

Adult Health and Social Care

**Market Oversight & Sustainability
Delivery Plan 2023/4**

Adult Health and Social Care: Market Sustainability Delivery Plan 2023/4

Our Vision and Ambitions for people of Sheffield

Our vision is that 'everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery.

The vision is centred around delivery of five outcomes and six commitments. The commitments and outcomes are the guiding principles we will follow and how we deliver the strategy. They show how we will achieve our outcomes and highlight what we want to do better. These commitments are:

1. Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
2. Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis
3. Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.

4. Make sure support is led by 'what matters to you,' with helpful information and easier to understand steps.
5. Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
6. Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

Our Commitment to Market Sustainability

It is only through having a sustainable market, that we can assure ourselves of provision and continuity of care for the people of Sheffield.

The Care Act 2014 places a duty on local authorities to assure themselves and have evidence that fee levels are appropriate to provide the agreed quality of care, and enable providers to invest in staff development, innovation, and improvement.

To that end it is our ambition that we facilitate an efficient and effective market, leading to a sustainable and diverse range of care and support, delivering choice, and driving improvement and better outcomes for Adults in need of care and support in the City.

An assessment of Market Sustainability considers:

- adult social care statutory duties
- an analysis of the current context, including the strengths and risks facing the market (for example Care Quality Commission returns, sufficiency of supply and occupancy levels, equalities, financial context, geographical context, workforce stability and sufficiency)
- an analysis of future market changes

In 2022/23, Sheffield Council undertook a Fair Cost of Care exercise in line with the Government's Market Sustainability and Fair Cost of Care Fund conditions.

What is Market Sustainability?

A sustainable market is one which has a **sufficient supply of high-quality services**, and can deliver investment, innovation, and choice in care and support service provision.

It is a market with a **sufficient workforce**, receiving a fair rate of pay and supported with training and development to have the skills and knowledge to meet the needs of people receiving care and support.

It also refers to a market which **operates in an efficient and effective way**.

Market Sustainability is therefore indicated by:

- A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market
- A range of high-quality services for people to choose from
- Sufficient investment in its workforce to enable the attraction and retention of high-quality care staff
- Evidence of innovation and service diversity in order to evolve and meet changing user needs
- Being attractive to new market entrants and able to manage and offset the impact of future market changes

Provider entry and exit

Market sustainability does not mean that providers do not ever exit the market: it is normal in a healthy market for businesses to both enter and exit. This may be due to a decision to close, business failure, or managed exits by local authorities. A *sustainable market* means that where there is provider exit, there are sufficient alternative care services so that continuity of care can be maintained for people.

Statutory Duties and Regulatory Framework

Local authorities' duties in Market Sustainability are covered in section 5 of the Care Act 2014:

A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market:

- a) has a variety of providers to choose from who (taken together) provide a variety of services;
- b) has a variety of high-quality services to choose from;
- c) has sufficient information to make an informed decision about how to meet the needs in question.

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

- a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;
- b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;
- c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training;
- d) the importance of ensuring the sustainability of the market
- e) the importance of fostering continuous improvement in the quality of services and the efficiency and effectiveness with which services are provided and of encouraging innovation in their provision; and
- f) the importance of fostering a workforce whose members are able to ensure the delivery of high-quality services

The CQC, in its Single Assessment Framework, will also consider the sustainability of the market through key themes:

- **Working with People** - Includes assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information & advice
- **Providing Support** - Includes market shaping, commissioning, workforce equality, integration & partnership working
- **Ensuring Safety** - Includes safeguarding, safe systems & continuity of care
- **Leadership Capability** - Includes capable & compassionate leaders, learning, improvement, innovation

What Does Good Look Like?

We have started this delivery plan by setting out some initial indicators of what we think good looks like. The plan is to continue to develop these indicators in partnership with the people we support, carers and providers.

