

Appendix 1 - Strategy Consultation and Codesign Report

The following report details the process of developing the adult social care strategy – Living the life you want to live 2021-2030. The report is split into key phases of activity:

1. Strategic Review Consultation – September-November 2020
2. Engagement Groups – February 2021 onwards
3. Engagement and Codesign – August-October 2021
4. Formal Consultation – January-February 2022

Strategic Review Consultation phase

Consultation took place from 28 September 2020 and 29 November 2020. The aims of the consultation were to seek views on key elements of the draft strategy and how to measure its success, and to invite involvement in coproduction to turn the strategy into actions and outcomes. We received 110 responses to this initial consultation.

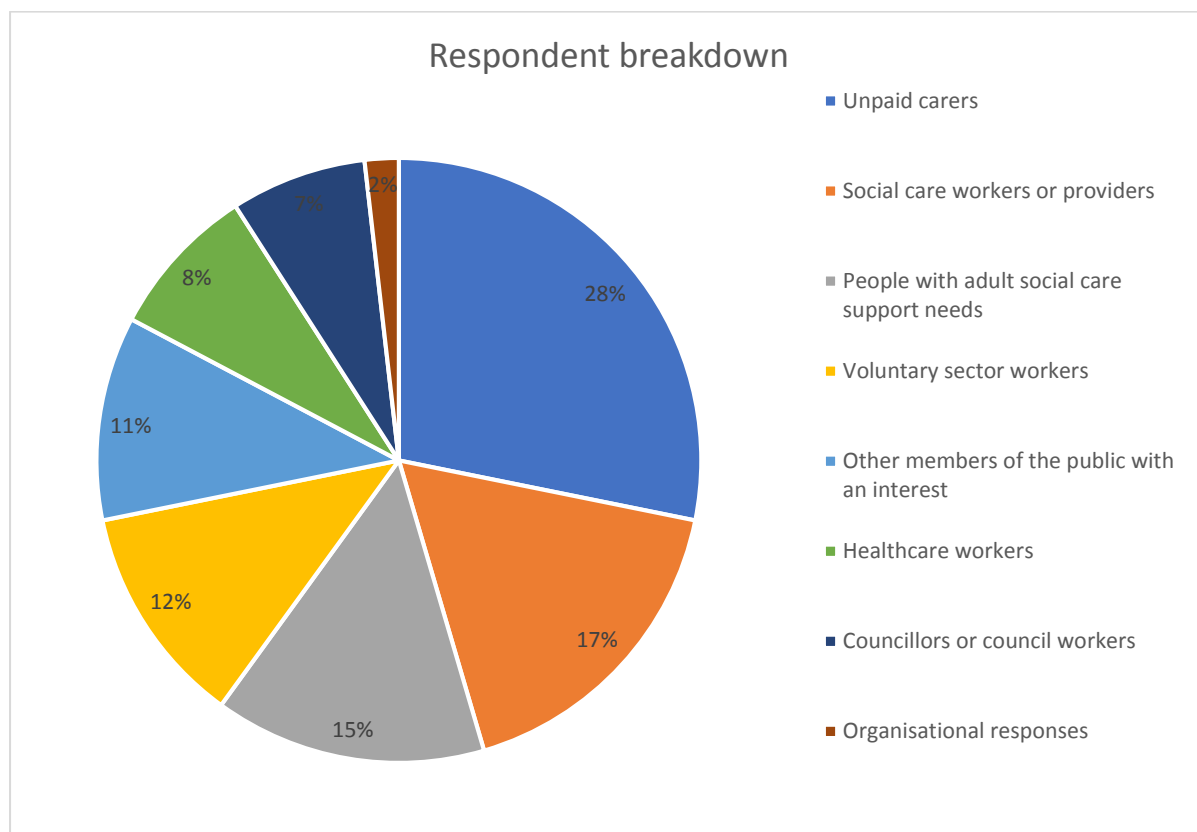


Figure 1: pie chart showing respondent breakdown from the first consultation in 2020

We heard:

- General agreement on the vision but some key questions remained
- Having both principles and commitments was confusing and duplicated each other so were integrated
- There were too many commitments, which were reduced from ten to six
- Respondents were keen we measure success looking at satisfaction, voice/influence & respect, wellbeing/safety, choice of where and how to live, quality of support, and reviewing outcomes and the effect of support on people's lives.

