivering choice, and driving improvement and better outcomes.

**Context:** A sustainable market is a critical part of delivering excellent social care services.

**Accountable Officer:** Strategic Director Adult Care and Wellbeing  
**Lead:** AD Commissioning and Partnerships

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

Page 254

Theme / Indicator	Milestone/action	Update	By when	RAG
A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market.	A provisional market sustainability plan to be submitted to Department of Health and Social Care outlining assessment of the sustainability of Sheffield's local care market in relation to 65+ care home services and for 18+ domiciliary care services. The provisional market sustainability plan will: <ul style="list-style-type: none"> <li>consider the results from the cost of care exercises.</li> <li>consider the impact of future market changes over the next three years, particularly in the context of adult social care reform.</li> <li>set out an outline action plan to address the issues identified and the priorities for market sustainability investment.</li> </ul>	A Market Sustainability Plan was approved by Committee in Feb 23 ( <a href="#">17. Appendix 1 Market Sustainability Delivery Plan Jan23.pdf (sheffield.gov.uk)</a> ) and included Fair Cost of Care analysis and market changes over time. Fee rates have been increased for years 23/24 and 24/25.	Completed	COMPLETE
	A final market sustainability plan to be submitted in February 2023, once budgets are agreed following the publication of the Local Government Finance Settlement 2023 to 2024. This plan to include how the Sheffield will improve fee rates.		Completed	COMPLETE
	Undertake a full assessment of Market Sustainability including adult social care statutory duties, CQC information and returns; local data and intelligence; sufficiency and diversity in the market for different types of care, and different geographical areas; occupancy levels; equalities data and information; the financial context – including current rates of care; and workforce stability and development.	An update to the Market Oversight and Sustainability Plan is provided quarterly to Committee. Key developments include implementation of the Care & Wellbeing Contract, Care at Night Contract, Advocacy & Healthwatch Contracts, Supported Living & Day Activities Contracts. In addition, further analysis of mental health and housing with care markets. A review of impact of new contracts, local data and intelligence, sufficiency will be undertaken during 2024 to then inform a commissioning and market development plan.	1st July 2024	Delivery priority for 24/25.
	Undertake a programme of engagement to cover Social Care Reform and Market Sustainability to ensure the market is prepared and enabled through the change and is able to inform Sheffield's commissioning strategies to meet the needs of adults needing care and support in the City.	Reforms postponed	No Longer Required	
	Development of Market Position Statements for Ageing and Living Well, Working Age Adults, and Mental Health to improve information and planning with providers	Market Position Statements developed for Mental Health, Housing with Care, Living and Ageing Well and approved at Committee. They will be updated on an annual basis from 24/25 aligned to further engagement with providers and the overarching Market Position Statement.	Completed	COMPLETE
	We will be undertaking a "cost of care" exercise to include Adult Future Options and Mental Health markets to support a transparent and clear model for costs and standards of provision.	Fair cost of care published in February 2023. Software has been purchased to enable the cost of care exercise in Adult Future Options and Mental Health to be completed in 24/25.	24/25 Priority	Delivery priority for 24/25
	Work collaboratively at a regional level to develop outcome-based care standards, providing greater consistency for care providers and launching Sheffield's Care Quality Standards to support effective and 'whole market' contract management and quality assurance	Care Quality Standards approved at Committee in 2024. Joint Quality Assurance Framework refreshed with SYICB. Monitoring Advisory Board established for effective governance and oversight. This will continue to be developed in 24/25 with the implementation of the Care & Wellbeing Home Care Contract and a further shift to a strength-based and outcomes focused contract management.	24/25 Priority	Delivery priority for 24/25
	Redesign of Adult Care and Wellbeing Brokerage service to offer personalised brokerage and improved oversight of supply and demand	Redesign well underway and aligned to care & wellbeing contract, new TOM and discharge priorities. Implementation planned for 2024/ 2025.	24/25 Priority	Delivery priority for 24/25
	Establish Monitoring Advisory Board and governance processes to provide assurance on Market Oversight and Quality	Monitoring and Advisory Board implemented and will be fully established in 24/25.	Completed	Priority for 24/25
A range of high-quality services for people to choose from	Commissioning a new Mental Health Independence and Support Framework to strengthen provision for people needing care and support in their own tenancies or accommodation through three levels of support: <ul style="list-style-type: none"> <li>Helping people to help themselves - Universal Services and Resilient Communities.</li> <li>Help when needed - Targeted Help (including crisis and reablement).</li> </ul>	Mental Health Independence and Support Framework to place and implemented.	Completed	COMPLETE

	<ul style="list-style-type: none"> <li>Helping people to live their lives - Ongoing Care</li> </ul>			
	Commissioning a new Adults with Disabilities that covers Supported Living, Enhanced Supported Living and Activities outside the home. The framework will build in supports to the workforce, provide longer contract terms to promote market stability and sustainability, increase choice and diversity in the activities outside the home market and strengthen our contract management and quality oversight mechanisms.	Completed and approved in September 2023. The Framework is now in place and continually update via a dynamic purchasing system.	Completed	COMPLETE
Sufficient investment for development of the workforce and to support retention and recruitment of high-quality care	Working at a system level to develop a workforce strategy.	An Adult Care Workforce Strategy was developed in March 2023 and update on delivery progress provided to Committee in January 2024.	Completed	COMPLETED
	Transformation of Home Care in the procurement of a Care and Wellbeing Service, outcome focused care and support that supports workforce stability and moves towards improved terms and conditions for staff, including a test of change for shift-based work. Area based providers will strengthen community networks and partnership working to the benefit of people in receipt of the service. Development of 'Trusted Reviewer' model	Approval to commission provided in June 23. An evaluation took place in 23/24 with new service planned to go live in June 2024. This provides foundations for a transformational shift in adult care to community connected care. Regular updates have been provided to Committee as to progress. Date updated to Dec 25 to reflect transformational aspect of the service.	December 2025	Priority for Implementation 24/25
Evidence of innovation and service diversity in order to meet changing user needs	Develop and delivery Adult Future Options Transformation Programme, with a focus on accommodation planning to deliver improved outcomes for people in the City. Programme will support creativity and flexibly in the development of services, led by people in Sheffield and the sector, with a collaborative approach with Children's services and transitions.	Amended to note innovation programme could not be added as a lot to the Framework and focus now on transformation of AFO Transformation Programme approved at Committee in November 2023 aligned to approval of the Learning Disability Strategy.	December 2025	Priority for 24/25
	Agree Digital Strategy, including programme for TEC	A Digital Strategy was approved and an ongoing programme for Technology Enabled Care development in place. A development programme is being implemented in 23/24 and 24/25 including tests of change to support workforce development, Hospital Discharge, early identification of issues and support to stay at home. Latest update to Committee in December 2023.	December 2025	Ongoing
	As we procure, new contracts set out clear processes and approaches to fee increases to support providers in their financial planning.	New contracts in place for Mental Health Support and Independence at home Standard Care Homes, Supported Living, Day Activities and Overnight Short Breaks which set out in terms and conditions the model and process for annual fee uplifts. Further, a process has been developed for all fee increase requests outside this process to support consistency and market management.	Completed	COMPLETE
Being attractive to new market entrants and able to manage and offset the impact of future market changes	Commissioning strategies that promote longer term contracts where appropriate to encourage investment in Sheffield, develop longer term partnerships with providers, provide more stability and ability to plan: <ul style="list-style-type: none"> <li>Care and Wellbeing Service (home care)</li> <li>Working Age Adults Framework</li> <li>Accommodation with Care (residential care homes)</li> </ul>	Over last year commissioning intentions and strategies have focused on longer term arrangements as follows: - <ul style="list-style-type: none"> <li>Care &amp; Wellbeing is a 10-year contract (7 + 1 + 1);</li> <li>Healthwatch is a 10-year contract,</li> <li>Advocacy is a 7-year contract with option of extension.</li> <li>Supported Living, Day Activities, Extra Care are 7-year contracts with option of extension.</li> </ul> Priority for 24/25 is to implement and focus on care home transformation.	Ongoing	Priority for implementation in 24/25
	<ul style="list-style-type: none"> <li>Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice</li> </ul>	The implementation of the new Care & Wellbeing Service contract includes payment on planned hours for providers, this supports longer term and outcomes focused planning, streamlines invoicing and payment procedures and support the financial viability of the sector.	Summer 2024	Priority for Implementation 24/25

# Market Oversight & Sustainability 2023/4

## Sufficiency & Stability

- We will ensure that we have a diverse range of good quality provision in the City, connected to support networks and communities, promoting choice and able to deliver personalised care and meet the needs of Sheffield's changing population profile

## Quality

- Services will provide care and support that meets the standards we would expect: effective, safe, well led and sustainable, where people have a positive experience and say that their personal outcomes are met

## Value for money

- We will have the right balance in cost and impact of service delivery, managing our resources to support investment in preventative services and to respond to changing demands.