Leadership & Governance

- ✓ Strategic leaders, commissioners and providers work together, and evidence joined up visible and effective leadership around a shared vision and plan
- ✓ Staff, Adults, Carer and Partners feel confident about the support, leadership, and plans in place.
- ✓ Information to support people in receipt of, or purchasing care to make informed decisions and information to support providers to respond to changing needs is accessible, current, consistent, and clear
- ✓ Oversight of the market is comprehensive and identifies risks early. SCC and partners work collectively to deliver the improvements and mitigations to stabilise care

Sufficiency & Stability

- ✓ There is sufficiency of services to ensure timely provision and continuity of care
- ✓ There is diverse range of good quality provision in the City, offering a choice in the type of support provided, and choice of who provides that care and support
- ✓ Staff retention is high, with a low vacancy and turnover rate
- ✓ The workforce is supported by fair rates of pay and high-quality training and development
- ✓ Rates cover the costs of care and reasonable profit/surplus
- ✓ Oversight of the market picks up risks, and proactive support and activity ensures continuity of care

Quality & Outcomes

- ✓ All care provision is rated as 'Good' or better (by people with lived experience, their families and carers, by the CQC and by SCC)
- ✓ Care provision reflects the needs and preferences of people in Sheffield, and reflects the cultural diversity in the City
- ✓ Providers of care prioritise independence, using a strength based and personalised approach to maintain connections to communities and networks
- ✓ Disproportionality in access, experience and outcomes is understood and actions to address are collectively owned and monitored
- ✓ Adults and their unpaid carers are integral to service planning and their views inform continued improvements.

Providing Support

- ✓ We will have the right balance in cost and impact of service delivery, managing our resources effectively to respond to changing demands
- ✓ Rates are 'fair', covering costs, aligning with quality, delivery best value for public money and support investment, innovation, and quality.

Market Oversight

In addition to the CQC Market oversight scheme¹, Sheffield ASC Commissioning and Partnerships lead on the quality assurance of the market working together with internal and external partners to ensure effective oversight of care provision in the City.

The contracts managed by the team include:

- Care Homes (nursing and residential) with a joint monitoring framework with SYICB (Sheffield).
- Short Term Bed arrangements (S2A, respite)
- Home Care & Extra Care schemes
- Care at Night
- Supported Living
- Day Activities
- Mental Health Providers, including Recovery Framework and Promoting Independence
- Healthwatch
- Medequip
- Sheffield Advocacy
- Trusted Assessor
- Direct Payments Support Service
- Unpaid Carers Assessment and Support Services

The Team manages the Recognised Provider List (RPL), a list of quality checked and monitored providers, including money management companies, intended to give people using their own budget assurance of the providers listed.

The Team act on intelligence received regarding non contracted providers. This includes providers who are delivering a service via a direct payment, self-funded arrangements, or through spot purchase or direct awards.

Regular reporting provides assurance on the sustainability of the market and includes monthly meetings with SYICB (Sheffield) and the Care Quality Commission Inspection Manager for the area.

¹ The CQC assesses the financial sustainability of adult social care providers that could be difficult to replace if they were to fail and one or more care services stopped and gives advance notice to local authorities so they can put plans in place to ensure that people who are affected continue to receive care. This is a statutory scheme with the CQC duty to perform this role set out in the Care Act 2014.

Care Homes and Supported Living

Care Homes and Supporting Living Providers have visits at least once in a 12-month period. Should a provider be escalated into our joint SCC/SYICB risk management process, we visit the provider and meet every 4-6 weeks to monitor against an improvement plan. We work collaboratively with the provider to ensure that changes are made to sustain positive practice going forward.

On the visits, we undertake observations of practice and delivery of support and care, as well as checking documentation such as training for staff, accidents and incidents, care & support plans. We speak to residents and individuals using the service to gain their views and input. We give feedback on the day of the visit and we send a written report with an action plan for follow up where appropriate. We build positive relationships with providers and staff to effectively support good practice and challenge poor practice to drive improvements. We undertake risk assessments following our visits and have a monitoring plan for incidents and safeguarding concerns ensuring we are able to identify problems early, preventing escalation and identify organisational abuse.

Home Care and Extra Care

We carry out a quality visit to home care and extra care providers at least quarterly. Where there is an identified quality issue the provider may be visited more often alongside an action plan developed to improve quality.