Respondents were asked if they wished to remain involved with further engagement and co-design groups. There was strong interest, resulting in the development of specific engagement groups.

Engagement Groups Consultation phase

The engagement groups focused on the 3 models of care: Universal Service & Resilient Communities, Targeted Help, and Ongoing Care. These link closely to the first 3 draft commitments of the strategy:

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.

Based on identified pressures within social care at the time, the groups focussed on the council's commissioning remit in relation to older adults.

Recruitment to the engagement groups began during consultation and continued on an ongoing basis.

Resilient Communities & Universal Services

This model of care links to the consultation commitment:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

To illustrate and personalise the coproduction activity, the engagement group introduced a fictionalised citizen 'Kate'. As of July 2021, participants had identified and explored the desirability of people being exposed to positive and supportive social contacts and networks – for example, healthy living and self-care messages, opportunities to connect with others, the importance of communication with people close.

Community buildings, schools, supermarkets, pharmacies, hairdressers, and other places where people go have a potential key role as information-givers. Thinking about how the city could support and promote 'resilience, activation, and motivation' is particularly important when, for some people, seeking formal support from health and social care services may be premature or even carry a 'stigma.'

Emerging 'I' statements:

- I want balance in my life – e.g. between being a parent, friend, partner, employee
- I want to have fun, be active and be healthy
- I want to be resilient and have good mental health and well being
- I want to be confident to engage with friends/support services
- I want to know where to go and get help

Targeted help

This model of care links to the consultation commitment:

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

To bring meaning and empathy into the coproduction phase, the Targeted Help engagement group adopted and developed the moniker 'Meet Chris.' Introduced as a 67 year old, neither Chris nor their partner were originally known to Adult Social Care. Coproduction participants were then able to track Chris over the next 9 years, suggesting appropriate support and intervention, and anticipating and resolving issues Chris might face.

By July 2021, key issues identified included the need for a closer, mutual relationship between social care, primary and secondary healthcare and the community.

A series of 'I' statements has been identified around:

- Easy access to information
- Meaningful advice based on personal interaction
- Maintaining independence and choice
- Recognising the whole person (with knowledge, feelings and history)
- Positive associations with family (not feeling a 'burden')

Ongoing care

This model of care links to the consultation commitments:

- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

As of July 2021, this engagement group had come together across 4 'stages', during which time, 4 key themed requirements had emerged:

- Trust
- Transparency
- Flexibility
- Control

These were being explored further to understand the practical issues needed to make them meaningful.

Access to support – key issues identified:	<ul style="list-style-type: none"> • Better information and communication about services and support available • More support to plan for contingencies
Assessment and review process – key issues identified:	<ul style="list-style-type: none"> • Transparent and joined-up reviews • Full involvement of people in decisions • Creative and able to respond to changes
Direct Payments – key issues identified:	<ul style="list-style-type: none"> • Support to manage DPs • More flexibility in use of DPs
Quality of care – key issues identified:	<ul style="list-style-type: none"> • Isolation and loneliness need to be addressed

Table 1: themes from the Ongoing Care engagement group and the key issues identified

Engagement and Codesign phase

The engagement groups supported the development of the first draft of the strategy. We developed an engagement plan that:

- Updated and fed back to people on the last consultation
- Shared the strategy and asked about what we had developed at that stage
- Developed a high-level plan focussed on our intentions for the next ten years
- Supported the development of buy in & ownership of the strategy across the system
- Informed and developed our next steps and ways of engaging going forwards

This approach was split into three main types of engagement based on the ladder of participation.