# Living and Ageing Well

SUFFICIENCY																									
WHERE ARE WE NOW	ACTION PLAN																								
<p><b>HOME CARE</b></p> <ul style="list-style-type: none"> <li>Sheffield has a high number of Home Care providers, many of whom focus on privately purchased care and support. Through our contractual arrangements, Sheffield City Council procure care with over 80 providers, c30 of whom are contracted under our Home Care Framework, with others contracted through spot purchase and Direct Award arrangements.</li> <li>The Council commissions approximately 40,000 Home Care each week (which includes Hospital Discharge packages), delivered to c2,500 The Council procures Home Care to support approximately 2,600 people in their own homes people by c1,800 care workers employed by providers.</li> <li>The number of packages waiting at 1<sup>st</sup> March 2024 was 31, with 18 people waiting over 5 days. The longest wait dating from 3<sup>rd</sup> December. We have seen a significant reduction in people waiting, and improved flow from performance in 2022</li> <li>Between 1st September 2023 to 1st March 2024, 258 new hospital discharge packages were brokered to the Independent Sector. Of these 47% (122) were started within 48 hours.</li> <li>The independent sector continues to report capacity across the City</li> </ul>	<ul style="list-style-type: none"> <li>Procurement has been completed for the new Care and Wellbeing Service contracts and officers are now supporting the mobilisation and implementation of the new contract for the 3<sup>rd</sup> June 2024.</li> <li>The new Homecare delivery model sees a further move towards personalised and outcome-led care, contracting with fewer providers who will benefit from improved payment terms – including payment on planned hours to support provider financial planning and longer contracts to support partnership and collaborative development work.</li> <li>Geographical alignment of support with provider contracted to deliver in a specified geographical area, operating as equal partners within multi-disciplinary and collaborative working arrangements across health and social care. It is anticipated that this will strengthen partnership working, improving monitoring arrangements, supporting provider efficiencies and sustainability, and reduce travel for care staff - and in doing so reduce our carbon footprint.</li> <li>Discharge funding is being used to support timely hospital discharge and test news ways of enabling discharge.</li> </ul>																								
<p><b>ACCOMMODATION WITH CARE</b></p> <ul style="list-style-type: none"> <li>100+ care homes. Range from small, single homes to large national organisations. A high number of care homes and providers places a significant capacity demand on quality assurance monitoring and improvement.</li> <li>Occupancy rates have improved, though there is still an oversupply of residential beds. Low occupancy levels increase the risk of poorer quality provision and unsafe practices as the financial impact affects staffing, morale, and the risk of accepting residents whose needs cannot be met to increase income. There is a growing need to encourage more homes that can support more complex needs.</li> </ul> <table border="1"> <thead> <tr> <th colspan="4">February 2024</th> </tr> <tr> <th>Vacancy Type</th> <th>Occupied %</th> <th>Occupied</th> <th>Vacancies</th> </tr> </thead> <tbody> <tr> <td>Dementia Nursing</td> <td>92.86%</td> <td>507</td> <td>39</td> </tr> <tr> <td>Dementia Residential</td> <td>91.24%</td> <td>1041</td> <td>100</td> </tr> <tr> <td>General Nursing</td> <td>83.43%</td> <td>599</td> <td>119</td> </tr> <tr> <td>General Residential</td> <td>80.43%</td> <td>748</td> <td>182</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Procurement for a new framework contract for standard residential settings has been completed, with the contract going live in February 2024. 25 providers, with 45 Older People's Care Homes successfully applied to be on the Framework.</li> <li>Our temporary care contractual arrangements are now well established:             <ul style="list-style-type: none"> <li>Somewhere Else to Assess: 12 care homes providing a combined total of 40 beds under block contract, with additional capacity from a further 11 home</li> <li>Emergency Residential Beds - 3 care homes providing a total of 3 beds in the city, with additional capacity from 9 other homes.</li> <li>Planned Respite Beds - a total of 4 beds block contracted in 4 homes, with additional capacity provided by 11 more homes.</li> </ul> </li> </ul>	February 2024				Vacancy Type	Occupied %	Occupied	Vacancies	Dementia Nursing	92.86%	507	39	Dementia Residential	91.24%	1041	100	General Nursing	83.43%	599	119	General Residential	80.43%	748	182	<ul style="list-style-type: none"> <li>The Commissioning programme for Care Homes seeks to increase occupancy rates overall, with a focus on delivering a shift from general residential beds to increasing the number of providers that can support residents with more complex needs – specifically nursing and those with dementia.</li> <li>Work to ensure sufficiency will also consider the needs and provision of short term and respite care as part of the health and care system and supporting people and families to keep well and be able to access the right support at the right time.</li> <li>Invest time and support in quality improvement – focusing on achieving a stable and skilled workforce, drive up quality in the market overall through an integrated approach with quality assurance to support and hold homes to account for the care provided.</li> <li>Renew our fee rates model to support projected needs in the City and ensure choice across a sustainable and innovative market</li> <li>Continue to work with providers in Sheffield to join the Care Homes Framework. We are encouraging all older people's standard care homes (residential and nursing) to complete the application for the Framework. It is our intention that we will seek providers on this Framework first when procuring placements. This is to ensure that current and any future placements funded by the Council and Health (funded nursing care, FNC) continue to deliver the standards of care as set out in the required contract and service specification.</li> <li>Developing new contract models to innovate and develop with Care Homes that want to work with us and share the council's vision. We will investigate the costs and benefits of different contract options for care homes (e.g. block contracts, longer term contracts, framework lots)</li> <li>Review of S2A bed provision and specification</li> <li>Increase understanding of equalities in our OP Care Homes – with improved data collection and analysis, and mapping of provision against an EAA</li> </ul>
February 2024																									
Vacancy Type	Occupied %	Occupied	Vacancies																						
Dementia Nursing	92.86%	507	39																						
Dementia Residential	91.24%	1041	100																						
General Nursing	83.43%	599	119																						
General Residential	80.43%	748	182																						
<ul style="list-style-type: none"> <li>With a growing and aging population, Sheffield will need to plan for an increase in the number of older adults being assessed for and receiving long term packages of support. By moving provision from residential settings to community packages, all providers will need to develop to support higher complexities of needs in community and residential settings.</li> <li>Providers report challenges with recruitment and retention of staff in all roles - as the pressures of the Covid pandemic, together with competitive pay rates in other organisations and careers impacts on workforce stability and wellbeing in the sector. High agency use.</li> </ul>	<ul style="list-style-type: none"> <li>The care workforce is our workforce and we will work together to deliver joint training and development opportunities</li> <li>In partnership with the sector we will co-design a Quality and Support programme</li> <li>Development of Sheffield Care Association</li> </ul>																								

# QUALITY

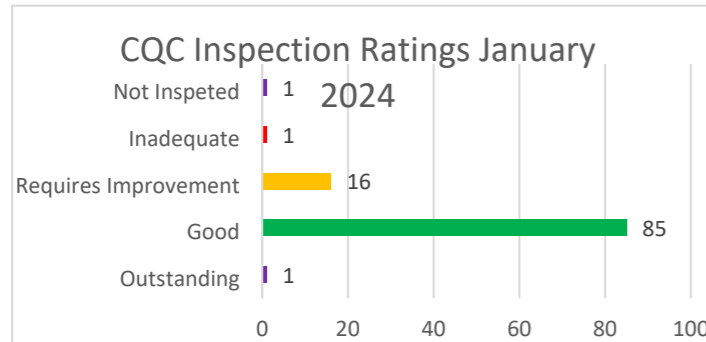
## WHERE ARE WE NOW

### HOME CARE

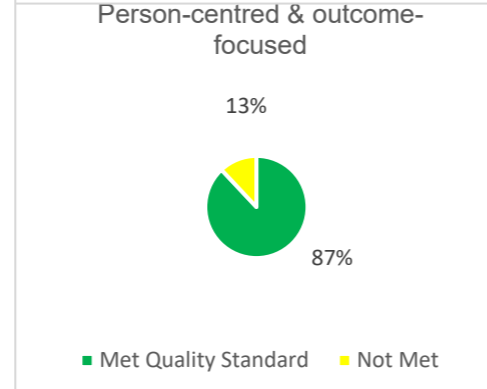
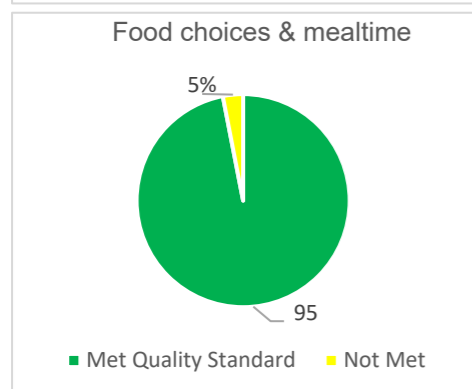
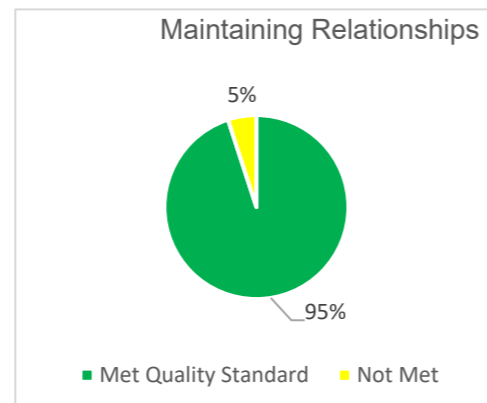
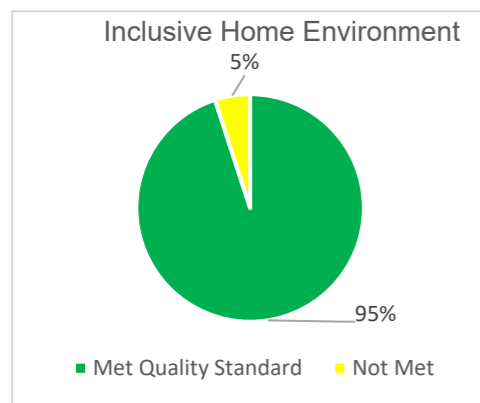
- 67% of providers rated Good or Outstanding
- Retention is further impacted by staff leaving the workforce due to retirement or ill health: c26% of care workers in Sheffield are aged over 55.