We collate monthly key performance information from our contracted providers which is analysed and relevant performance action is taken.

Should a provider be escalated into our risk management process, we meet at least every 4-6 weeks to monitor against an improvement plan.

Progress is regularly monitored and shared with CQC .

Each week there is a Market Management discussion to review all people assessed and awaiting a package of homecare. This meeting identifies areas of the city who may have people waiting longer than the contracted timescales. Discussions are held with contracted providers with the aim to ensure timely provision of care is provided.

A monthly performance report is produced and shared with stakeholders on the above areas of work.

Other Care and Support Provision

A new quality and budget monitoring framework has been developed for Medequip to include contract key performance indicators and quality outcomes. We hold monthly contract meetings with the provider and Sheffield SYICB (Sheffield) as a joint contract.

Quality and budget monitoring for Advocacy, Dementia Day Opportunities and Mental Health services against contract KPIs on a quarterly basis and undertaking on-site visits to view how services are delivered to meet individual needs. We also check that case management, support plans and other documentation is person-centred and focused on enabling a good quality of life and promoting independence.

Market Sustainability Delivery Plan

Ambition: Adults in Need of Care and Support benefit from an efficient and effective market, leading to a sustainable and diverse range of quality care and support, delivering choice, and driving improvement and better outcomes.

Context: A sustainable market is a critical part of delivering excellent social care services.

Accountable Officer: Director Adult Health and Social Care

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

Lead: AD Commissioning and Partnerships

Theme / Indicator	Milestone/action	By when	RAG
A sufficient supply of services to ensure continuity of care with minimal disruption in the event of providers exiting from the market 2023/24 142	A provisional market sustainability plan to be submitted to Department of Health and Social Care outlining assessment of the sustainability of Sheffield's local care market in relation to 65+ care home services and for 18+ domiciliary care services. The provisional market sustainability plan will: <ul style="list-style-type: none"> • consider the results from the cost of care exercises • consider the impact of future market changes over the next three years, particularly in the context of adult social care reform • set out an outline action plan to address the issues identified and the priorities for market sustainability investment 	14 October 2022	COMPLETE
	A final market sustainability plan to be submitted to DHSC in February 2023, once budgets are agreed following the publication of the Local Government Finance Settlement 2023 to 2024. This plan to include how the Sheffield will improve fee rates.	February 2023	COMPLETE
	Undertake a full assessment of Market Sustainability including adult social care statutory duties, CQC information and returns; local data and intelligence; sufficiency and diversity in the market for different types of care, and different geographical areas; occupancy levels; equalities data and information; the financial context – including current rates of care; and workforce stability and development.	1 st March 2023	Working draft approved March 2023 document, with quarterly updates.
	Undertake a programme of engagement to cover Social Care Reform and Market Sustainability to ensure the market is prepared and enabled through the change and is able to inform Sheffield's commissioning strategies to meet the needs of adults needing care and support in the City.	February 2023	Engagement with providers through regular forums. Reforms postponed
	Development of Market Position Statements for Ageing and Living Well, Working Age Adults, and Mental Health to improve information and planning with providers	Spring 2023	GREEN
	We will be undertaking a "cost of care" exercise to include residential services for Working Age Adults and Mental Health to support a transparent and clear model for costs and standards of provision	Summer 2023	GREEN

