



Author/Lead Officer of Report: Alexis Chappell

Contact: alexis.chappell@sheffield.gov.uk

Report of: *John Macilwraith, Executive Director People Portfolio*

Report to: *Cooperative Executive*

Date of Decision: *16/03/2022*

Subject: *Living the life you want to live – Adult Social Care Strategy 2022-2030*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Health and Social Care		
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee		
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>(Insert reference number)</i>		
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:-		

Purpose of Report:

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield’s population. We have been without a clear strategy that unifies this whole system in Sheffield for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, and we must develop a long term and ambitious response that commits to improving the lives of people who draw on care and support.

The new strategy meets our obligations under the Care Act to have a strategy for adult social care. It has been developed with citizens, providers, and partners. It

sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

The report recommends the local authority adopts the new strategy – ‘Living the life you want to live – 2022-2030’.

Recommendations:

Cooperative Executive approves the new Adult Social Care strategy, setting a ten-year vision for the change we want to see in the way people are supported by the adult social care system in Sheffield.

Background Papers:

(Insert details of any background papers used in the compilation of the report.)

- Institute of Faculty and Actuaries, COVID-19 Report - Impact on Social Care
- Care Quality Commission, The state of health and adult social care in England 2020-21
- Carer's Trust, A few hours a week to call my own
- Carers UK, Caring behind closed doors
- ONS, Health state life expectancies, UK: 2017 to 2019
- Department for Health and Social Care, Integrating care: Next steps to building strong and effective integrated care systems across England
- Department for Health and Social Care, People at the Heart of Care
- Sheffield's Joint Health and Wellbeing Strategy 2019-2024
- Shaping Sheffield 2019-2024

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: Ann Hardy & Liz Gough		
	Legal: Steve Eccleston & Nadine Wynter		
	Equalities: Ed Sexton		
<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	EMT member who approved submission: <i>John Macilwraith</i>		
3	Cabinet Member consulted: <i>Councillor George Lindars-Hammond</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 Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.		
	<table border="0"> <tr> <td>Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i></td> <td>Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i></td> </tr> </table>	Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i>	Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i>
Lead Officer Name: <i>Alexis Chappell</i> <i>Charlotte Murrie</i>	Job Title: <i>Director of Adult Social Care</i> <i>Commissioning Officer</i>		

Date: 7 March 2022

1. PROPOSAL

1.1 It is proposed that the accompanying adult social care strategy – ‘Living the life you want to live – 2022-2030’ – be approved and implemented.

1.2 **Current position**

The health and social care system in Sheffield is facing urgent and long-term pressures. The local authority is currently without a strategy that sets out our ambitions to improve the experiences and outcomes of our citizens.

1.3 **The impact of COVID**

1.3.1 The virus has had a significant impact on older people and people with pre-existing conditions. This means that people we support are more likely to have been impacted by the virus. The Institute of Faculty and Actuaries found in June 2020 that more people have died from the virus in care homes as well as people who receive home care. We don't yet fully understand the impact of the virus (also known as ‘long COVID’), or the longer term social and mental health impacts of the pandemic.

1.3.2 The pandemic has made inequalities worse. The Care Quality Commission concluded in their state of health and social care 2020/21 report that there have been higher cases of coronavirus in more deprived areas than less deprived ones. Overall, there were higher rates of death from coronavirus in Black and Asian ethnic groups. This was similar for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic. Inequalities were rife before the pandemic, but we need to commit to tackling inequalities as a priority to truly develop better health and social care.

1.3.3 Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care — from family, friends, or neighbours. Care and support workers have been more likely to face the virus, and it's been harder to recruit and train new staff in lockdowns.

1.3.4 Social distancing has often closed or limited day activities and reduced opportunities to engage in preventative wellbeing activities, like going to the gym, attending a class, or meeting face-to-face for a chat.

1.3.5 Sheffield's care market has been significantly impacted by the pandemic. Care homes, for example, have had fewer residents and it will likely take a while before these homes could have the same number of residents they had before the pandemic. Many care services have had higher running costs, despite short term funding from Government for personal protective equipment.