### ACCOMMODATION WITH CARE

- CQC rating of good or outstanding: 90.77% residential and 77.27 nursing, better than NA



- SCC Contract and Quality team monitoring has 3 homes in 'Amber' and 4 in 'Red' at end January 2024. These homes have increased monitoring with a focused improvement plan. The homes also have placement restrictions in place.
- Routine quality monitoring of the 104 Care Homes in the City is undertaken by the Quality team. 70 routine quality monitoring visits have been carried out during the period April 2023 to January 2024, and through observations and conversations with residents and families the Quality and Performance Team evidence that Homes are meeting standards in a number of areas:



## ACTION PLAN

- The new Care and Wellbeing (Home Care) Contract will embed consistent Practice Standards across Adult Social Care and Independent Sector provision, and will seek to drive practice that is outcome focused, strength-based, community connected and person led so that *all* social care support is focused on enabling people to live independently, live the life they want to live and have positive experiences of care.
- The tender process reset quality expectations, to move us towards good and outstanding.
- As part of the Residential and Nursing Care Home Strategic Review, co-produced standards for quality & improvement will be implemented – with clearer expectations around data and reporting from Care Homes as part of the new Care Homes Framework.
- We will continue our multi-disciplinary approach to quality improvement and support, maximising the benefits of a cross service team with the ICB, so that when Care Homes identify, or are identified as requiring support to meet the standards we expect, the best support is available to them to deliver this.
- We will improve our understanding of health inequalities within care homes and prioritise work to reduce and address these.
- We will review arrangements for how placements are arranged, purchased and monitored – considering the contribution that Brokerage can make to personalised care and support.
- There are already programmes of work related to the ASC sector workforce – and partnership working with Skills for Care, and we will feed into and support these existing programmes
- In line with ASC Digital Strategy and Discharge funding proposals, we will map the target population(s) needs – including care home residents; families; staff; managers; commissioners; ASC and health partners to ensure that any potential resource is directed to where it is most needed, and/or where it can have most impact.
- We will work with Care Homes to map digital infrastructure and capabilities and develop of partnership and collaborative plans to improve and maximise digital impact.

# VALUE FOR MONEY

## WHERE ARE WE NOW

- A rate of £22.96 per hour has been agreed for 2024/25. We anticipate that this rate – together with the move to planned care over a 7 years + 2 +1 contract and consolidation of the market will support our commissioning objectives and better outcomes for Sheffield people. We also anticipate that staff will see the benefit of an increased fee rate in their terms and conditions.
- SCC rates are comparable with regional averages. The FCOC exercise highlighted a gap between current rates and the median FCOC output, though the move to £21ph in the new contract closes this gap, with further efficiencies – especially around travel anticipated in the new contract

- The Council currently commissions in the region of 1,900 residential and nursing beds across the city, including short-term beds, at any one time. This includes all beds for older people and younger adults. The cost of this is circa £93m, against a budget of £84.5m.
- SCC rates are lower than regional averages, and the FCOC exercise has highlighted a significant gap between current rates and the median FCOC output. Whilst we have made steps to close this gap, there is further work to do. We will continue to work with providers to ensure a 'Cost of Care' model that supports a sustainable care market and protects people from unpredictable costs; offers more choice and control over care received, offers quality provision; and is accessible to those who need it.
- Sheffield has a range of providers and business models – with some homes able to manage fluctuations and debt more than others.
- Several homes use top ups and higher rates for self-funders to 'balance the books.
- Care homes tend to have significantly high energy bills - primarily caused by high energy consumption, which also has a damaging effect of the environment. Helping residential care homes to identify appropriate energy efficiency options will help to reduce energy bills and improve the comfort of their residents. By taking steps to improve energy efficiency, care homes and nursing homes could reduce their overheads and have more money to invest into their services. They could also reduce their carbon footprint and help with environmental sustainability.
- Since 2015, 5 homes closed related to practice, and 13 for financial reasons. No new entrants in last year.

## ACTION PLAN

- Fee increases have been set out in the new contract.
  - Changes to the payment and charging model. Switching from payment based on minutes of care delivered to payment based on planned care will shift the emphasis away from time and task; it will give providers more certainty and people more timely and more reliable invoices; and it will reduce complexity and improve efficiency.
- 
- We will work collaboratively with providers to set transparent and fair fees and rates, using our leverage to drive improvement in terms and conditions for the care sector workforce, and supported by a fair cost of care model.
  - Engage with local Care Provider Association and others to agree process and partnership approach
  - Complete analysis of the current and projected demand, against market and workforce pressures (inc self-funders and CCG funded information)
  - Feed into this EAA analysis
  - Review commissioning capacity and opportunities to support the system more effectively and efficiently.
  - Review existing fee setting models and current contracts – exploring the benefits of an enhanced rate and standard rates for specialist provision.
  - Climate impact and energy efficiency will be taken forward using assessment tools and ensuring that Care homes are well placed to apply for any financial or other support from national or local initiatives.

# Adults Future Options

SUFFICIENCY	
WHERE ARE WE NOW	ACTION PLAN
<p><b>ACTIVITIES INSIDE THE HOME</b></p> <ul style="list-style-type: none"> <li>42 Supported Living providers contracted under current framework, 16 providers are contracted through Direct Awards</li> <li>Some supported living framework providers work with a landlord (Registered Provider) to provide accommodation in a 'scheme' setting.</li> <li>There is a diverse range of small local to larger national providers.</li> <li>Framework providers currently deliver around 21,024 hours of 1:1 support to 590 people per week; and around 7,707 hours of 'shared' support to 302 people per week.</li> <li>c1295 support workers employed by supported living providers.</li> </ul> <p><b>ACTIVITIES OUTSIDE THE HOME / DAY ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>61 'day service' providers. 24 are now on the Adults with Disabilities Framework. 37 are not on the Framework but we are actively encouraging them to submit an application.</li> <li>Diverse range of providers from large building based to smaller community settings/outreach.</li> <li>850+ adults with a disability receive 'day service' support, most have a learning disability and/or autism.</li> <li>c600 support workers are employed by day service providers.</li> </ul> <p><b>OVERNIGHT SHORT BREAKS (Respite)</b></p> <ul style="list-style-type: none"> <li>6 providers contracted via Direct Payments/Council Arranged</li> <li>A range of models of support from smaller 'supported living' settings to larger residential style.</li> <li>168+ adults with a disability receive an overnight short break, most have a learning disability and/or autism. Many have a physical disability.</li> </ul> <p><b>ENHANCED SUPPORTED LIVING FRAMEWORK</b></p> <ul style="list-style-type: none"> <li>Contract start date January 2023</li> <li>Framework re-opened in December 2023</li> <li>There are now 23 providers on the Framework – supporting people with complex support needs in the community instead of a more restrictive setting.</li> </ul>	<p>Commissioning activity and service development to deliver better quality services and outcomes based upon our co-produced Learning Disability Strategy. The priorities are:</p> <ul style="list-style-type: none"> <li>- Emergency Overnight Short Breaks - Developing capacity for emergency overnight short breaks, including improving the quality and variety of provision in the market.</li> <li>- Specialist accommodation with care. Developing an accommodation growth plan to promote independent living, reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning.</li> <li>- Direct Payments – Developing the Personal Assistant workforce in conjunction with our wider care workforce strategy and more flexible use of Direct Payments / Individual Service Funds.</li> </ul>
QUALITY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> <li>All Supported Living providers currently rated Good or Outstanding</li> <li>Effective contract monitoring and market oversight – all providers rated 'green'</li> <li>Quality and Performance team conduct quality visits to supported living, short breaks and day service providers throughout the year, with at least 2 visits in a 12 month period. A self-assessment tool has been designed for Enhanced Supported Living provider; outcomes are measured against I statements.</li> <li>The areas explored during quality visits for supported living include: <ul style="list-style-type: none"> <li>- Person centred approach: support plans and observations and conversations with individuals where possible to ensure people are supported with "What matters to them", they are supported with dignity and respect; that there are opportunities for daily enjoyment and a good quality of life</li> <li>- Staffing: deployment, recruitment, retention and training</li> <li>- Quality assurance: incident and accidents; safeguarding alerts and complaints; managing client finances, client and family satisfaction / feedback, audits with clear action plans / follow up to make improvement</li> <li>- The quality domains for day activities include quality of life/independence/empowerment/ safety and social connections</li> </ul> </li> <li>Similar recruitment and retention challenges to the rest of the health and social care sector. Career progression is an issue due to lack of opportunities and the poor pay differential between support workers and managers.</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes focussed approach for all new monitoring arrangements</li> <li>We Speak You Listen experts by experience will be involved in quality checking</li> <li></li> </ul>

VALUE FOR MONEY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> <li>• For 22/23, the budget for Supported Living was £35million</li> <li>• For 22/23, the budget for day services was £4 million.</li> <li>• The expenditure for short breaks was c£1.5m for 22/23.</li> <li>• SCC rates are comparable with regional averages.</li> <li>• Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates</li> <li>• Hourly rate for sleep in support has been replaced by a single payment per night</li> </ul>	<ul style="list-style-type: none"> <li>• Fee increases have been set out in the new contract.</li> <li>• Invoice verification process in place, to verify commissioned hours against 'actuals' in supported living. <ul style="list-style-type: none"> <li>- Ensure accurate and timely payments are made to Framework providers of; Home Care, Supported Living and Extra Care</li> <li>- Verifying, and where necessary challenge providers on support hours submitted</li> <li>- Resolve complex payment queries and historical reconciliations.</li> <li>- Escalate concerns or queries regarding care hours delivered.</li> <li>- Build/Maintain positive working relationships with providers and new social work team</li> <li>- Track TUPE premium payments.</li> </ul> </li> <li>• Brokerage of supported living packages ensures that vacancy and void costs are minimised.</li> <li>• Work with providers to review support packages to ensure that individual outcomes are being met appropriately, identifying where there could be a reduced dependence on paid services.</li> <li>• Consider whether other providers could meet some of the needs of the individuals, for example, shopping and cleaning services.</li> <li>• Framework providers involved in pilot for Individual Service Funds</li> </ul>

# Adult Mental Health

SUFFICIENCY	
WHERE ARE WE NOW	ACTION PLAN
<p><b>SUPPORT – COMMUNITY BASED</b></p> <ul style="list-style-type: none"> <li>12 Mental Health Independence providers contracted under current framework. There are approx. 8 providers who offer support and are purchased via a direct payment or direct award.</li> <li>The framework is three tiered and focuses on enablement/reablement</li> <li>There is a diverse range of small local to larger national providers</li> <li>Framework providers currently deliver around 1,692 hours of support to 372 different individuals</li> </ul> <p><b>ACCOMMODATION &amp; SUPPORT – COMMUNITY BASED</b></p> <ul style="list-style-type: none"> <li>There are three supported accommodation schemes with a total of 63 self-contained units which are commissioned directly</li> <li>There are four providers on the Mental Health Independence framework who offer supported accommodation alongside outreach support. There are approx.65 individuals living in these units.</li> <li>There are three providers mental health supported accommodation who are not commissioned directly or via the Mental Health Independence framework and house approx. 45 individuals.</li> </ul> <p><b>ACCOMMODATION &amp; SUPPORT – RESIDENTIAL</b></p> <ul style="list-style-type: none"> <li>There are 10 specialist mental health residential homes. These homes offer a total of 144 bed spaces.</li> <li>There are 7 mixed nursing home which support individuals with mental health needs. Currently 32 individuals under the age of 65 reside in these homes.</li> <li>Diverse range of providers from large national provider to smaller local providers</li> <li>There are 23 out of city specialist mental health placements currently commissioned</li> <li>3 bed are currently commissioned on a black contract to support hospital discharges</li> </ul> <p><b>PROMOTING INDEPENDENCE PROGRAMME</b></p> <ul style="list-style-type: none"> <li>The programme strives to support individuals to move on from residential environments to more community based environments</li> <li>Currently the programme is working with 13 individuals</li> <li>Over the past 12 months it has support 23 individuals to transition out of residential environments</li> </ul>	<ul style="list-style-type: none"> <li>Development of supported accommodation for individuals perceived as complex</li> <li>Development of the specialist mental health support market</li> <li>Evaluation of the Promoting Independence Programme</li> <li>Embedding the leading from the Promoting Independence Programme into longer term social care approach</li> <li>Development of the residential market towards a more specialist role</li> <li>Development of a supported accommodation framework</li> <li>A further move towards personalised and outcome-based support</li> <li>Longer contracts to provide stability support innovation and co-production</li> </ul>
QUALITY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> <li>Out of the 12 support providers on the Mental Health Independence framework, 9 providers have active packages of support. The average satisfaction with support rate currently stands at 80%.</li> <li>A very low number of complaints are reported, with 6 complaints in Q3 of 2023</li> <li>Robust risk assessments and contingency plans found during monitoring visits</li> <li>Regular evidence of positive impact from the support shared by providers in monitoring meetings</li> <li>Currently evaluating the success the Promoting Independence Program</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes focussed approach for all new monitoring arrangements</li> <li>Involving experts by experience will be involved in quality checking</li> <li>Expanding quality measures to recent services transitioned from SCC Housing</li> <li>Promote the use to assistive tech during quality visits</li> <li>Measuring outcomes for individuals supported by the Promoting Independence Program</li> </ul>
VALUE FOR MONEY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> <li>For 22/23, the spend on directly commissioned mental health supported accommodation is £487,720</li> <li>For 22/23, the spend for Mental Health Independence framework is approx. £1.4m</li> <li>For 22/23, the spend on mental health residential services is approx. £4.25m</li> <li>SCC rates are comparable with regional averages.</li> </ul>	<ul style="list-style-type: none"> <li>Fee increases have been set out in the new contract.</li> <li>Invoice verification process in place, to verify commissioned hours against 'actuals' in supported living. <ul style="list-style-type: none"> <li>Ensure accurate and timely payments are made to Framework providers of; Home Care, Supported Living and Extra Care</li> <li>Verifying, and where necessary challenge providers on support hours submitted</li> <li>Resolve complex payment queries and historical reconciliations.</li> <li>Escalate concerns or queries regarding care hours delivered.</li> <li>Build/Maintain positive working relationships with providers and new social work team</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>- Track TUPE premium payments.</li><li>• Brokerage of mental health independence ensures marketplace equity</li><li>• Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates</li><li>• Hourly rate for sleep in support has been replaced by a single payment per night</li><li>• Work with providers to review support packages to ensure that individual outcomes are being met appropriately, identifying where there could be a reduced dependence on paid services.</li><li>• Consider whether other providers could meet some of the needs of the individuals, for example, shopping and cleaning services.</li></ul>
--	---

This page is intentionally left blank



## PART A - Initial Impact Assessment

**Proposal Name:** ASC Market Sustainability: Commissioning, Quality and Fees 24/25

**EIA ID:** 2632

**EIA Author:** Catherine Bunten

---

**Proposal Outline:** Under the Care Act 2014, Councils have a duty to ensure that there is a sustainable and affordable social care market locally. This includes commissioning activity to shape the market and ensure the delivery of sufficient service provision, quality assurance activity to ensure people have access to a choice of high quality provision, and contract management activity to ensure that the provision of services is efficient and effective. This include the setting of Fee Rates. Sheffield's Market Shaping Statement sets out the strategic context and key messages for the market in Sheffield to support this – setting out our vision for a sustainable market providing a diverse, high quality choice of providers to meet the needs and outcomes of adults in need of care and support in the City. Key to the market is the workforce who deliver social care services. We know the workforce is overwhelmingly female, but we need to know more about its diversity and to capture demographics to ensure that it is broadly representative of the people who draw on social care. This EIA also provides an overview of potential impacts of fees for providers of nursing/residential care, extra care, supported living, home care, respite care and day activities; personal assistants and to cover direct payment activities.

---

**Proposal Type:** Non-Budget

---

**Year Of Proposal:** 23/24, 24/25

---

**Lead Director for proposal:** Catherine Bunten

---

Service Area: Adult Care and Wellbeing

---

EIA Start Date: 27/02/2024

---

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: Adult Care and Wellbeing

---

EIA is cross portfolio: No

---

EIA is joint with another organisation: No

## Overview of Impact

**Overview Summary:** Fee rate proposals are informed by consultation and engagement with providers as part of tendering exercises for Home Care, Supported Living, Enhanced Supported Living, MH Support and Independence and consultation with Care Homes, building on the Fair Cost of Care exercise and consultation undertaken in 2022 and 2023. Setting fees rates is a critical factor in ensuring a sustainable market that enables access to appropriate provision, offers choice and control over the support individuals need to improve and better manage their wellbeing, and contribute to improved

experiences and outcomes. Fee rates have an impact on the market as follows:

- Quality of care – under funding can lead to reduced staff training, lower staffing levels, loss of trained staff to other sectors, and a lack of investment in the care provision.
- Availability and choice of provision – under funding reduces the financial viability of the market increasing the risk of provider exit and reducing the likelihood that new providers will open in the City. This can lead to a reduction in choice and an increased risk of delayed care, unavailable care or – in residential care - increased out of area placements.
- Poorly paid staff – many providers pay national minimum wage or close to it for staff such as carers and support workers. If funding does not at least increase in line with inflationary pressures this situation is unlikely to change and may result in more providers only paying National Minimum wage. This would be of particular concern for people with a learning disability/autism who need continuity of care if there is a significant increase in churn of key workers. In terms of day services, this may have a negative impact on family carers where their son or daughter still lives at home e.g. if it leads to a change in behaviours or means that there is a reduction in services due to low staff levels and as a consequence means that their caring responsibilities increase.
- Private Fee Rates – if council funding does not at least keep up with increased cost pressures, then it is likely that providers will place some of the additional burden onto Private fee payers by increasing their fees. By proposing fee increases at least in line with inflation, together with commissioning strategies already in train, we seek to address and mitigate cost pressures providers face, the risk of these adverse impacts is reduced, and there are more opportunities for ongoing improvements and development work to improve outcomes for people, with a particular focus on reducing inequalities and disproportionality. Those who make contributions to their care will see an increase with any Council fee rate increases, and this takes place in a context where many people are impacted by the cost of living crisis, and the impact of this falls disproportionately across protected characteristics.