	Work collaboratively at a regional level to develop outcome-based care standards, providing greater consistency for care providers and launching Sheffield's Care Quality Standards to support effective and 'whole market' contract management and quality assurance	Summer 2023	GREEN
	Ensure sustainable unpaid carers' support by working collaboratively with partners across health and third sector so that carers remain supported to continue in their caring role. The Carers Strategy Delivery Plan sets out a 5-year activity programme	January 2022 – December 2028	GREEN
A range of high-quality services for people to choose from	Commissioning a new Mental Health Independence and Support Framework to strengthen provision for people needing care and support in their own tenancies or accommodation through three levels of support: <ul style="list-style-type: none"> Helping people to help themselves - Universal Services and Resilient Communities. Help when needed - Targeted Help (including crisis and reablement). Helping people to live their lives - Ongoing Care 	Autumn 2022	COMPLETE
	Commissioning a new Working Age Framework that covers Supported Living, Enhanced Supported Living and Activities outside the home. The framework will build in supports to the workforce, provide longer contract terms to promote market stability and sustainability, increase choice and diversity in the activities outside the home market and strengthen our contract management and quality oversight mechanisms	Summer 2023	COMPLETE
	Development of overseas recruitment programme in partnership with providers	Spring 2023	GREEN
	Development of new quality assurance standards and refreshed Recognised Provider List for Money Management Companies	2022	COMPLETE
	Development of new quality assurance standards and refreshed Recognised Provider List for ASC	Autumn 2023	AMBER
	Growing bespoke support arrangements, through partnership with a mixed provider market, for people arranging and managing their own care and support using Direct Payments, self-funding or joint social care and health funding	On-going	GREEN
	Sufficient investment for development of the workforce and to support retention and recruitment of high-quality care staff	Working at a system level to develop a Workforce Strategy and delivery plan to support Sheffield Care Sector	Ongoing
Transformation of Home Care in the procurement of a Care and Wellbeing Service, outcome focused care and support that supports workforce stability and moves towards improved terms and conditions for staff and Ethical Care Charter standards. Area based providers will strengthen community networks and partnership working to the benefit of people in receipt of the service. Development of 'Trusted Reviewer' model		Winter 22 – Summer 23	AMBER
Promotion and development of a Personal Assistant workforce to support people who want to recruit and manage their own support staff. This includes promoting the role, ensuring fair pay, developing rewards, incentives, and training opportunities, and creating a platform for role and job advertising through a PA register		January 2022 – March 2024	GREEN

Evidence of innovation and service diversity to meet changing user needs	Inclusion of “Innovation” lot in Working Age Adults Framework to support creativity and flexibly in the development of services, led by people in Sheffield and the sector.	Spring 2023 onwards	GREEN
	Agree Digital Strategy, including programme for TEC	Jan 2023 – April 2023	GREEN
	Development of an Individual Service Fund model to support people that require responsive, personalised, and innovative support arrangements, where Direct Payments are not an option	September 2022 – March 2024	GREEN
	As we procure, new contracts set out clear processes and approaches to fee increases to support providers in their financial planning	Ongoing	GREEN
	Review appointeeship requirements across the city and ensure our legal obligations are met	Autumn 2023	NOT STARTED
Being attractive to new market entrants and able to manage and offset the impact of future market changes	Commissioning strategies that promote longer term contracts where appropriate to encourage investment in Sheffield, develop longer term partnerships with providers, provide more stability and ability to plan: <ul style="list-style-type: none"> Care and Wellbeing Service (home care) Working Age Adults Framework Accommodation with Care (residential care homes) 	Summer 2023	GREEN
	<ul style="list-style-type: none"> Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice 	Summer 2023	GREEN
	Improving charging models to allow providers to plan care and provision, and use their expertise to invest in and develop best practice	Summer 2023	GREEN

Market Oversight & Sustainability 2023/4

Sufficiency & Stability

- We will ensure that we have a diverse range of good quality provision in the City, connected to support networks and communities, promoting choice and able to deliver personalised care and meet the needs of Sheffield's changing population profile

Quality

- Services will provide care and support that meets the standards we would expect: effective, safe, well led and sustainable, where people have a positive experience and say that their personal outcomes are met

Value for money

- We will have the right balance in cost and impact of service delivery, managing our resources to support investment in preventative services and to respond to changing demands.

Direct Payments

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • There are currently 2342 adults and children in receipt of Direct Payments. • 375 children receive Direct Payments. • Individual Service Funds (ISFs) are being developed and modelled during a 1-year pilot. • 21% of adults on Direct Payments use them to employ Personal Assistants.(PAs), however people report difficulty in recruitment. 	<ul style="list-style-type: none"> • Increase the number of people using Direct Payments by 10% • Focus flexible support through Direct Payment options towards children and young people coming through transitions to enable them to take these forward through to adulthood, reducing the impact of support changes from Children’s to adult services. • Increase numbers of children receiving Direct Payments using them a range of support options. • Have a Framework model for ISFs with 6 different providers. • An agreed platform for the payment system in place. • Build on the ASC Workforce Strategy to enhance the PA offer. • Promote the role of PAs across the City. • Create a City-wide PA Register.

QUALITY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • 25% of people who use Adult Social Care choose a Direct Payment • 30% Direct Payments being used to buy provider support for homecare and activities. • PAs are the most popular way of using Direct Payments. • Planning support often falls back to a time and task activity meaning that support is put in place using traditional resources. 	<ul style="list-style-type: none"> • Create flexible everyday support options. • Work in partnership with the 38 providers that have expressed interest to create high quality support options. • Develop a quality assurance model for providers not contracted by the Council. • Develop support options that meet the needs of the culturally diverse communities in Sheffield. • Design learning and training opportunities for PAs. These will be co-produced with Individual Employers and PAs. • Invest in support planning development so that planning options think differently creating more innovative support options.

VALUE FOR MONEY

WHERE ARE WE NOW

- Circa £2m of Direct Payment money goes towards funding money management.
- Personal Budgets are calculated on actual service costs which does not promote creative solutions.
- Sleep-in rates are currently costed at an hourly rate.

COMMISSIONING PLAN

- Deliver a range of options and support for people to build confidence in managing their own personal budgets.
- Create options for people to be able to manage their own money, including utilise the Direct Payment Support Service to support people to learn and develop the Credit Union service.
- Explore methodologies for calculating indicative Personal Budgets based on needs and outcomes.
- Produce new policy and guidance on sleep-in rates moving to fixed block rates following a change in case law.

Living and Ageing Well: Care Homes

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • 105 care homes. Range from small, single homes to large national organisations. A high number of care homes and providers places a significant capacity demand on quality assurance monitoring and improvement • Lower occupancy in recent years with oversupply of residential beds (73.55% - 89.38% occupancy). Low occupancy levels increase the risk of poorer quality provision and unsafe practices as the financial impact affects staffing, morale, and the risk of accepting residents whose needs cannot be met to increase income. • Growing and aging population, Sheffield will need to plan for an increase in the number of older adults being assessed for and receiving long term packages of support. By moving provision from residential settings to community packages, the complexity of needs for residents in our care homes is likely to increase – currently the market is not well placed to support higher needs residents. • We know we need to do more to support consistent care for people who have more complex needs – including those linked to dementia and who require 1:1 support. Providers come back to the Council where they can't meet residents' needs and support is needed so that Care Homes are able to plan and meet needs effectively. • 2021 financial assessment had 21% of homes in moderate – high risk of business failure • Since 2015, 5 homes closed related to practice, and 12 for financial reasons. There are two new homes in the City awaiting CQC registration. • Providers raising concerns due to fee rates, provider feedback that financial viability is worsening • Poor staff retention and recruitment • The ongoing pressures of recruitment, costs and the legacy of Covid for Older People's Care Homes has knock on impact on capacity to engage in improvement work. 	<ul style="list-style-type: none"> • Increase occupancy rates overall, with a focus on delivering a shift from general residential beds to increasing the number of providers that can support residents with more complex needs – specifically nursing and those with dementia • Work to ensure sufficiency will also consider the needs and provision of short term and respite care as part of the wider health and care system and supporting people and families to keep well and be able to access the right support at the right time. • Invest time and support in quality improvement – focusing on achieving a stable and skilled workforce, drive up quality in the market overall through an integrated approach with quality assurance to support and hold homes to account for the care provided • Renew our fee rates model to support projected needs in the City and ensure choice across a sustainable and innovative market • Develop new contract models to innovate and develop with Care Homes that want to work with us and share the council's vision. We will investigate the costs and benefits of different contract options for care homes (e.g. block contracts, longer term contracts, framework lots) • As well as working with existing providers to increase capacity and quality of Care Homes in the borough, we will undertake an options appraisal for wider delivery models, including in-house management and delivery of care. • The care home workforce is our workforce and we will work together to deliver joint training and development opportunities • In partnership with the sector we will co-design a Quality and Support programme • