



Adult Social Care Living and Ageing Well Market Position Statement

2023 – 2030

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1. Introduction

1.1 Our vision and long-term strategy for adult social care in 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 Adult Social Care Strategy for Sheffield was approved at Sheffield City Council's Co-Operative Executive on 16th March 2022 and covers the period of 2022- 2030. A Delivery Plan was subsequently agreed on 15th June 2022. The document, and background information, can be found on the [Council's website](#).

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

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

1.2 The purpose and scope of this Market Position Statement

In Sheffield we follow a commissioning cycle consisting of:

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

A **Market Position Statement** (MPS) is written by local authorities to advise providers about how what we commission could change and what the local authority's commissioning intentions are. It is a key element of the analyse and plan stages of the commissioning cycle

as it will inform the subsequent planning and delivery of services for the next few years. It will be updated as required and will underpin more detailed commissioning plans.

In line with commitments set out in the Adult Social Care Strategy and the accompanying Delivery Plan, in this MPS we are setting out our intentions for the way we intend to **support people to 'Live and Age Well' in Sheffield**. This will include what we intend to commission, how we would like this support to be delivered and the relationships that we would like to establish to make this a reality. In doing so, we aim to effectively contribute to the wider partnership in place in Sheffield to improve the lives and outcomes of individuals and Carers' who are ageing . Although the intentions are those of the local authority, the work will be done in partnership with others, and section 8 of this report lists some further areas of joint working.

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

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

We acknowledge that the Council has a perspective on 'the market'; however, we appreciate that it is both experienced and understood from different perspectives, and by groups and individuals with different priorities. In early 2023 we will invite comments from people and groups on this document and will take those comments into account in the final version. We will also include people and partners every time we commission a new service.

This document concerns itself solely with provision of ageing and living well social care support as a practical step in ensuring people of Sheffield have the right social care support at the right time. It has a focus on the factors which affect living and ageing well and how social care support can respond to mitigate these factors and their impact.

Other areas of adult social care commissioning will, over time, be producing their own specific market position statements, and an overarching statement on the adult social care market has also been produced.¹ Further work will have a more general perspective around subjects like the adult social care workforce and training opportunities for providers, which are not addressed specifically in this document.

¹ See [12. Appendix 1 Market Shaping Statement COM22-23-STR-002.pdf \(sheffield.gov.uk\)](#) and [12. Appendix 2 Market Sustainability Delivery Plan COMM22-23-STR-002.pdf \(sheffield.gov.uk\)](#).

2. **Headline messages**

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

1. Partnerships with providers

We want to improve our relationships with providers and will be looking for ways to do this more effectively

We will also work with providers to develop our commissioning plans and set up “calls for evidence” and collaborative forums to help develop the marketplace and enhance our commissioning plans.

2. Exploring preventative approaches that help delay the need for more formal care and support

Our prevention approach is aimed at developing self-help principles and enhancing peoples own skills, abilities, and knowledge.

We will work on our strategy to understand those interventions that have the most impact and where these can be sourced. We expect the voluntary sector will have a role to play in this.

3. Enhancing the reablement and independence offer

We will review the reablement offer that is currently provided however we don't expect this will be provided by the external market.

But we want all our commissioned providers to understand and replicate an enablement approach encouraging people to continue where possible to maintain the skills they have by working with them to achieve this.

4. Flexible and creative daytime opportunities

Building based day services are likely to remain popular with some people but providers who can help people connect with their local community away from such centres will also be encouraged. We will be exploring options in the future which enhance the daytime opportunities offer and extend this to more flexible hours including evenings and weekends.

5. More creative and flexible short term care options

We have started to implement the recommendations from our short-term care strategy; however, we want to look for more flexible and creative short-term care in the community. We are particularly interested in providers who can offer short term nursing care.

6. Rapid solutions to avoid unnecessary admissions and more responsive care out of Hospital

We have recently re procured (with health colleagues) some of our hospital discharge support services (S2A beds in care homes). However, we want to explore other options with the market that can respond quickly to crisis and prevent unnecessary hospital or care home admissions. We aim to do this with our partners in the NHS.

7. Technology/Equipment

We believe there is merit in developing the use of technology to support people's lifestyle choices and help people continue to be independent, we are interested to learn from providers who have experience of positive outcomes with the use of digital and technological approaches in social care. We will be developing our strategy relating to tech enabled care and encourage providers to be part of the developments.

8. Care at Home – Care and Wellbeing in the Community

We are in the process of transforming our current framework for home care into a new Care and Wellbeing service. We want to work with the market to develop this over the coming years and ensure it can adapt to changing needs and aspirations.

We are likely to recommission our care at night service in the near future and we will also be exploring the benefits of supported living for older people.

9. Care and support with accommodation and new accommodation solutions

We expect the future demand for care homes in their current form to decline. However, in the short term we intend to strengthen our agreements with the market by developing a framework of providers who can meet the requirements of a new specification. We want to work with these providers to develop care homes which are sustainable enough to enhance personalised care and community connectedness. We expect there to be a greater role for care homes in the future in providing more specialised support for people who are very frail or who have multiple and complex physical and cognitive needs, we anticipate the need for nursing placements to be in demand in the short term.

It is likely that as long-term placements into care homes continue to decrease, we will want more and improved housing with care options such as extra care and supported living arrangements and we are interested in working with providers who have other ideas or plans for care with accommodation, this includes social landlords. We will work in partnership with Housing and Health to develop a delivery plan which sets out the type of accommodation with care we will develop over next 10 years to promote and enable independent living

10. Fair Cost of Care

Over the coming years, we intend to address some of the discrepancies inherent in current fee arrangement to achieve transparency in costs and provision wherever possible, to generate best value for the Council and the best service possible for people who use services. The 'cost of care exercise' with care homes and home care agencies is the start of this work.

11. Improving the support to people living with Dementia

We have an active commissioning plan for community dementia support including young onset dementia. This will be reviewed regularly but the contracts in place last for a further 5 years.

We want to ensure however people living with dementia who have care and support needs have the same opportunities as others and therefore will be asking all providers to ensure wherever possible they are able to and can accommodate the needs of people living with dementia in the services they provide.

12. Care and support for older and frailer people with multiple and more complex needs

When we have a fully embedded prevention approach, we anticipate those who need longer term social care to be older and frailer and with more enhanced needs which maybe multiple and complex.

Wherever possible we want people to be able to remain being supported by those they know so will need providers to be able to adapt to changing needs.

In the short term we want to explore suitable provision for those individuals who currently have more enhanced needs and ensure we have robust contracting and pricing agreements in place for these placements

13. Quality of care and support

Our priority is that individuals receive excellent quality support based on “what matters to you”.

We expect providers to hear the voice of people they are working with and use this to make changes or improvements and people to really see the impact of their voice and opinion. We also intend to ensure that voice is more central to our monitoring processes so what matters to the person really counts.

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

14. Meeting Council objectives

In order to meet our Council objectives, we need to work with providers who share the same values and can contribute to meeting our targets over the next few years. These include

- Becoming net zero city by 2030
- Commitment to the Introduction of the Real living wage for all care and support workers.
- Meeting social value principles
- Valuing diversity – understanding and meeting different cultural needs and inclusivity of approach for people who identify as LGBT

Our procurement processes will be used to test these principles and providers who can demonstrate their commitment to these objectives as well as meeting cost and quality benchmarks are more likely to become a provider of choice

3. Our social care vision for Living and Ageing Well

Ageing affects everyone. **But ‘age’ itself is not necessarily the issue:** in a diverse city, people’s life experiences vary significantly and the impact of some of the city’s major challenges, such as poverty, can mean that some communities in Sheffield feel ‘older’ at very different ages. ²

However, the World Health Organisation (WHO)³ in 2022, note the gradual physical and mental deterioration that naturally comes with living longer but also suggest ageing is often associated with other life transitions such as retirement, relocation to more appropriate housing and the death of friends and partners.

Being reliant on social care is not an inevitable part of ageing but where people do need this our vision for living and ageing well is a mirror image of the vision for social care: [Adult Social Care Strategy: Living the life you want to live](#) :

- To have a place to call home
- To be part of a supportive community
- To be able to do things that matter
- To be recognised as an individual person who has something to give
- To be able, where possible, to learn and develop skills that maintain independence
- To have life choices and choices about the future
- To live well and to die well

We know that there are many social, economic and environmental factors that have changed the course of the social care world and ageing.

The most notable was the impact of COVID 19 pandemic which has hit the ageing population particularly hard especially those who receive care and support. The [State of Sheffield 2020 report](#) identified the largest disparity in communities as a result of COVID was age. Twice as many people over 80 with COVID were likely to die than someone under 40 and the majority of deaths in the city in the community were in care homes. All this had a significant impact on both the ageing population and their families, their fears, anxieties, and confidence but also on the market on providers and on staff teams who witnessed the loss of people they care for. The recovery from this will take time and may have either impacted on or suppressed demand which will become more apparent over the next few years. However, it has also offered an opportunity to work differently and to embrace some of the new and creative ways people found to both live and work within care and support services.

² Sheffield A City for all Ages 2016

³ World Health Organisation Ageing and Health October 2022

4. Population Estimates

World Estimates

In October 2022 the World Health Organisation (WHO) noted the pace of the ageing population. In 2020 more people in the world were over the age of 60 than those under the age of 5 and projections indicate, worldwide 1 in 6 people will be over the age of 60 by 2030.

UK Estimates

In the UK, in 1999, around one in six people were 65 years and over (15.8%), this increased to one in every five people in 2019 (18.5%) and is projected to reach around one in every four people (23.9%) by 2039. This is thought to be because of fewer births and later deaths with the baby boomers of the 60's reaching their 70's and 80's by 2039.⁴

Sheffield Estimates

The [Projecting Older People Population Information System \(poppi.org.uk\)](http://poppi.org.uk) website provides a useful set of figures for Sheffield that can help us consider future demand for services:⁵ This seems to be following the same pattern as predicted in the WHO and ONS reports.

Sheffield Population aged 65 and over, projected to 2040⁶

	2020	2025	2030	2035	2040
People aged 65-69	24,400	27,000	30,300	32,000	28,700
People aged 70-74	24,600	22,400	24,800	28,100	29,700
People aged 75-79	18,700	21,600	19,900	22,100	25,200
People aged 80-84	14,100	14,900	17,400	16,200	18,300
People aged 85-89	8,500	9,300	10,100	11,900	11,300
People aged 90 and over	4,800	5,100	5,700	6,500	7,800
Total population 65 and over	95,100	100,300	108,200	116,800	121,000

Sheffield Population aged 65 and over, projected to 2040 - % change⁷

	2020	2025	2030	2035	2040
People aged 65-69	0%	11%	24%	31%	18%
People aged 70-74	0%	-9%	1%	14%	21%

⁴ Office for National Statistics (ONS) predictions 2022

⁵ These figures can also be provided with a male/female split.

⁶ POPPI as of Oct 2022, Figures may not sum due to rounding

Crown copyright 2020

⁷ As above

People aged 75-79	0%	16%	6%	18%	35%
People aged 80-84	0%	6%	23%	15%	30%
People aged 85-89	0%	9%	19%	40%	33%
People aged 90 and over	0%	6%	19%	35%	63%
Total population 65 and over	0%	5%	14%	23%	27%

People aged 65 and over predicted to have dementia, by age and gender, projected to 2040⁸

	2020	2025	2030	2035	2040
Total population aged 65 and over predicted to have dementia	6,879	7,333	7,940	8,597	9,298

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

Some of the main and notable figures for Sheffield suggest:-

- A 27% increase in the older population by 2040
- A significant increase in the numbers of people over the age of 75 in the next 18 years to 2040
- A significant and ongoing increase in numbers of very older people aged 90 and above between now and 2040.
- A 16% increase in the number of people living with dementia by 2040
- A reduced number of people of retirement age (65 - 69) by 2040

Increasing age brings with it the likelihood of increasing frailty and ill health, therefore our planning needs to consider this ongoing increase in numbers of very older people.

5. Demand for Services

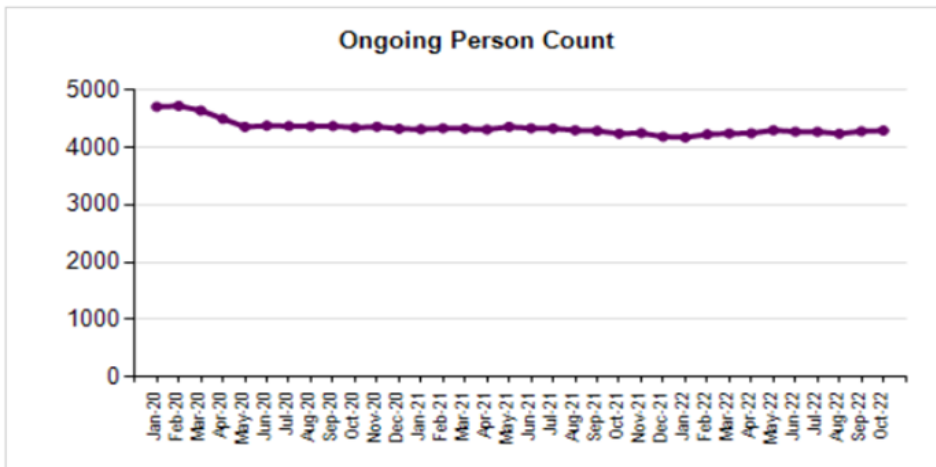
The forecast increase in numbers of older people does not necessarily correlate with a similar increase in demand particularly where there are good early help, enablement and preventative support services in place. We also know that more people than ever before are working after the age of 65 and into their 70's and therefore unlikely to need the traditional social care support. We anticipate our future offer therefore is more likely to be supporting the very older and frailer population over 80 years old.

As of November 2022, there were 95,000 people over the age of 65 living in Sheffield. Approximately 5% (4,438) of these people were receiving some form of Sheffield City Council funded social care.⁹

⁸ POPPI as of Oct 2022, Figures may not sum due to rounding
Crown copyright 2020

⁹ Sheffield City Council – Person Dashboard November 2022

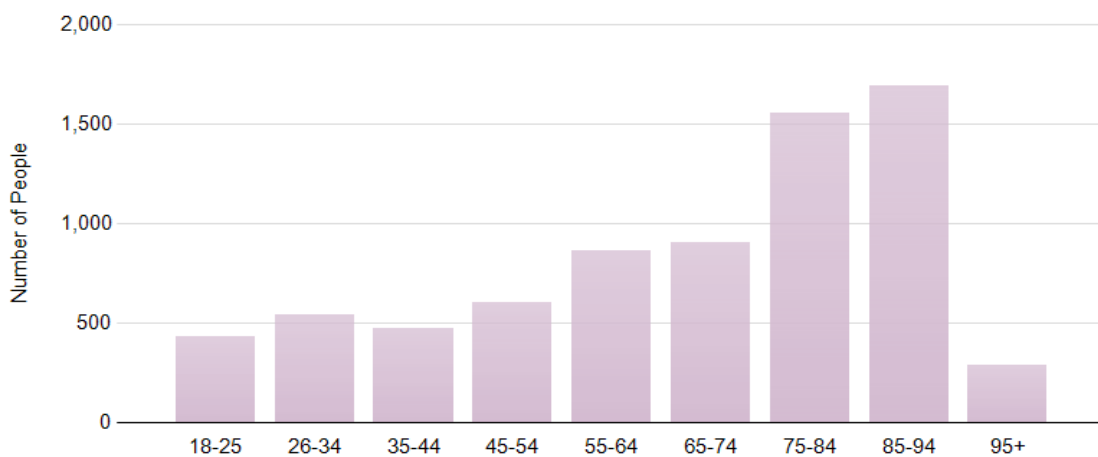
The number of older people the council has supported over the last few years has remained fairly stable.¹⁰



From a gender perspective, figures from November 2022 indicate that there were a higher proportion of females utilising services, however this would be expected from a population perspective.



Looking at the number of supported people in different age groups, older people are by far the largest group of people receiving adult social care¹¹.



¹⁰ Purchasing budget report Nov 2022

¹¹ Sheffield City Council – Person Dashboard November 2022

If the current numbers are projected forward, we can expect to see approximately **1600 additional older people requiring social care by 2040.**

Factors Affecting Demand

We also know there are some additional factors which affect demand, in Sheffield the biggest single demand driver in adult social care is dementia. There is a range in severity from mild cognitive impairment up to formally diagnosed dementia, and specific causes including Alzheimer's and Lewy body dementia, this analysis groups these under the broad umbrella term *dementia*.¹²

The number of people with **dementia** is projected to increase rapidly over the next several decades, largely due to increases in life expectancy and population demographics.

In the UK, the number of people with dementia is predicted to rise to:

1.2m by 2030

1.4m by 2040

1.6m by 2050

This will potentially have a significant impact on hospital services unless preventative action is taken.

Currently:

- 25% of hospital beds are occupied by people aged 65 and over living with dementia.
- 42% of unplanned admissions are for people over 70 living with dementia.
- The readmission rate for people living with dementia is significantly higher than the general population.

However, 20% of hospital admissions for people living with dementia are preventable.

Stroke was something found in 11% of all initial social care conversation forms, and 13% of reviews. This figure appears to be increasing year on year, though this may reflect changes in recording practice rather than true prevalence. The age profile of people follows that of the older people in the population without stroke, but with the older people's peak slightly younger - presumably a stroke can mean that an older person enters the adult social care system at a younger age than they otherwise would. The *stroke* flag is slightly more prevalent in males than females. People with the *stroke* keyword are more likely to require nursing care than those without.¹³

¹² Adult Social Care Needs Assessment 2021

¹³ Adult Social Care Needs Assessment 2021

We found the **isolation** mentioned in 10% of people with an initial social care conversation form. We also saw a year-on-year increase: from 6% in 2019, rising to 13% in 2021. For reviews of those already in the system the rise is more dramatic, from 6% to 31% in three years.¹⁴

Usage in provision

In 2022 there were mixed demand pictures in different service types with demand for home care increasing, demand for hospital discharge increasing and demand for long term care home placements reducing. It is difficult to know if this is likely to be typical going forward given, we are still recovering from the impact of the COVID pandemic and measuring how that has affected the population demand figures

In order to meet any longer-term increase in demand, however, it is critical that our plan for prevention, enablement and self-help is in place to enable people who are beginning to age to plan for their future and maintain their independence for as long as possible, and when they do need support, this responds to the needs they have which are likely to be multi-faceted, enhanced and complex.

6. Expenditure

Third Party Spend, i.e., the budget for purchasing of care and support services to deliver care to people across the city, is allocated approximately 78% of the total ASC budget: £215m 2022/23. This is allocated as follows:¹⁵

¹⁴ Adult Social care needs Assessment 2021

¹⁵ Sheffield City Council Finance Information Nov 2022

Sheffield Population 2022
585,000

65+ Population 2022
95,000

65+ population forecast 2030
108,000

Homecare

Number of people: **2,700**
Cost per year: **£42.7m**
Approx cost per person per year: **£16k**

Residential care

Number of people: **873**
Cost per year: **£27.6m**
Approx cost per person per year: **£31k**

Approx cost per person per week: **£598**

Nursing care

Number of people: **477**
Cost per year: **£18.2m**
Approx cost per person per year: **£37.2k**

Approx cost per person per week: **£715**

Short term care beds
Cost per year: **£4m**

Extra care

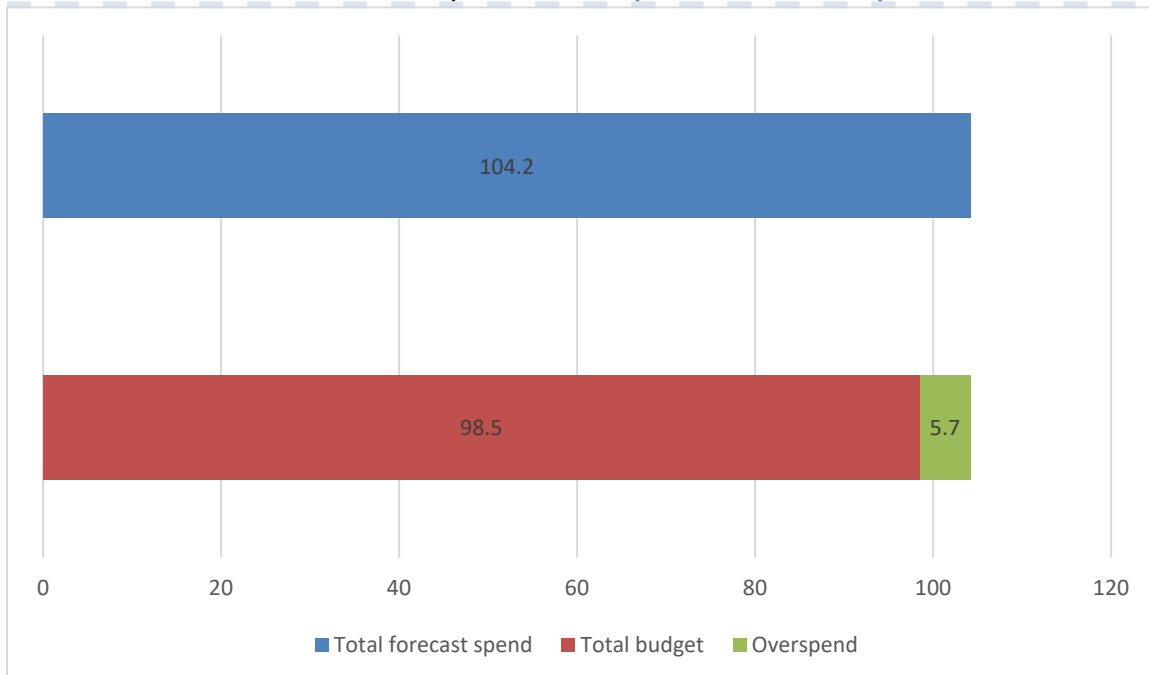
Number of people: **100**
Cost per year: **£1m**
Approx cost per person per year: **£10k**

Supported Living

Number of people: **130**
Cost per year: **£7m**
Approx cost per person per year: **£10.7k**

Day care
Number of people: **30**
Cost per annum: **£324k**
Approx cost per person year: **£540**

Other costs (inc debt provision): **£3.2m approx.**
Total forecast spend **£104.2m**
Total budget **£98.5m**
Overspend **£5.7m (see table below)**

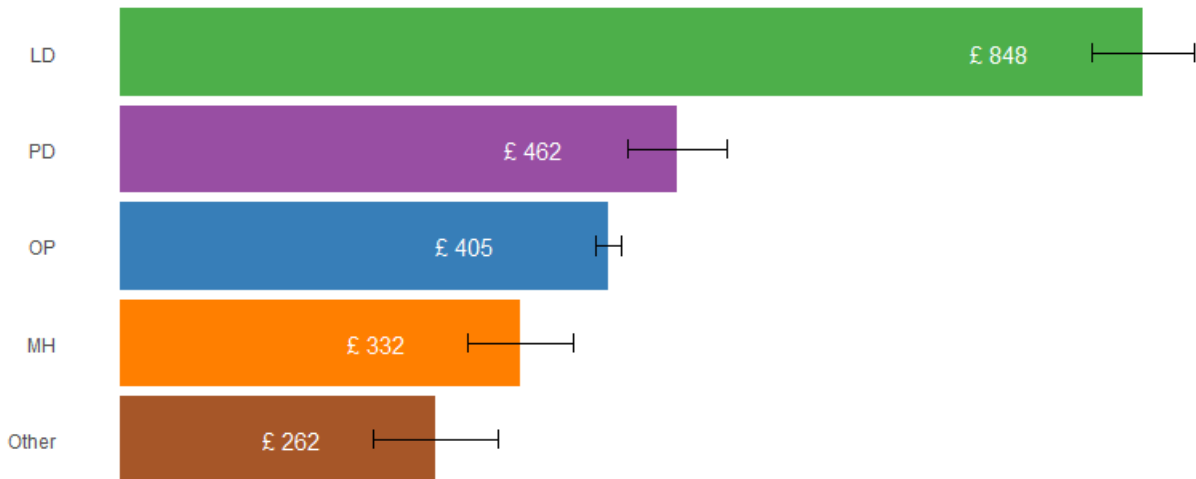


Total budget and forecast overspend

However, there is inequity in the amount of funding that is allocated to different groups of individuals receiving social care¹⁶

¹⁶ Adult Social Care Needs Assessment 2021

Costs of people receiving adult social care
average gross weekly costs 30/9/21, error bars show 95% CI



7. Overview of the older people’s market and messages for providers

For those who require social care support the provision is broadly split into 3 categories:

- Those who provide **Preventative, Enabling and Community Based Support** – This includes resources that help avoid the need for ongoing care and support developing. It could include information and advice, provision of technology/equipment, day care, short-term support to assist unpaid carers’, reablement and short-term care for respite and other reasons
- Those who provide **Ongoing Care and Support at Home** – This is support provided on an ongoing basis in the persons own home which includes home care and supported living.
- Those who provide **Ongoing Care and Support with Accommodation** – This includes any care and support provided with accommodation, including care homes, extra care and shared lives.

7.1 Preventative, Enabling and Community Based Support

7.1.1 Overview

We invest a small amount of money (comparably) in very early low-level support that targets those most likely to need social care in the future. An element of this is provided by navigator roles (rather than independent services) which help people on an episodic basis when a crisis or incident occurs and signposts them to the most relevant support. This includes roles such as community support workers and prevention workers based in our first contact service. We are working on our prevention strategy across the people services portfolio to identify those interventions which have the most impact this includes

reviewing our information and advice offer across social care. We expect the voluntary and community sector to play a part in this development.

We do have slightly more invested into early support services for those living with dementia as part of our community dementia commissioning plan [4 Commissioning Plan - Community Dementia Support 2021-2027 FINAL v08.07.2021.pdf \(sheffield.gov.uk\)](#) which includes information and advice, community-based activities, support for unpaid carers and advice and training for anyone working with people living with dementia. As this has only recently been commissioned it is unlikely to change in the next 5 years.

Support for people living with dementia is also provided by a number of daytime opportunities centres, there are places for people without care needs to self-refer and places for people with care needs who can be referred following a needs assessment. These have only recently been recommissioned and the contracts are in place for 4 years, however they will be the subject of review during the course of the 4 years to ensure they are meeting demand and the needs of the people who require them. We may as a result of the review consider alternative options for daytime activities away from a building base. There are other day care purchases for older people which are accessed on a spot purchase basis, amounting to approximately 300k per annum.¹⁷

Support to unpaid carers continues with access to a carers' assessment from the Carers' Centre, and providers can support carers with their caring responsibilities as part of their day-to-day business. Further developments on direct support to carers will be discussed in The Council's Adult Social Care Committee in December 2022 where a delivery plan will be presented aimed at achieving the vision for carers and demonstrating our commitment to this.

We have started to implement our Short Term Care Strategy for Older People [Short term care strategy for older people | Sheffield City Council](#) with a number of respite and emergency beds commissioned in care homes in the city. These are services which provide overnight stays to support an unpaid carer or because the individual can no longer stay in their home. Although the care home contracts are in place for 4 years, in the short term we are likely to need more nursing respite and overnight short stays for people with more enhanced needs. We expect to move to the next stage of implementation and investigate opportunities for more creative and differing types of short-term care and pre bookable respite for carers. These need to be flexible and responsive and include shorter stays including evening and weekend support.

We know however, that despite planning for urgent and crisis situations these can still occur so in addition to planned care we will be exploring the need for some rapid short-term support that prevents an unnecessary hospital or care home admission and is available 7 days a week.

Reablement is a term widely used for services which are temporary in nature, not means tested and specifically geared towards working with an individual to maintain, gain or

¹⁷ Purchasing budget information Sep 2022 - SCC

regain skills lost as a result of ill health or crisis. They often provide support in the persons own home following a hospital stay and involve some form of person-centred goal or outcome setting approach. The Council currently provides two services that work within these criteria, the Enablement Service and the Short-Term Intervention Service. Evidence suggests¹⁸ that reablement is one of the most effective ways of moving towards independence and empowering people using a strengths-based approach. Therefore, we will review these services to ensure they continue to offer the correct support to encourage independence both physically and cognitively. At present there is no intention to ask the market to provide this type of reablement.

However, we know an enabling approach works and in times where the adult social care budget is not increasing, we need to manage demand effectively. Therefore, we will need all providers to demonstrate they are able to work in an enabling way and that their ethos and approach encourages people to continue where possible to maintain the skills they have by working with them not for them. We will use our procurement and monitoring processes to test this out with providers and providers of choice will need to demonstrate they are able to deliver this way of working.

We do have a number of services which are jointly commissioned with the Integrated Care Board (ICB, formally CCG), this includes the Somewhere Else to Assess beds (S2A) which are used on a temporary basis to accommodate an individual who needs more time in a safe and secure environment out of hospital. The aim is to support the person to recover before their long-term needs are assessed and an offer of care is made. Unlike Intermediate Care beds (which are solely NHS funded) the S2A beds are not therapy led even though therapy maybe provided as part of the person needs, just as any other community therapy would be. We have recently re tendered these and have 40 S2A beds which will be in place for the next 4 years. The demand and capacity will be reviewed every year to ensure they continue to be fit for purpose, and whilst there may be a need in the short term for more beds these are likely to be in nursing with dementia or for enhanced nursing with dementia needs. Any longer-term commissioning plans will form part of the integrated plan for Intermediate Care and potentially include discharge to assess at home.

Technology is an area that we would like to explore further, the Councils City Wide Care Alarms service provide some items of technology to support independent living however we are interested in how technology can support people or systems in a person's home or in care homes/extra care to deliver better outcomes, more independent living opportunities or efficiencies. We will be looking at this further over the coming months and will be interested in providers who have experience of improved outcomes with the use of technological and digital approaches.

7.1.2 Messages for the market

These are the areas we expect to explore with the market:-

¹⁸ SCIE – Roles and Principles of Re-ablement Feb 2020

- a) **Involvement in developing our prevention approach.**
- b) **Variety and flexibility in daytime opportunities away from a building base**
- c) **Options for nursing respite**
- d) **Alternative options outside care homes for respite and short-term care**
- e) **Rapid access to care and support to prevent an unnecessary hospital or care home admission.**
- f) **An Enablement approach in all provision**
- g) **Short term out of hospital arrangements to support people with enhanced needs.**
- h) **Technology to meet lifestyles.**

7.2 Ongoing Care and Support at Home

7.2.1 Overview

For some, low-level or temporary support is insufficient for their needs, and following a Care Act assessment they may be supported in the community, either living in their own homes or with additional support alongside accommodation offered. Support is currently provided either via a framework or by Direct Payment. This kind of support is often referred to as 'home support'. Home support has been growing in numbers over the last few years and assists significant numbers of older people to remain in their own home and continue to live a life in the community they know. The Council is currently recommissioning the 'home support' provision into a new Care and Wellbeing service with a focus on the achievement of outcomes alongside delivering value. We know the provision of home support is a critical element of social care and the new Care and Wellbeing service will assist people to continue living well in their community and focus on all aspects of wellness not just care elements. Although this service will provide support to all age it predominantly supports the needs of older people. We anticipate as the population ages this will mean people receiving this support will be older and frailer and have multiple physical and cognitive needs in particular dementia but still able to remain at home. The procurement for the wellbeing service commenced in October 2022 and it is anticipated that it will be operational by July 2023. As the contracts for this will be up to 10 years, it is unlikely that there will be many more opportunities for providers outside this procurement. Once the providers are established there will be a period of development over the next few years to ensure the Wellbeing Service is fully operational and achieving the required outcomes.

Although night care at home is not included in the recent care and wellbeing tender, we know people may still have a care and support need at night, but they may not require the same level of support. We do have a care at night contract which we jointly commission with the ICB. Although the demand for care at night has grown recently, it is not at the same level of demand as the home support framework and is much smaller. The ICB are currently reviewing the contract and there is likely to be an opportunity for providers to bid for the care at night support in the next few months.

Supported living is traditionally associated with provision for younger adults where even though the care and support is in a person's own home, it tends to be shared accommodation where the individual has a tenancy. This has not been extensively used for older people unless they have lived in supported living as a younger person and continue to do so after they reach older age. There may be a similar model which would be beneficial to different cohorts of older people with less complex needs and we would like to explore the possibility of this and determine whether it would meet the right outcomes and be affordable as an option.

7.2.2 Messages for the market

These are the areas we expect to explore with the market:-

- a) Transitioning from home support to a Care and Wellbeing service able to meet changing needs and wellness goals**
- b) Care and Wellbeing service able to respond to rapid discharges from hospital as well as continuing to enable people supported through the reablement service.**
- c) Support at home adapting to offer respite/short breaks**
- d) The development of the care at night service**
- e) Exploration of the benefits of supported living for Older People**

7.3 Ongoing Care with Accommodation

7.3.1 Overview

As of October 2022, there were over 70 care homes in the city used by the local authority to purchase care supporting approximately 24% of the social care population.

The demand for long term placements into care homes has continued to decline and we anticipate this trend will continue in the future. People's aspirations are changing and whilst there will remain a need for accommodation with care that can be provided in a care home this will need to deliver more choice, personalised care and be well connected to the communities' people are familiar with.

Communities are not always geographical and there will be an urgent need for all care with accommodation to demonstrate they are able to diversify both by understanding and meeting the needs of different cultures and demonstrating inclusivity for people who identify as being LGBT.

The care home market has previously operated on an individual placement arrangement, it is proposed that the agreements between the commissioner and provider should be strengthened by procuring all care home places through a new specification. This would mean providers who are successful form part of a preferred list of care homes who the commissioners will purchase from. There will be additional support to these providers to support sustainability and potential opportunities to work with the commissioners to develop both standard and specialised provision.

In 2008, Sheffield led an extra care housing strategy that saw the development of a number of housing with care schemes and one village. In 2022 the supply was increased by the development of a new independent living scheme at Buchanan Green in Sheffield 5. Whilst there are plans to continue the development of the older peoples independent living schemes (OPIL) we will review the care element of the support to ensure it continues to meet the needs of those people who require it. This will include social landlords as potential providers of support and explore support to those with enhanced needs and those living with dementia.

Shared lives is an area of support which works on fostering principles. Carers' support people in the carers' own home either on a long- or short-term basis. It has traditionally supported more younger adults than older people but there will be further exploration to test whether this could be supporting more older people particularly on a short-term basis. It is unlikely that we will be looking for this to be provided by the market although this will also be a consideration.

7.3.2 Messages for the market

These are the areas we expect to explore with the market:-

- a) **More diversity and inclusivity in approach**
- b) **Less residential care homes beds particularly in their current form**

- c) Different purchasing models for care homes using a standard specification not an individual placement agreement. This may include purchasing on a framework with potential guaranteed payment arrangements
- d) Development of sustainable care homes which are community connected
- e) More support to care homes which may not have a monetary value but supports sustainability
- f) More enhanced and complex care needs supported by care homes with agreed costs
- g) Review extra care outcomes, expanding the offer towards those living with dementia and people with more care needs
- h) Development with housing colleagues and social landlords on supported housing and independent living strategy which supports the older population
- i) Exploring the use of village life/ international good practice (Netherlands)
- j) Exploration of shared lives for ongoing care for older people

7.4 Direct Payments and Individual Service Funds (ISFs)

7.4.1 Overview

[Sheffield's Personalisation and Direct Payment Strategy](#) was published in December 2022 and describes how we will work collaboratively with people with lived experience, their families and carers, our partners and stakeholders to shape, design and produce new and improved ways of working.

It outlines Sheffield's commitments to increase and further develop approaches and practice around personalisation over the next 5 years (2023-2028). It's our ambition that in doing so we see an increase in use of Direct Payments and see personalisation across all aspects of Adult Social Care.

We believe that by fostering innovation, creativity, and strength-based approaches we will deliver improved outcomes for individuals, establish better experiences of care, and achieve better value for public monies.

7.4.2 Direct Payments

Some people choose to take a Direct Payment, which is where a person's assessed personal budget is paid directly to them from their local authority so they can arrange and purchase their own support individually to meet their eligible needs.

Direct Payments enable people to have more choice, control and autonomy over how they arrange, manage and organise their own care.

In a Direct Payment arrangement, people are responsible for arranging and organising their own support. If people choose to purchase support from a provider/agency, they will agree and enter into individual agreements/contracts between them and their provider(s).

Some people choose to employ one or more Personal Assistants (PAs), which can offer people greater flexibility and puts them in control of deciding who supports them and when. When people recruit PAs, they also take on responsibilities of being an individual employer.

Where a person does not have capacity under the Mental Capacity Act, through a Best Interests Decision, a suitable person can be identified who can request a Direct Payment on the person's behalf. A suitable person is usually a family member or friend, and they agree to take on the responsibility of making decisions about the Direct Payment.

7.4.3 Individual Service Funds (ISFs)

The Council is currently developing ISFs in Sheffield as an alternative, middle option between Council arranged services and Direct Payments.

In an ISF arrangement, a person's personal budget is administered by an 'ISF holding provider' on their behalf. The ISF holding provider uses the ISF, as requested and directed by the person, to arrange the care and support they require to help them meet their assessed eligible needs and achieve their desired outcomes.

The ISF holding provider is likely to provide a level of a person's care and/or support, but will also work with other, often smaller local providers/services and opportunities to find creative and innovative ways to meet an individual's assessed needs and outcomes.

A pilot project will start with providers of supported living and day activities, before broadening out into wider home and community support models.

7.4.4 Messages for the market

These are the areas we expect to explore with the market:-

- a) **We aim to shape and develop a creative, diverse and responsive marketplace to support people to be more creative with their Personal Budgets.**
- b) **People have told us they want flexible and personalised care and support, being able to direct how, when and where their care/support is delivered.**
- c) **A Direct Payment Provider Forum will enable people to engage with providers they may wish to purchase their support from. Providers can also hear first-hand from people who use Direct Payments about their needs and expectations from the market.**
- d) **Exploring options and approaches which give people greater assurance of the quality of providers operating in the market will be a priority.**
- e) **ISFs to be developed and offered as an alternative option for people to deploy their Personal Budget.**

7.5 Other Messages for the market

Our commissioning will seek to mitigate climate change, for example through enabling and promoting energy efficiency; considering transport; and reducing waste and consumption.

We will seek to understand and mitigate the impact of climate change on our communities, including where this impact falls disproportionately.

We will use the most appropriate as well as commercial and legal way to work with the market. Grant making may in some circumstances be considered an appropriate way to source services and meet peoples' needs. Our commissioning processes and approach will seek to maximise the opportunities for investment and income generation in the delivery of services

We will facilitate markets that offer a diverse range of high-quality services and prioritise the continual improvement of services as a partnership endeavour; providing support and challenge to drive up the quality of all services in the city. Our Care Quality Standards will set out expectations about what is important and clear criteria to measure to ensure that they are met. We will measure outcomes wherever possible and aim to ensure there is less duplication in our monitoring approach.

Critical to quality provision is a sufficient, stable, skilled, and valued workforce, and to that end, commissioning activity will support competitive terms and conditions, alongside a comprehensive training and qualifications offer. When commissioning services, we will ensure that contract terms and conditions and fee levels for care and support promote Health and Social Care careers in Sheffield, including through fair rates of pay for staff

We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support and will continue to work to understand and address the inequalities that people experience in the city. Fostering equality, diversity, and inclusion will be a key outcome of all commissioning. Outcomes will be considered both in terms of outcomes for individuals and outcomes for groups of people and populations, specifically against protected characteristics and we will commission and foster a diverse workforce, reflecting our population and seek to strengthen fair access to jobs and local employment opportunities

7.5.1 Messages for the market

- 1. We aim to mitigate our social care impact on climate change**
- 2. The most appropriate contracting models will be utilised**
- 3. Diversity and inclusivity will be high on the agenda for service provision**
- 4. Quality and continuous improvement will be a key focus including measuring outcomes**
- 5. Hearing the voice of individuals and what matters to them is very important but we also want to see the impact/changes this makes to how the service provided.**
- 6. Supporting the social care workforce will be a priority**

8 Working with partners

Partnerships develop over time; they require transparency and openness along with a mutual purpose. We see providers as partners in delivering the best outcomes for people and will begin the development of relationships by re-establishing communication and development forums. We are looking for providers who will work in partnership, and in a collaborative way and we are committed to a focus on building trusting relationships, improvement, and innovation to better meet the needs of people in the area.

Improved outcomes for Sheffield people can only be achieved through effective partnership working: our commissioning will deliver an integrated system of support, based on the effective use of our resources, where all partners will work together to ensure clarity of roles and seamless service provision where people receive a 'total service' to meet their needs.

We work with partners across the city and region to improve outcomes for people in Sheffield and work in collaboration with health partners, specifically NHS South Yorkshire Integrated Care Board, and Sheffield Place, commissioning jointly and/or regionally where this is in the best interests of people in Sheffield. Commissioning for Adults Social Care outcomes involves several other services, including Housing, Public Health, Leisure, and Transport.

We will share data and information appropriately with partners and providers to maximise outcomes and promote integration and person-centred care.

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