Informing	Consulting	Codesigning
<ul style="list-style-type: none"> • E-bulletins/ newsletters (council social care, external - interested parties, Chief Executive/manager bulletin - wider SCC) • Webpage/Intranet page 	<ul style="list-style-type: none"> • Citizenspace • Targeted meetings (internal & external) • Strategic Board • Teams Live Q&A (internal & external) • ASC Staff events 	<ul style="list-style-type: none"> • Partner planning group & VCF leaders (events & engagement and strategy development) • Commitments workshops • Engagement groups/Focus groups

Table 2: highlights of engagement plan split into three approaches - Informing, Consulting, and Codesigning

Informing

Informing activity focused on raising awareness of the development of the strategy and sharing opportunities to get involved.

We developed a distribution list and shared updates with over 150 contacts, including further distribution/newsletter contacts at key points across the development of the strategy.

Our webpage and intranet page also hosted the draft strategy so that people were able to access it. This included an easy read version and access to a Soundcloud page, which provided an audio version. We shared a contact email and telephone number to enable people to ask any questions or share any thoughts outside of our planned events.

This activity can be categorised as predominantly one way dialogue.

Consulting

This strand of our engagement plan involved more two-way dialogue and more conversations with people about what had been developed in the strategy so far. This began with the strategic review consultation in Citizenspace.

We met with and attended groups and meetings both proactively and in response to specific requests to attend existing meetings:

Name of meeting	Audience	Date
Improving Accountable Care Forum	People with lived experience, carers, ACP, Healthwatch	14/09/2021, 14/12/2021
AHSC - catch up	Unions	15/09/2021
Introduction to ASC Strategy	Community group leaders	22/09/2021, 01/12/2021
Housing, Health and Care Reference Group	Managers across SCC, Housing	23/09/2021, 24/11/2021
OPIL Housing Strategy Delivery Group	Housing, University of Sheffield, AHSC managers	13/10/2021
VCF Health and Social Care Leaders	VCF Health and Social Care Leaders, facilitated by VAS	21/10/2021
Disability Sheffield Team Meeting	Disability Sheffield wider team	21/10/2021
North Sheffield Ops Meeting - Health Workers/SOAR	social prescribing, wellbeing coaches, welfare coaches plus projects such as dementia support, and social cafes covering North Sheffield	01/11/2021
Autism Partnership Board	People with autism, carers, autism supporting organisations, statutory partners	24/11/2021
Sheffield Carer's Centre AGM	Carers, volunteers, trustees, employees	14/12/2021
Members Briefing Session	Councillors	17/02/22

Table 3: targeted meetings as part of the engagement plan - name of meeting, audience attending, and the dates of meetings

We met with community organisations ('Introduction to ASC Strategy' in Table 3 above), including those supporting communities we need to hear more from. Across both sessions, attendees were from:

- Burton Street
- Sheffield and District African-Caribbean Community Association (SADACCA)
- Aspiring Communities Together
- Faithstar
- Citizens Advice
- Sheffield Carers Centre

- Voluntary Action Sheffield (Autism Partnership)
- Sheffield Health and Care Partnership
- Disability Sheffield
- Sheffield Mencap
- MCDT
- Project 6
- Heeley City Farm
- SACMHA
- Sheffield Young Carers

At our first session in September, we heard:

- The whole of the adult care system is difficult and complicated
- Need to simplify the whole system and language
- Need to include and be relevant to all communities and be simplified (language)
- Strategy doesn't focus enough on BAME population (20% of Sheffield) – strategies generally don't
- Strategy must mirror all communities (including communities of interest)
- Specific challenges for our communities (e.g., elderly steel workers from Yemeni community)
- Poverty (e.g., Universal Credit) needs to be clear in and underpin the strategy
- Need to separate out workforce from unpaid carers
- Easy read format would be very useful
- Good/reassuring that previous feedback about independence is being included

We met the group again in December and were pleased that they felt overall that they had been heard and the updates to the draft strategy reflected the points they had previously made.