1.4 **Longer-term demographic changes**

- 1.4.1 According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. This increase in the number of older adults in the city could mean an increase in the need for services or support. An ageing population means more people with long term health conditions, and a higher risk of having 2 or more at the same time. This makes care and support more challenging in old age.
- 1.4.2 At the same time, PANSI data indicates that more and more people aged under 65 in the city have or will develop long term conditions or disabilities by 2030, increasing the number of individuals needing help and often for longer as health innovation increases life expectancy.
- 1.4.3 Life expectancy has levelled off over recent years but has been rising steadily for many. There is, however, a significant discrepancy in life expectancy between our communities, with those in more economically deprived areas and minority ethnic communities having a lower life expectancy. Significantly, the disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2017 to 2019 report), and a higher number of people face years of poor health and increased difficulty in older age.

1.5 **Legislative and national changes**

- 1.5.1 The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).
- 1.5.2 A further White Paper, 'Joining up care for people, places and populations' from the Department of Health and Social Care in February 2022:
- Sets out the approach to designing shared outcomes between councils and local NHS organisations, putting person centred care back at the heart of plans for reform, while helping to tackle elective care backlogs
 - Introduces the expectation for a single person accountable for the delivery of shared outcomes and plans at local level across both health and social care services
 - Seeks to break down the barriers that separate our health and care workforces, with the sharing of digital tools and data and the extension of financial pooling to provide better care to more people than ever before.
- 1.5.3 In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond

that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The document sets out the government's 10-year vision for adult social care, building on The Care Act 2014. It sets out a range of policies for the next three years, including:

- Integrating housing into local health and care strategies to give further choice of housing and support
- Further funding to increase technology and digital developments
- Training the social care workforce and supporting their wellbeing
- Support services around minor repairs and adaptations to homes
- Funding to work with the sector to support unpaid carers
- Innovation funding to give care and support in new and different ways
- Support to help people understand and access the care and support available, including a new national website
- More support to local authorities to strengthen local delivery of adult social care.

1.5.4 Many of the details of these plans are still in development. The government has committed to working with the sector and people who draw on care and support to define these further. It's encouraging that the government is beginning the journey to truly valuing and supporting adult social care.

1.5.5 The government has committed to 'levelling up every part of the UK' and building back better from the pandemic across all parts of the country. This involves providing funding to help tackle regional differences in the UK. We know that the North has been affected by the coronavirus pandemic more than other areas. We need to understand more about how the levelling up agenda will affect adult social care and Sheffield.

1.6 The development of 'Living the life you want to live' as a strategy for adult social care 2022-2030 is a recognition of the significant challenges facing the system and the opportunity for a long term, system wide vision to make the changes necessary to improve the experiences and outcomes of Sheffield citizens.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 Living the life you want to live – the Adult Social Care Strategy 2022-2030 will drive the implementation of our ambitious plans for social care in Sheffield over the next decade.

2.1.1 The strategy meets the obligation in **Our Sheffield One Year Plan 2021/22** to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and

experiences and adults in Sheffield’. This helps set the context for other commitments under ‘Enabling adults to live the life that they want to live’:

- We will deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City
- Develop a framework for measuring our performance and quality so that people can hold us to account for the care services we provide
- Invest in Occupational Therapists, Social Workers and Enablement Support, and Commissioning Support to enable people to live more actively and independently
- Review our homecare services that we are delivering support that enables people to live independently at home in Sheffield
- Improve our approach to transition of young people from children services to adult services
- Secure a future working relationship with the new NHS structures, founded in our vision to deliver excellent health and care services in communities across Sheffield, end health inequalities, integrate care and have public deliver at the heart of health and care.

2.2 The Care Act 2014 (Part 1) sets out the local authority’s general responsibilities in relation to care and support:

- promoting wellbeing
- preventing the need for care and support
- protecting adults from abuse and neglect (safeguarding)
- promoting health and care integration
- providing information and advice
- promoting diversity and quality.

2.2.1 The Care Act guidance (para 4.52) requires that each local authority should develop a plan that matches their circumstances and meets the needs of its population that are evidence-based and local. These should be aligned with wider corporate planning and commissioning approaches. ‘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), through engagement with people, carers and families, market and supply analysis, market structuring and interventions, resources and 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.’

2.2.2 Whilst the Care Quality Commission Adult Social Care framework is still awaiting publication, the ‘Well Led’ domain indicates local authority should have a shared clear vision and credible strategy to deliver high quality care and support. The strategy must be fully cascaded,

embedded and understood by all staff at all levels, ensuring everyone understands the part they play in delivering against the strategy and commitments within it.

- 2.3 Adult social care as a system has a significant impact on many people in the city. Our focus in this strategy is about helping people to live a fulfilling life, realise their potential, and contribute to their communities. It's about improving people's experience of social care, providing them with help and support in a way that is based on what matters to them, focussed on their outcomes, rather than their issues.
- 2.4 Economically, adult social care represents a significant proportion of the city's public spending, not solely in the council. Crisis and high intensity support tends to cost more. Our focus in the strategy is on moving towards earlier, more preventative support that prioritises independence, choice, and recovery.
- 2.4.1 The intended outcome is that increasing numbers of people can be supported at an earlier stage, using less formal support. Some people will always need high-level formal support and this will form part of a flexible system that includes alternative approaches and more inclusive universal services.
- 2.4.2 Typically, higher intensity support costs the public purse more than a preventative, community led option. If we are able to keep more people independent, safe and well with less formal support then people will achieve better outcomes at lower cost.
- 2.5 The strategy depends on connections to other strategies to be delivered. These strategies may be in other departments of the council or perhaps in other organisations. Some also develop themes of the strategy further, with more detail provided on specific services or communities.
- 2.5.1 This proposal supports the **Sheffield City Council People Portfolio Strategic Objectives 2021-22**:
- Increase equality, resilience and inclusion
 - Thriving communities where people like to live
 - People are and feel safe
 - People are independent and can achieve their potential
 - People are healthier and happier
- 2.5.2 In particular this proposal has a strong link to the new **Local Area Committees** and their **Empowering Communities** work, in line with the commitments to:
- Empower communities
 - Harness community assets to strengthen cohesion and connectedness
 - Improve health and wellbeing.

It will contribute to the Local Area Committees' aims of:

- Engaging, empowering, enabling and seeking the active participation of all residents and community organisations on a topic of local interest
- Actively utilising all available communication methods, including social media, improved local websites and blogs and where possible the use of virtual meeting technology
- Providing a geographical framework that prioritises and directs the local delivery of services
- Demonstrating work with local partners and stakeholders to ensure services are joined up and operating effectively in line with the needs of local communities
- Involving key partnerships with local Voluntary, Community and Faith Sector organisations to ensure greater efficiency of resources, improved services, and a stronger local voice.

2.5.3 The **Joint Health & Wellbeing Strategy (2019-2024)** sets out the following outcomes, which the adult social care strategy supports:

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability
- Everyone equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

2.5.4 **Shaping Sheffield 2019-2024** sets out four clear priorities which align with the adult social care strategy:

- Promoting Prevention
- Ageing Well
- All Age Mental Health
- Thriving Communities

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The strategy has been in development since November 2020 through consultation and codesign with a significant number of stakeholders across the city. Care has been taken to develop the strategy based on the experiences and issues of communities directly impacted by it.

3.2 The engagement, consultation and codesign work has taken place over 4 defined phases:

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

Full details of the consultation and engagement work can be found in Appendix 1 of the strategy – Strategy Consultation and Codesign Report

3.2.1 Strategic Review Consultation – September-November 2020

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.

3.2.2 Engagement Groups – February 2021 onwards

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.

3.2.3 Engagement and Codesign – August-October 2021

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

- Informing
 - E-bulletins/ newsletters (council social care, external - interested parties, Chief Executive/manager bulletin - wider SCC)
 - Webpage/Intranet page
 - Social Media/Media engagement – expected around when the strategy goes to Cooperative Executive
- Consulting
 - Citizenspace consultations
 - Targeted meetings (internal & external)
 - Strategic Board
 - Teams Live Q&A (internal & external)
 - ASC Staff events
- Codesigning
 - Partner planning group (events & engagement, document checking, developing the delivery plan)

- Commitments workshops

3.2.4 Formal Consultation – January-February 2022

The consultation launched on 17 January and ran until 13 February. We received 24 responses. Key feedback included:

1. We need to listen to social care users and workers – specifically respondents highlighted that carers need support to be listened to.
2. Communication needs to be better, including for those without digital access
3. Integration between health and social care needs to improve
4. 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
5. We need a mechanism for reporting back progress to people
6. Respondents picked out specific enablers that should be included in the delivery plan:
 - a. A clear needs analysis and a market position statement
 - b. Supporting the community
 - c. Housing connections
 - d. Staff are a vital resource – they need to be supported and well trained
 - e. More money in the system

3.7 The engagement has focused on those who are directly affected by the strategy, namely the individuals, their families and carers who use social care services. This has included directly through our engagement groups and meeting with citizen partnership groups, such as the Improving Accountable Care Forum and the Autism Partnership Board.

3.7.1 Stakeholders consulted included: Healthwatch, Burton Street, Sheffield and District African-Caribbean Community Association (SADACCA), Aspiring Communities Together, Faithstar, Citizens Advice, Sheffield Carers Centre, Voluntary Action Sheffield, Sheffield Health and Care Partnership, Disability Sheffield, Sheffield Mencap, MCDT, Project 6, Heeley City Farm, SACMHA, Sheffield Young Carers, Sheffield CCG, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals, Primary Care Sheffield, Care Home providers, Home Care providers, Supported Living providers, South Yorkshire Housing Association alongside internal Council staff and partners, such as Communities and Housing.

3.8 The strategy recognises that ongoing citizen consultation and engagement is integral to the implementation of the strategy. We have committed in our accompanying plan to work with citizens and communities to design and deliver a partnership of care in Sheffield. We will also embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.

- 3.9 The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. All the boards in this structure will have different roles to play in leading transformation and oversight.

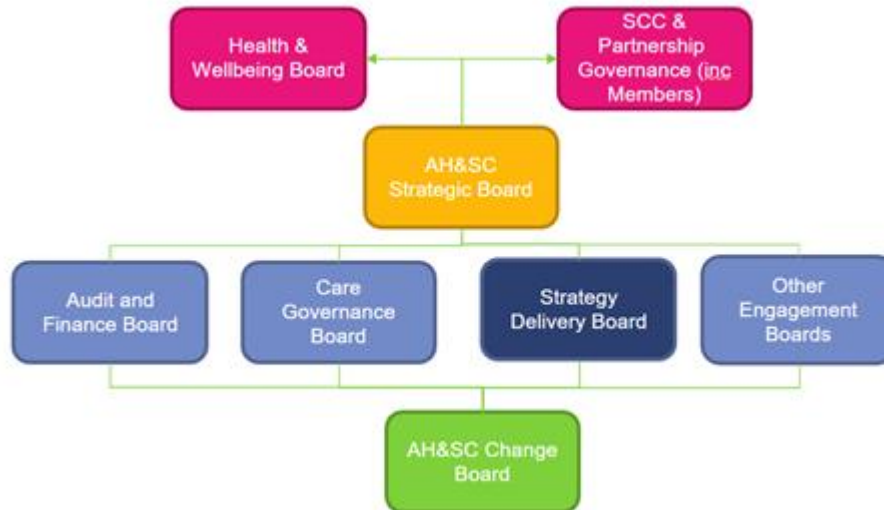


Figure 1: formal partnership governance structure

- 3.9.1 The Strategy Delivery Board, reporting to the Strategic Board, will:
1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Social Care Strategy
 2. Provide assurance that the outcomes of the Adult Social Care Strategy are being delivered
- 3.9.2 Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes. The strategy’s high-level plan sets out actions that shape our intentions over the years: how will we know we’ve made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output-based metrics.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 There are no adverse equality implications because of this strategy. The aim is to improve equality of opportunity for Sheffield citizens who access social care services and prevent, reduce, and delay the onset of needs that would otherwise adversely affect opportunity.
- 4.1.2 The strategy is fully consistent with the Public Sector Duty ensuring equality of opportunity for people and communities who draw on care and support. By working in the way outlined in the strategy, we aim to

remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people's lives and the care they receive.

- 4.1.3 The high-level plan that accompanies the strategy commits to an action to 'embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.' This is likely to take the form of annually co-designed and published delivery plans. We will review our Equality Impact Assessment annually in line with this delivery plan.
- 4.1.4 Implementation of the strategy may result in specific projects which would be accompanied by appropriate equality impact assessments and considerations and will be subject to the usual processes and are therefore not considered in this report.
- 4.1.5 Additional actions arising from the Equality Impact Assessment:
- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups
 - Improve the identification of carers
 - Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
 - Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort

4.2 Financial and Commercial Implications

4.2.1 **Financial strategy appendix**

Successful implementation of the AHSC strategy will have cost benefits: people will live independently for longer; improved communication will mean the right support is identified more promptly; and a more fulfilled workforce and stable market will be able to focus on enabling people to live more independently if they do need support.

Implementation of the strategy will also require investment at the same time as we continue to meet the needs of Sheffield residents who rely on formal care.

The financial implications of this strategy are magnified by the current context of a restrictive budget and covid-driven costs. However, aligning Business Planning with the AHSC Strategy will drive investment in more preventative approaches as financial benefits are realised.

Our long-term financial strategy to support the implementation of the AHSC Strategy consists of three elements:

1. Supporting people to be independent
2. Secure income and funding streams

3. Good governance

The strategy detail outlined above is all subject to the strategy being affordable for the City Council and will be kept under review through normal monitoring processes.

Further detail can be found in Appendix 3 – Financial strategy.

4.2.2 **Commercial implications**

The Care Act requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services, that will be available to their communities.

There are no commercial implications for this report. Implementation of the strategy may result in specific commissioning projects: all commercial considerations for the commissioning plans will be subject to the required processes and are therefore not considered in this report.

4.3 Legal Implications

4.3.1 The core purpose of adult care and 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". This report evidences the high-level strategy to ensure these obligations are met.

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 There is no clear alternative to an adult social care strategy. The strategy is needed – we have an obligation to deliver one under the Care Act. The Adult Social Care Change programme, whilst moving forward, needs clear direction in order to be able to deliver against a long-term ambition.

5.2 In developing the strategy, two options were considered and rejected:

5.2.1 The strategy could have been a shorter-term vision.

This was rejected because:

- there are significant challenges facing the social care system that are more long term in nature (such as training and recruitment of a quality workforce) so require longer term thinking
- a shorter-term strategy would likely only be able to focus on the current challenges
- market shaping needs a longer term vision to allow local providers to develop the mix of services we're looking to deliver whilst remaining stable
- national drivers, such as new legislation, are in development but we cannot continue to wait for them to be finalised – we have a clear enough picture to be able to drive local transformation

5.2.2 The strategy could have been smaller in scale, looking only to affect internal council services.

This was rejected because:

- The scale of the challenges faced by adult social care need a system approach to be tackled effectively.
- Section 6 of the Care Act sets out the Council's duty to make arrangements for ensuring co-operation on the functions of relevant bodies in the local authority area relating to adults with needs for care and support and their carers. This includes those we have defined in the strategy as the adult social care system: the people and organisations that are involved in providing adult social care. Our strategy should reflect this approach.

6. REASONS FOR RECOMMENDATIONS

6.1 Through significant local consultation and engagement, 'Living the life you want to live' sets out a vision and ambition for Sheffield's adult social care system that will better meet the needs of our citizens.

- 6.2 The intended outcomes are that people who need help and support in Sheffield will be:
- Safe and well
 - Active and independent
 - Connected and engaged
 - Able to Aspire and achieve
 - Supported by an Efficient and effective system

This page is intentionally left blank