---

**Impacted characteristics:**

- Age
- Carers
- Disability
- Health
- Partners
- Poverty & Financial Inclusion

## Consultation and other engagement

## Cumulative Impact

Does the proposal have a cumulative impact:

Yes

Consultation will be required as more detailed commissioning strategies and Market Position Statements are developed, and an EIA will be completed for each of these. There will continue to be consultation with people purchasing care and support services, either independently, through the local authority, or for whom the local authority purchases and provides services. Engagement with providers has also been completed relating to fee setting. Fee rates are linked to market sustainability, and for some people, increases to rates will impact on the contributions they make. The increase to the care home rate generally won't affect the contributions people make because placements funded at the Council's standard rate are at least part funded by the Council and so the person is already paying the maximum they can afford to pay. There are however some exceptional edge cases, where people have sufficient funding to be self-funders and so would ordinarily contract with the care home directly at the standard market rate (which is more than the Council's standard rate). However, in these exceptional cases the Council would be contracting with the care home, funding the placement, and re-charging the person for reasons of safety / to maintain continuity of care. Therefore, for these people the increase to the Council's rate will impact on their contribution. This is fair and right - they have the means to pay - but these people will need to be notified, which will be done on a case-by-case basis because of the complexity of these exceptional cases. With regards to homecare, we have some people whose financial contribution is not limited by their ability to pay but by the relatively low cost of their support (smaller packages). The increase

to the homecare fee rates will therefore result in an increase in charges for some people. These people will be notified in of any increase in advance. We will provide an information fact sheet (budgeting, debt managing, signposting) to everyone affected and will be ready to review the financial assessment of anyone who approaches us with concerns so we can ensure that their very latest costs and assumptions are being taken into account in the financial assessment calculation.

---

**Impact areas:**

Year on Year

**Initial Sign-Off**

**Full impact assessment required:**

Yes

---

**Review Date:**

27/02/2024

## **PART B - Full Impact Assessment**

**Health**

**Staff Impacted:**

No

**Customers Impacted:**

Yes

**Description of Impact:**

There may be a negative impact on those people who are private fee payers if provider costs that aren't covered by proposed fee levels are passed on to them by providers. This would see their disposable income reducing. This is most likely to impact on people privately paying for homecare or Care Homes. Less is known about private fee payers and any disproportionate impact this may have, though the commissioning strategy for Care Homes will continue to work towards improved provider models to support wider market sustainability and reduce the likelihood of

this.

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:

Older people represent the vast majority of people who draw on Adult Care and Wellbeing. The majority of home care and care homes are for older people, 84% of adult care home capacity is for over 65s compared to 16% of working age. The care home population is also ageing with 59.2% being over 85 in 2011, compared to 56.5% in 2001. Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics (ons.gov.uk). Ensuring that fee rates are sufficient to sustain a quality market, with choice means that people can expect to receive continuity of care, and high quality support. Those who pay for their care may see an increase in their contributions, and this is more likely to be the case for older people receiving homecare. There are also implications for the provider workforce, which includes a large proportion of older workers. As part of the wider commissioning work, and our Workforce Strategy, we will work with providers to develop plans toward achieving the foundation living wage, delivering against the ethical care charter, and promoting Care as a career.

## Carers

Staff Impacted:

No

**Customers Impacted:**

Yes

**Description of Impact:**

Embedded in the commitments around which the market shaping approach is based, is that we will recognise and value unpaid carers and the social care workforce, and the contribution they make to our city. There is a risk to carers if services become unsustainable, particularly Short breaks.

## Care Experienced

**Staff Impacted:**

**Customers Impacted:**

**Description of Impact:**

## Disability

**Staff Impacted:**

No

**Customers Impacted:**

Yes

**Description of Impact:**

Many people with disabilities have a need to draw on Adult Care and Wellbeing services. Dementia is especially prominent in the care home population. There has been an increase in the number of beds for residents with dementia in recent years, with 61 extra dementia registered beds in the city compared to a loss of 357 beds not registered for dementia in the past 5 years. The increase in acuity when older residents enter care has been a regular topic of concern in fees consultation. This will in part be due to residents staying at home longer and entering care when older. The commissioning programme for the adults with disabilities framework included a significant increase for Supported living, and provider-led submissions for activities costs (above the rate set for 1-1 support) in 23/24. This supports the ongoing stability of the market, which has been healthy in recent years, with ongoing work in partnership to develop new ways of working to promote independence and improve outcomes for adults with

disabilities.

## Partners

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: Health partners and the Voluntary and Community Sector are impacted by the fees rates that the Council sets. Differentials between Health and Council rates may have an adverse impact on the way the market operates. By continuing to work together and seek further integration with our commissioning, we seek to reduce or avoid such adversity. Appropriate fee increases reduce the risk of provider failure.

## Poverty & Financial Inclusion

Staff Impacted: Yes

Customers Impacted: Yes

Description of Impact: There is some evidence of self-funders subsidising council funded placements within older people's care homes. Self-funders are not evenly distributed throughout the city and are heavily concentrated in wealthier areas. Whilst subsidisation of council funded residents occurs, this is likely to have impacts on care homes or their residents in poorer areas with less self-funding residents. • For example - Lower average fee rates, leading the home to have less money to invest in the home or staffing and reduced financial viability, or private fee rates increasing faster than that of homes in wealthier areas to enable the home to achieve the required level of subsidisation from fewer self-funding residents. The Council also wishes to move towards FLW for provider staff.

## Race

Staff Impacted:



**Customers Impacted:** Yes

**Description of Impact:** People from minoritised communities are underrepresented in the cohort of people drawing on Council arranged social care services, with Direct Payments often being a preferred option. THE SACHMA report into the Caribbean experience of Home Care included several recommendation to address racial disparities in care , including the development of Individual Support Funds. This has been taken forward in 2022 and 2023, alongside the recommissioning of our Care & Wellbeing service, which supports many of the other recommendations in this report. Market shaping should redcue inequalities experienced due to race and create a better range and quality of services for people to draw on including the engagement of staff from those communities. The proposed rates of increase for people receiving Direct Payments are in line with inflation modelling, and ongoing DP review and audit supports people with Direct Payments to be able to secure the support they need. Skills for Care estimate that 24% of staff working in Nursing Homes and 11% of staff in Residential Homes in Sheffield are Black African, Black Caribbean or Asian, this increases to 53% of registered nurses. This compares to 19% in Sheffield’s population in the 2011 census. (Population and Census (sheffield.gov.uk)

## Religion / Belief

**Staff Impacted:** No

**Customers Impacted:** Yes

**Description of Impact:** Market shaping and development – with improved focus on outcomes and personalisation should create a better range and quality of serviced for people to draw on. There may therefore be a positive impact people as their religious beliefs are promoted in the care that they received.

## Voluntary / Community & Faith Sectors

**Staff Impacted:** Yes

**Customers Impacted:**

Yes

**Description of Impact:**

We know that, especially in the Care Home sector, different organisational structures can have a significant impact on financial health and delivery costs. It is important to have a varied provider market – including not for profit organisations. The fee rates proposed should be sufficient to ensure our markets continue to be sustainable, and wider work to support occupancy / business levels to continue to secure a varied market will continue.

## Action Plan & Supporting Evidence

**Outline of action plan:**

Develop trajectory towards Fair Cost of Care for Care Home (65+) in Sheffield 2. Continue to monitor (and report to CJC) on compliance with Ethical Care Charter 3. Market oversight and sustainability monitoring to draw out equalities information and impacts 4. Further analysis on the self-funding market and equalities characteristics 5. Review actions from EIAs relating to commissioning strategies and procurement for care provision 6. Monitor impact on workforce changes in provider markets 7. Update Market Analysis with any equalities data

**Action plan evidence:**

Data from ASC performance.

**Changes made as a result of action plan:**

## Mitigation

**Significant risk after mitigation measures:**

No

**Outline of impact and risks:**

## Review Date

**Review Date:**

27/02/2024  
Page 274



This page is intentionally left blank



## Report to Policy Committee

**Author/Lead Officer of Report:**  
Janet Kerr, Operations Director

**Report of:** Strategic Director Adult Care and Wellbeing

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

**Date of Decision:** 20<sup>th</sup> March 2024

**Subject:** Working with People Delivery Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 2311		
Has appropriate consultation taken place?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>"The (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>		
<b>Purpose of Report:</b>		
<p>This report provides our approach to the CQC Assurance Theme 1 - Working with People.</p> <p>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. This is an update to the report presented in September 2023.</p>		

**Recommendations:**

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

- Notes the update to 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:**

- Appendix 1 – Equalities Impact Assessment

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Kerry Darlow</i>
		Legal: <i>Patrick Chisholm</i>
		Equalities & Consultation: <i>Ed Sexton</i>
		Climate: <i>Janet Kerr</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	<b>SLB member who approved submission:</b>	<i>Alexis Chappell Strategic Director, Adult Care and Wellbeing</i>
3	<b>Committee Chair consulted:</b>	<i>Cllr Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Janet Kerr</i>	<b>Job Title:</b> <i>Operations Director</i>
	<b>Date:</b> <i>20<sup>th</sup> March 2024</i>	

## 1. PROPOSAL

- 1.1 This is an update to the Working with People Delivery Plan which was presented at Committee in September 2023. The Working with People Delivery Plan in particular focuses on delivery of our Care Act 2014 requirements relating to assessments, reviews, and individual's wellbeing.
- 1.2 Our delivery upon our Care Act functions is supported by our strategic approach outlined in our Strategy 'Living the Life You want to Live'. Our focus on delivery of accessible, responsive, and excellent quality services, 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 also ensure that Sheffield has a robust response towards the Care Quality Commission Quality Statements of Assessing Needs, Supporting People to Live Healthier Lives and Providing Equity in Experiences and Outcomes. The plan was developed to coordinate our activities as a Council 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 ambitions specifically are that we want people with care and support needs, unpaid carers, those who fund their own care and communities to have: -
- Achieved their wellbeing outcomes because their care and support needs are assessed in a timely and consistent way.
  - The right to choose, build on their strengths and assets and reflect what they want to achieve and how they wish to live their lives.
  - Assessments and care and support plans which are co-produced, up to date, and reviewed regularly.
  - Support that is coordinated across different agencies and services. We also want all decisions and outcomes to be transparent to all those involved.
  - Opportunities to manage their health and wellbeing so they can maximise their independence, choice, and control.
  - 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.
- 1.5 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 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.
- 1.6 Performance Clinics have been introduced and take place regularly focussing on the outcomes which are laid out in our strategy. Assistant Directors are additionally introducing the model in their teams and involving appropriate staff and managers. This approach enables a broader reach and a focus on outcomes for people, that we are learning and action planning and tracking our

improvements and that we understand the relevant CQC regulations at all levels in the service.

1.7 We continue to focus on our offer to the people of Sheffield in terms of supporting people to live independently with the assistance 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.

## 1.8 Performance Update

1.8.1 Our ambition is to respond on a timely basis, reduce risk and improve outcomes for people of Sheffield. The Performance report highlights, 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 Committee and Council.

1.8.2 The Key highlights are: -

- Our Adult Future Options and Living and Ageing Well services have significantly reduced assessments over 3 months – both by around 80% over last 2 years despite increase in demand with 14 waits over 3 months.
- The median number of days to complete an assessment is 30 days.
- Despite an 102% increase in referrals over the last year, Occupational Therapy have continued to reduce waits to 1087 and are on trajectory towards meeting the initial 6-week target by August 2024.
- 84% reviews have been completed across Adult Care, which demonstrates a continued and positive improvement.

### Occupational Therapy

1.8.3 The Occupational Therapy and Adapted Housing Service have continued to see a rise in the number of referrals received, with approximately 8,196 referrals per year. Occupational Therapy have seen a 102% increase in demand.

1.8.4 However, work continues to develop the delivery model which will enable us to meet people's needs sooner, and therefore promote independence. With just 1087 people now waiting, the service has managed to significantly reduce waits despite the significant increase in demand and to this end, we are around 400 cases away from the target of 6 weeks from referral to assessment. As part of the work to deal with demand we are initiating clinics for some referrals following a triage to be held at an office location which will allow us to deal with people in a more efficient and effective way if it is appropriate to their circumstances.

1.8.5 The Service are in the process of implementing several workstreams such as a new model for Blue Badge assessments, the development of an Occupational Therapy clinic, a review of the Equipment contract and of the Adapted Housing policy, which will have an impact on how we deal with the demand in a more focussed and equitable way. An update regards Equipment and Adaptations are at Committee in March 24.



### Social Work Assessments

- 1.8.6 A priority has been to reduce assessment waits so that people can experience timely assessments. Our Adult Future Options and Living and Ageing Well services have significantly reduced assessments over 3 months – both by around 80% over last 2 years despite increase in demand with 14 waits over 3 months.
- 1.8.7 The majority of waits over 3 months (28 people) are in mental health services, and this is linked to the Mental Health Social Workers coming back to the Local Authority in April 2023 and issues around workforce development and recruitment which are being positively addressed.
- 1.8.8 In addition to this, there is ongoing review of recording and data quality issues to ensuring accuracy of data position. We continue to work on having a strength-based approach to our assessments and our Practice Manual provides staff with tools and information to assist with this. In addition, we have a programme of case file audits which amongst other things will be looking for evidence of this approach.
- 1.8.9 It is important that we do not pull people in to having care unnecessarily and we are undertaking a programme of work to enhance our early help and enablement offer. We will be working proactively to ensure that people are assisted to retain their independence for as long as possible, and this will be across all our specialisms not just older people. The early help and prevention update was noted at November 2023 Committee with a further planned update in June 2024.

### Social Work Reviews

- 1.8.10 An area of priority was a focus on social care reviews where we have chosen to invest in additional resource to clear our backlog, whilst simultaneously working on a model to develop a sustainable and proportionate approach to reviews. Our new Target Operating Model is assisting in this respect, particularly in respect to move to trusted assessors as part of new commissioning frameworks and specialist models of working.
- 1.8.11 We are continuing to improve on our baseline of 42% in April 2022 to 84% in February 2024 of people currently receiving long term support for more than 12 months having had a review. As the new model and trusted assessment becomes embedded in 2024/ 2025 its anticipated that the % of reviews completed will continue to increase and be sustained.

### Direct Payments

- 1.8.12 Our specialist review team continue to review people taking Direct Payments to ensure that their support continues to meet their goals and remains appropriate for meeting their needs. At present, there are 2330 individuals benefiting from Direct Payments in Sheffield, comprising 394 in children and young people and 1936 Adults. This constitutes approximately one-quarter of those receiving long-term support from Adult Social Care and is a significant indicator of our approach to right to choose. Reviews performance is currently at 75% and continues to increase.

- 1.8.13 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 can have more choice and control over their support arrangements and our staff understand what is required of them when setting up and then reviewing direct payments.
- 1.8.14 Our Personalisation and Direct Payment Strategy [Direct payments and managing your care | Sheffield City Council](#) has had its first anniversary, with the delivery plan reaching many achievements as noted in the update to Committee in January 2024. Most notably we have worked with people with lived experience and partners to update public information, deliver dedicated Direct Payment training, simplify our processes, and design Individual Service Funds.
- 1.8.15 In addition, we partnered with ADASSY&H to hold the first Personal Assistant Workforce Summit at which local authorities, both local and national Direct Payment support organisations, individual employers and personal assistants came together to pledge action in promoting and enriching the personal assistant workforce offer.

#### Unpaid Carers

- 1.8.16 Regarding referrals from Adult Care and Wellbeing to the Carers Centre we have seen a consistent rise. There was an increase in referrals of 63.8% from 2022 to date and this continues to improve, which is a positive step in identification of Carers.
- 1.8.17 In terms of waiting time the Carers Centre will always prioritise and deal immediately with unpaid carers who are in crisis. In terms of others for February there was a wait of between 3 and 4 weeks for an assessment, but in the meantime, people will be signposted to immediate assistance where appropriate.
- 1.8.18 In addition, our scores on the Adult Social Care Outcomes Framework (ASCOF) have improved. ASCOF measures how well Care and Support Services achieve the outcomes that matter to people. There are five carer specific measures, with a Local Authorities score being determined by responses to the Survey of Adult Carers in England (SACE). We have made good progress on four out of the five outcome areas, which is particularly pleasing in the ongoing cost of living crisis which can disproportionately impact on unpaid carers. We will continue to focus on further improvements through our partnerships.
- 1.8.19 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. A recent highlight was the first ever Sheffield Carers Roadshow. This was a public event held in the Winter Gardens. The event demonstrated the demonstrated the power of multi-agency working and feedback was overwhelmingly good. An update regards our progress in delivery is at Committee in March 2024.

## **1.9 Implementation of the Working with People Delivery Plan**

### Target Operating Model

- 1.9.1 The Target Operating Model has now been embedded and 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 deals with our front door and the mental health services that have returned to us from Sheffield Health and Social Care Trust.
- 1.9.2 This model continues to develop, and we are constantly reviewing the model to ensure continuous improvement. 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. An update on progress with the Target Operating Model was provided in January 2024 to Committee.

### Workforce Recruitment and Retention

- 1.9.3 The Workforce Strategy was approved in March 2023 and a Workforce Update provided to Committee in January 2024. As an update we have worked with a specialist recruitment agency to widen the pool of our recruits, and to date we have successfully recruited twenty Social Workers via this route.
- 1.9.4 The recruitment of qualified and experienced Social Workers continues to be a challenge and due to these alternative options are being considered as a partnership with trade unions.
- 1.9.5 Our focus on retention continues and 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. Over the past few months, we have witnessed staff taking up this option and attaining a higher grade. Our key next steps are to embed progression routes across all of our portfolios across Adult Care, building retention and experience.
- 1.9.6 We believe that 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. We now have a Practice Development Manual available to all staff which we are ensuring has all the relevant information required and is continually updated.

### Information and Advice (Care Act s4)

- 1.9.7 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. Our information indicates that the numbers accessing this is around 55,000 per month.

1.9.8 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. We are currently embarking on a piece of work to enhance our reablement offer which will have a positive impact on our approach to working with the people we serve.

## **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 This proposal directly supports the future design of Adult Care (operating model) which is rooted in improving the experience and outcomes of people through the care system and maximising their independence and health 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 City Goals](#): - A Creative & Entrepreneurial Sheffield, A Sheffield of thriving communities, A connected Sheffield, A Caring and Safe Sheffield, A Sheffield for All Generations
- [The Council Plan](#): *Outcome 3: People live in caring, engaged communities that value diversity and support wellbeing; Outcome 4: A creative and prosperous city full of culture, learning, and innovation*
- ADASS – ANRC Preparing for assurance and what good looks like.
- Partnerships – the Carers Partnership, Personalisation Partnership, the Autism Partnership Board and Learning Disability Partnership Board.

## **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. We are just about to embark on a series of events which will consult on our CQC Self-Assessment and will of necessity provide us feedback across a wide range of our work.

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 The key issue around equality is that we work to ensure we deal with people in a timely way to avoid deterioration in their situation. We are focussing on our early help and prevention offer to maximise people's independence. We have an improving trajectory in terms of our reviews and waiting times, and initiatives such as the Occupational Therapy clinic will enhance this situation.

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

## **4.2 Financial and Commercial Implications**

4.2.1 The Council has a statutory duty to set a balanced budget. For 23/24, a standstill budget approach has been adopted because of the Council's financial position, with each committee asked to work within their budget envelope.

4.2.2 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 paragraph 4.52 requires Local Authorities to:

“... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps”.

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

4.3.5 The Living The Life You Want to Live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

#### **4.4 Climate Implications**

4.4.1 This reports supports implementation of the Adults Climate Statement approved on January 2024 by ensuring that vulnerable people impacted by effects of climate change are supported. A key element of all teams is to have business continuity plans so that care can be delivery continuously.

#### **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:** 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 Health & Social Care Committee*

**Date of Decision:** *20<sup>th</sup> March 2024*

**Subject:** *2023-24 Q3 Budget Monitoring Report*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>				
Has appropriate consultation taken place?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<i>"The (<b>report/appendix</b>) is not for publication because it contains exempt information under Paragraph (<b>insert relevant paragraph number</b>) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>				

### Purpose of Report:

*This report brings the Committee up to date with the Council's General Fund revenue outturn position for 2023/24 as at Q3.*

### Recommendations:

#### The Committee is recommended to:

Note the updated information and management actions on the 2023/24 Revenue Budget Outturn as described in this report.

**Background Papers:**  
[2023/24 Revenue Budget](#)

<b>Lead Officer to complete: -</b>		
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, <i>Director of Finance and Commercial Services</i>
		Legal: <i>Sarah Bennett, Assistant Director, Legal Services</i>
		Equalities & Consultation: <i>Adele Robinson, Equalities and Engagement Manager, Policy, and Performance.</i>
		Climate: n/a
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>SLB member who approved submission:</b>	<i>Philip Gregory, Director of Finance and Commercial Services</i>
3	<b>Committee Chair consulted:</b>	<i>Cllr Zahira Naz, Chair of the Finance Committee</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Philip Gregory</i> <i>Jane Wilby</i>	<b>Job Title:</b> <i>Director of Finance and Commercial Services</i> <i>Head of Accounting</i>
	<b>Date:</b> 1 <sup>st</sup> March 2024	



## 1. PROPOSAL

1.1. This report provides an update on the current outturn position for Sheffield City Council's revenue budget for 2023/24.

### 2023-24 Q3 Financial Position by Directorate

1.2. At the end of the third quarter of 2023-24, the Council's revenue budget shows a forecast overspend of £16.7m. This was an improvement of £700k from the previous quarter's outturn position.

Full Year £m	Q3 Outturn	Budget	Q3 Variance	Q2 Variance	Move ment
Neighbourhood Services	148.9	146.8	2.1	3.3	(1.2)
Adults	146.7	144.2	2.6	3.4	(0.8)
Children's	142.5	131.3	11.2	8.8	2.4
City Futures	49.2	48.8	0.4	1.0	(0.6)
Strategic Support	15.0	10.6	4.5	4.4	0.0
Public Health & Integrated Commissioning	12.8	11.2	1.6	1.8	(0.2)
Corporate	(498.4)	(492.9)	(5.5)	(5.2)	(0.3)
<b>Total</b>	<b>16.7</b>	<b>(0.0)</b>	<b>16.7</b>	<b>17.4</b>	<b>(0.7)</b>

1.3. This overspend is due to a combination of factors. Agreed Budget Implementation 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	(4.7)	2.9	3.9	2.1
Adults	(11.2)	3.5	10.3	2.6
Children's	(5.0)	4.0	12.2	11.2
City Futures	(0.1)	0.4	0.1	0.4
Strategic Support	(1.1)	0.1	5.5	4.5
Public Health & Integrated Commissioning	(0.5)	0.0	2.0	1.6
Corporate	0.0	0.0	(5.5)	(5.5)
<b>Total</b>	<b>(22.7)</b>	<b>10.9</b>	<b>28.5</b>	<b>16.7</b>

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 general fund budgets in 2021/22 and 2022/23 have meant we have drawn almost £40m from this reserve to date. Current overspends of £16.7m would deplete this reserve to just £14m for budget overspends for 24/25 and beyond. Given this challenging position and likely requirement in the next few years to draw on this reserve, a further £12.5m has been identified from a one-off surplus from our collection fund. This is subject to approval at full council on 6<sup>th</sup> March.

## 1.5. 2023-24 Q3 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	Q3 Outturn	Budget	Q3 Variance	Q2 Variance	Movement
Adult Health & Social Care	154.6	152.5	2.1	3.1	(1.0)
Communities Parks and Leisure	46.8	47.1	(0.4)	0.8	(1.2)
Economic Development & Skills	11.1	11.1	0.0	(0.0)	0.1
Education, Children & Families	145.6	132.4	13.2	10.9	2.3
Housing	11.1	8.2	2.9	3.2	(0.3)
Strategy & Resources	(462.7)	(462.5)	(0.2)	0.6	(0.8)
Transport, Regeneration & Climate	43.6	43.6	(0.0)	(0.0)	0.0
Waste & Street Scene	66.6	67.6	(1.0)	(1.1)	0.1
<b>Total</b>	<b>16.7</b>	<b>(0.0)</b>	<b>16.7</b>	<b>17.4</b>	<b>(0.7)</b>

1.5.2. In 22/23, the Council's 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. Whilst there is a likelihood we may receive some additional government funding in the final quarter of 2023/24, it is unlikely we will see an improvement on this scale.

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 £28.5m 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	(11.5)	3.5	10.1	2.1
Communities Parks and Leisure	(0.2)	0.1	(0.2)	(0.4)
Economic Development & Skills	0.1	0.0	(0.1)	0.0
Education, Children & Families	(5.2)	4.0	14.4	13.2
Housing	(1.7)	0.2	4.4	2.9
Strategy & Resources	(3.6)	2.8	0.6	(0.2)
Transport, Regeneration & Climate	0.0	0.1	(0.2)	(0.0)
Waste & Street Scene	(0.6)	0.3	(0.7)	(1.0)
<b>Total</b>	<b>(22.7)</b>	<b>10.9</b>	<b>28.5</b>	<b>16.7</b>

1.5.4. Balancing the General Fund 2023/24 budget was only possible because the Council identified £47.7m of savings:

---

**General Fund Budget Implementation Plans (in £m)**

---

<b>Committee</b>	<b>Total Savings</b>	<b>Financial Savings Deliverable in Year</b>	<b>In Year Gap</b>	<b>Financial Savings Deliverable Next Year (Slippage)</b>	<b>Undeliverable Savings</b>
Adult Health & Social Care	31.6	28.0	3.5	3.5	0.0
Comm, Parks & Leisure	2.0	1.9	0.1		0.1
Economic Dev & Skills	0.5	0.5	0.0		0.0
Ed, Children & Families	6.9	2.9	4.0	0.3	3.6
Housing	0.6	0.5	0.2		0.2
Strategy & Resources	4.1	1.4	2.7	2.5	0.2
Transport, Regen & Climate	0.8	0.7	0.1		0.1
Waste & Street Scene	1.1	0.8	0.3		0.3
<b>Grand Total</b>	<b>47.7</b>	<b>36.8</b>	<b>10.9</b>	<b>6.4</b>	<b>4.5</b>

The current forecasts show £10.9m savings plans are undeliverable this year. This represents a delivery rate of 77% against target with a further 14% set to be delivered in the following year.

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. Inflation is continuing to fall; from April 2023 CPI at 7.8% to 4.2% in December (month 9). Whilst we are seeing some stabilisation in the cost base, the fall in inflation does not mean that our costs will now reduce, higher costs are now embedded in baseline expenditure. 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 £2.1m** The main area of overspend in the service sits in staffing budgets. The high cost of packages of care put in place during covid increased our baseline costs and this carries into 23/24. Work to review packages of care has continued throughout 23/24 which has helped to reduce baseline costs in Homecare. This work and one-off funding has mitigated the position again this year leaving a £0.5m overspend in the purchasing budgets. However, there remains an underlying pressure of around £10m, a significant aspect of which is within Learning Disabilities, plus £3.5m savings undelivered in 23/24 which will need to be resolved through the Recovery Plan for 2024/25. This was presented to Committee 31 January 2024 detailing how underlying issues, which are estimated at around £17m including additional staff pressures, will be addressed. Action owners and responsible Assistant Directors are currently working through implementation plans to ensure the requisite staff capacity and any additional resources are made available.

- 1.6.2. **Education, Children and** The key overspends in the service relate to placements with external residential placements a particular issue which are

---

**Families are forecast to overspend by £13.2m**

forecast to overspend by £6.7m. The average placement cost has increased to £5,800 per week but due to a limited number of places in the city, placements for the most complex children can cost much more. Actions are being taken to ensure that 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. Overall looked after children numbers have remained stable with increased demand being met, where possible, through family based placements.

Further demand in home to school transport costs are forecast to create a £3.6m overspend against budgets this year. Since the start of the new school year, the overspend has increased due to a further 180 children now requiring transportation to school. Sheffield City Council are now supporting over 2,365 children with transportation to school, this has increased by almost 1,000 children in 4 years, and demand is forecast to continue to increase. An overarching SEND review, including Home to School Transport, is currently underway. Outcomes from the review will bring about longer-term changes to reduce pressures but the underlying cost base will be difficult to reduce due to the rising demand for the service.

Integrated Commissioning budgets are forecast to overspend by £2m in recognition of the unachieved saving from 2022/23 relating to leveraging additional funding from Health partners.

---

**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 £4.5m 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 working group is in place to drive**

A senior officer working group has been established to help drive delivery of the budget. The purpose of the Budget Implementation Group (BIG) is to improve the delivery of the

---

<b>improvements in budget delivery</b>	Council's annual Revenue Budget (both General Fund and Housing Revenue Account), challenge and drive delivery of the Budget Implementation Plans (BIPs) and make recommendations for the allocation of transformation funding. 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.
--	--

---

### **Transformation Funding**

---

1.6.5. <b>The Council identified £4m to support transformation activity</b>	As part of 2023-24 budget setting, the Council identified a £4m fund that would be used to support programmes of transformational 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 are working to stabilise the organisation and bring budgets back to a steady footing for the future. Each programme of work is being monitored, and progress reported to the Council's Performance & Delivery board to ensure activity remains on track. Overall performance will be reported to the finance committee as part of in-year budget monitoring briefings, with relevant policy committees overseeing progress on programmes in their areas.

---

### **Medium Term Financial Analysis (MTFA) & 2024/25 Budget**

---

1.6.6. <b>By law, the council must set a balanced budget</b>	The Council is facing a challenging financial position. The Strategy and Resources Committee on 5 <sup>th</sup> September received the Council's Medium-Term Financial analysis, highlighted the financial pressures facing the Council over the coming 4 years and the potential gap of £61.2m in resources.
--	---

Each Committee has worked to reach savings targets to achieve a balanced budget for 2024/25. On February 21<sup>st</sup> 2024, the Strategy and Resources committee recommended the budget to full Council on 6<sup>th</sup> March.

For 2024/25 we are forecasting pressures of £79m for Committees budgets. These pressures result from rising demand for services but also significant increases in contract and price inflation due to the current economic backdrop. Approximately £49m of these pressures relate to Social Care Services. Through our 2024/25 Business Planning Process, Committees managed to identify £8m of savings to help deliver the balanced budget. Delivery of these savings will require steadfast commitment, and targeted resources from the Council to be successful.

---

In addition to these savings, increases in Business Rates income and associated grants, uplifts to sales fees and charges where appropriate, additional funding from government (mainly ringfenced to social care) along with the difficult decision to increase Council Tax by 4.99%, means we are able to set a balanced budget for 2024/25.

---

## 23-24 Q3 Committee Budget Outturn Position

### 1.7. Adult Health & Social Care- £2.1m overspend

The forecast revenue outturn position for the ASC Committee is overspent by £2.1m	Full Year Forecast £m	Outturn	Budget	Variance
ADULTS, CARE AND WELLBEING INTEGRATED COMMISSIONING ( Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)		146.7	144.2	2.6
<b>Total</b>		<b>154.6</b>	<b>152.5</b>	<b>2.1</b>

The Adult Health & Social Care committee is forecasting an overspend of £2.1m as at Q3. This is an improvement of £0.8m since the Q2 outturn forecast. A £1.3m favourable movement was due to drawdown of funding from reserve balances following conclusion of work to review eligible spend identified in the accounts. Some of this favourable movement has been offset with additional pressures brought about through increased staffing costs as a result of ongoing recruitment across the service.

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 INTEGRATED COMMISSIONING ( Partnership Funding; Supporting Vulnerable People - Housing Related Support/Drugs and Alcohol Services)		(11.2)	3.5	10.3	2.6
		(0.3)	0.0	(0.2)	(0.5)
<b>Total</b>		<b>(11.5)</b>	<b>3.5</b>	<b>10.1</b>	<b>2.1</b>

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.

Within the "one-offs" of £11.5m this year include £6.2m social care grant from government, alongside discharge funding and Continuing Health Care Funding. There is a risk the level of demand for this type of care continues once the funding ceases resulting in an additional pressure for the service.

1.7.2. Of the £31.6m savings targets, £28m are on track to be delivered in year with some saving set to outperform budget, leaving a £3.5m in year gap: Of the £31.6m savings, £12.6m relate to additional grant income not a reduction in costs. Of the £3.5m of savings declared unachievable in 23/24, £3.5m are hoped to be delivered in 24/25 and with the remaining £1.4m declared undeliverable offset by £1.4m over delivery on some savings.

#### Budget Savings (BIPS) £m

Financial RAG	Total Savings	Savings Deliverable in Year	In Year Gap	Savings Deliverable Next Year	Undeliverable Savings
Red	7.0	2.5	4.5	3.3	1.2
Amber	1.4	1.0	0.4	0.2	0.2
Green	23.2	24.6	-1.4	0.0	-1.4
<b>Total</b>	<b>31.6</b>	<b>28.0</b>	<b>3.5</b>	<b>3.5</b>	<b>0.0</b>

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
Consistent bed rates	0.4		0.4	0.4	
Dedicated case management for young adults	0.4		0.4	0.4	
Direct Payments	0.3	0.2	0.1	0.1	
Driving Improvements in Social Work Practice	1.1		1.1	1.1	
Homecare Transformation Project - Strength Based Reviews	0.5	0.3	0.2	0.2	
Nursing care costs	0.4		0.4		0.4
Review cost increases	0.3	0.2	0.1	0.1	
Review of Better Care Fund	0.5		0.5		0.5
Review of Living & Ageing Well	0.2		0.2	0.2	
Review significant cost increases	1.1	0.7	0.4	0.4	
Reviewing homecare post pandemic	1.0	0.6	0.4	0.4	
Supported Living	0.5	0.3	0.2	0.2	
<b>RED BIPS Total</b>	<b>7.0</b>	<b>2.5</b>	<b>4.5</b>	<b>3.3</b>	<b>1.2</b>

1.7.3. Purchasing activities are overspent by £0.5m	Full Year £m	Outturn	Budget	Var.
Learning Disabilities	35.9	32.4	3.4	
Older People	23.9	24.8	(0.9)	
Physical Disabilities	17.0	18.2	(1.2)	
Mental Health	8.3	9.1	(0.8)	
<b>Total Purchasing</b>	<b>85.1</b>	<b>84.6</b>	<b>0.5</b>	



		The one-off income as noted above is offsetting overspends in Learning Disabilities purchasing budgets. Without this mitigation, LD budgets would be £11.2m overspent. The Recovery Plan for 2024/25 was presented to Committee 31 January 2024 detailing how underlying issues, including the overspend in Learning Disabilities, will continue to be addressed.
1.7.4.	<b>The recovery plan detailed how the service will address the budget position in 2023/24</b>	<p>The Adult Social Care recovery plan was presented to committee on <a href="#">20<sup>th</sup> September 2023</a> detailed how the service intends to address in 2023/24 in 5 key focus areas:</p> <ul style="list-style-type: none"> <li>• Recovery reviews</li> <li>• Enablement approach for working age adults,</li> <li>• Staffing costs</li> <li>• Residential care</li> <li>• Disability Facilities Grant</li> </ul> <p>The service provided an update on performance against this plan in <a href="#">January 2024</a>. The service noted an underlying pressure in the service is £17m, this informs the level of savings target for 2024/25</p>
1.7.5.	<b>Transformation funding has been approved to support delivery of the BIPs</b>	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.	<b>A delay in housing related support provision is forecast to create a small underspend in 2023/24</b>	A £460k 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. £350k relates to uncommitted contract spend and £100k due to staff vacancies.
1.7.7.	<b>The service is £2.4m overspent on staffing</b>	Staffing is £2.4m overspent across the service including STIT (Short -Term Intervention Team) £0.3m, Enablement teams £0.2m, Living and aging well teams £0.4m, Mental Health and Wellbeing teams £0.4m and £0.9m across Governance and Financial Inclusion teams. This is after accounting for offsetting income. There is a risk the staffing commitment in the service is outside of agreed budgets moving into 2024/25.
1.7.8.	<b>A reduction in the disabled facilities grant has created an overspend</b>	Community Equipment is £0.3m overspent and City-Wide Care Alarms £0.5m overspent due to no longer having access to Disabled Facilities Grant to fund these services.
1.7.9.	<b>Savings delivery remains a challenge to</b>	The key financial risk for 2023/24 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

---

**the committee's financial position** are also required of the service. So far, BIP delivery is positive at 89% with the remainder to be delivered in 2024/25.

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.

---

## **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.