Additional feedback included:

- How can we use data to understand and mitigate poverty?
- Connections between different services and parts of the system need to improve
- The local authority has a real opportunity to work on health creation, shift power to communities and help health colleagues to do this as well
- The delivery plans were critical
- We need a glossary throughout the document to help people understand exactly what we mean
- Health at home and preventative enablement should be a key principle of the strategy
- We need to simplify processes and streamline and improve information for everyone – people who draw on support and providers

We utilised ASC staff events and the Strategic Board as key opportunities to share progress and encourage engagement and ownership of the strategy.

Our Teams Live Q&A events in late September were designed to share some of the key detail of the strategy and give people an opportunity to ask questions. They were attended by approximately 40 people, internal and external to the council. We received a wide variety of questions, relating to the financial challenges that will affect the strategy, to specific questions around Direct Payments and support to Sheffield's transgender community.

Codesigning

This activity continued to be two-way dialogue but attempted to be more open with the subject matter and more collaborative in developing solutions together.

An internal and external partnership group worked together to ratify our engagement plan and develop our commitments events. The group is made up of partners from other departments in the local authority with key connections to the strategy (such as Communities and Housing) alongside partners and providers from Healthwatch, Voluntary Action Sheffield, CCG, Care Home providers, Home Care providers, Supported Living providers, South Yorkshire Housing Association and GPs. Several the group facilitated discussion at our commitments workshops and provided invaluable support in the successful running of these sessions.

We ran two commitments workshops in October, attended by around 60 citizens, carers, partners, providers, and internal staff. The 'Have your say' workshops involved facilitated conversations around draft commitments which aimed to develop the high-level plan that accompanies the strategy. The events asked:

- What do we need to do to make a difference?
- How will we know we've been successful?

We utilised 'jamboard', an interactive whiteboard tool, to capture the feedback from the sessions. This formed much of the basis of the development of the high-level plan, alongside everything we heard from our targeted meetings, engagement groups, and direct conversations with citizens, carers, and staff.

Formal Consultation phase

The formal consultation ran from 17 January to 13 February. The aim of the consultation was to seek final views on the draft strategy. The consultation highlighted the work done so far to develop the strategy including the phases described above and included the draft version of the strategy, the plan on a page, the easy read version and a link to the audio version. We received 24 responses.

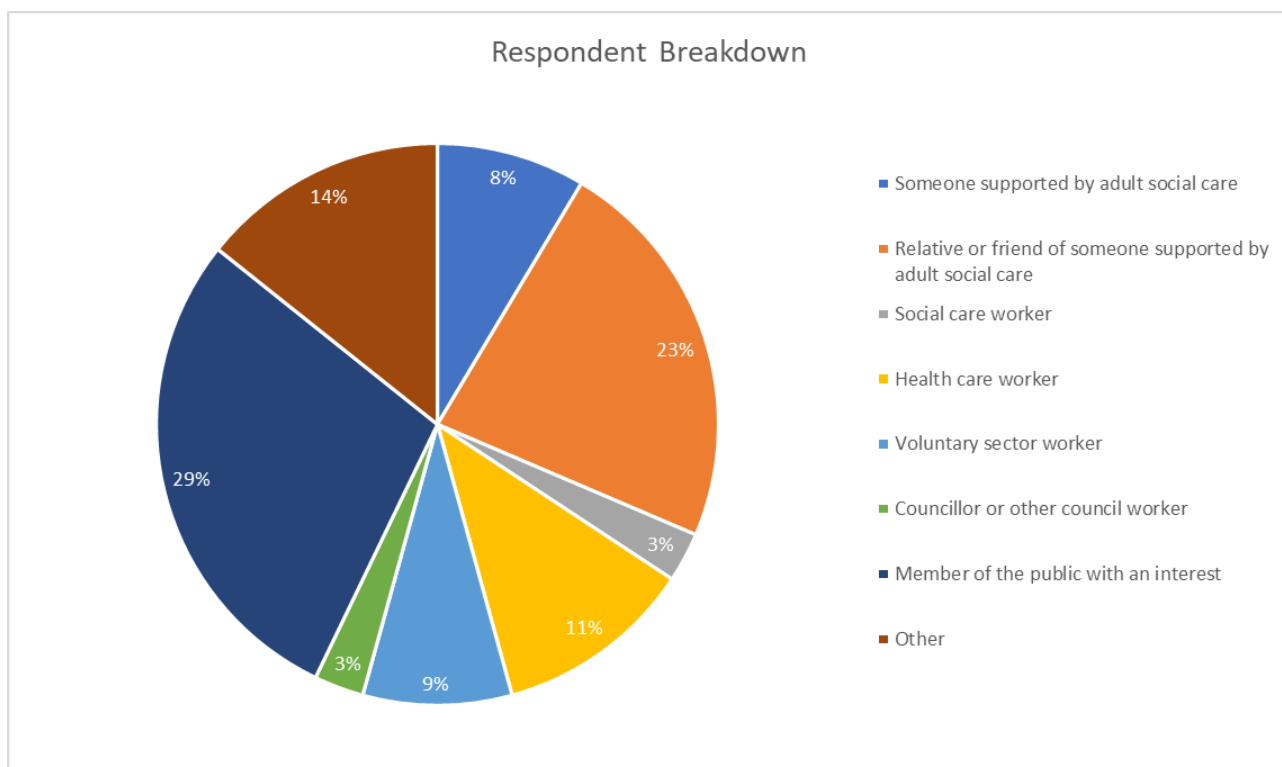


Figure 2: pie chart showing respondent breakdown from the final consultation in 2022

The responses to the consultation were varied, and respondents shared their experiences, frustrations, and hopes for the future.

The feedback can be broadly categorised as follows:

We need to listen to social care users and workers

‘Get more radical thinkers doing more radical things with the people including social care users and workers - they know what’s wrong, so please start listening to them.’

‘Good to see voice of lived experience has been listened to and I hope the Council will see this as a valuable part of their work going forward’

‘Need more involvement from BAME and LGBT communities though’

‘All the involved public want this to work and want to work with you; ensure that all staff know this.’

‘The draft states that we will be listened to. I really hope so.’

Specifically, respondents highlighted that carers need support and to be listened to

‘In my role I often hear from people that they "don't know what's out there" or they feel they are in free-fall once their child leaves school or that a service closes. With regard to unpaid carers (often elderly parents) I believe that there needs to be support in place for them. They often tell me that they don't feel listened to by professionals i.e. the decision makers when in fact they are the "expert" on the person they care for and may well have their own "strategies" in place when dealing with change etc.’

‘Personalisation must mean giving weight to the voices of clients and family/friends’

'I would like Sheffield to be a city where each unpaid family carer is valued and appreciated and supported in their caring role. Where Sheffield City Council recognise and appreciate the differing roles and experiences those carers have and provide specific and relevant individual support for each carer, not just commission a generic "one size fits all" Carers Service. I am particularly keen that SCC ensure family carers of adults with a learning disability and/or autism caring at home receive the level of support they want and need, recognising the lifelong commitment they have to their loved one.'

Communication – including those without digital access

'As a large number of older, disabled and most vulnerable in society, won't even have access to this document or even know of its existence. They don't have digital access and are not likely too considering they will be spending more on heating rather than eating.'

'How are you contacting people without digital access. How are they supposed to know about this consultation? Do you know how many older people, disabled and other vulnerable groups have access to digital information?'

Integration between health and social care needs to improve

'Unfortunately, the integration of Health, Social Care, and Housing services does not appear to have moved on much, despite the obvious and growing need.'

'I wonder whether more needs to be said about integration strategies between health and social care or whether these are being developed elsewhere as these are lacking in Sheffield.'

People want to see change – the strategy needs to be accompanied by specific actions and a timeline for change and implementation needs to happen quickly

'It would also be helpful to have a timeline for when some of the actions will be taken for example better information, when can I expect clear access to information and what will it look like is there a digital roadmap so support the strategy / customer service strategy.'

'We want to know exactly what is going to be done to ensure that the care and support is safe and supportive. Please detail specific actions otherwise this has no meaning.'

'The proof is not the words but the delivery.'

'no matter how good this new strategy appears to be we just cannot wait for it to develop over so many years.'

We need a mechanism for reporting back progress to people

'I'm assuming there will be further information, and maybe another consultation / survey, in due course about the detailed action plan, funding, the arrangements in place to implement, monitor and report back, progress made, main problems experienced and how they are being dealt with, achievements, and how the Council will know to what extent the strategy and plans have been successful.'

Respondents picked out specific enablers that should be included in the delivery plan

1. A clear needs analysis and a market position statement

'Will the strategy be supported by a market position statement for providers, reading this as a provider it is unclear what opportunities there are for me to develop services in Sheffield. It

states a growth of 13.000 older people, but doesn't give any breakdown, physical disability, LD, older people, care home, home care demand etc'

2. Supporting the community

'appears to put full responsibility on 'the community" Does this mean 'the community will receive funding?'

'Managing increased demand with stalling funding; maximum staff efficiency, co-operation between agencies and harnessing the community are clearly vital.'

'Community links does this include developing the voluntary sector, does this have a timeline and some commitments of level of investment, minimum expectation as a citizen of what I can access in my area?'

3. Housing connections

'I am disappointed that there is little real emphasis in the strategy on the multiple benefits of the right type of housing for older people. The draft includes 'Integrating housing into local health and care strategies to give further choice'. Very laudable if the home is suitable, but many properties in Sheffield are not suitable for the kind of adaptations that make independent living possible.

'The draft mentions 'promoting wellbeing', having to use a commode because the only bathroom is upstairs, isn't great for wellbeing. Living in the right property, with support on hand if needed, is. Living in the right type of property can delay the need for expensive, residential care. It can free beds in hospital, as bed blocking tends to happen when a patient's home is unsuitable.'

4. Staff are a vital resource – they need to be supported and well trained

'Welcome the roll out of "What matters to you" approach, will there be more training made available for staff'

'Better pay for staff and training to ensure people with complex needs are properly understood and supported'

'Appointing good permanent staff who commit to Sheffield and stay for some time.'

5. More money in the system

'More money is needed to make it better.'

'Personally, I don't mind paying more through my Council Tax to help fund local adult social care, provided the funding and local services are actually well managed.'

'As you say, a major issue is funding and staffing. No surprise because it's been evident across the UK and in the news for the last 10 years (and longer) while, in contrast, there always seems to be substantial extra funding for the NHS and other politically popular national public services and projects.'

The comments received have been taken account of in the final version of the strategy but as many were about the implementation of it, they will be considered further as part of the ongoing and developing delivery plan.

On 1 March 2022, we ran a focus group, inviting representatives from the Autism Partnership Board and the Learning Disabilities Partnership Board. 27 individuals from across the groups attended, including council and CCG staff, experts by experience, parents and carers, and representatives from support organisations, such as Disability Sheffield, Sheffield MENCAP, Sheffield Young Carers, Sheffield Carers Centre, and SACHMA.

Key feedback from this focus group, which was incorporated into the strategy included:

- Incorporating celebration of difference and identity into our vision
- More detail on transitions and the connections with children's social care
- Hearing the voice of all people in the community, including those who can't speak for themselves and require carers and providers to interpret their needs and wishes
- Ensuring that the strategy reflects feedback – including the complaints procedure (which needs to improve)
- Changes to our I statement to reflect we should respect expertise
- Reviewing the strategy and governance structure's approach to sharing power – through empowerment and delegation.

Additional feedback will inform the delivery plan. The group were also keen to be involved in the ongoing development of the plan.

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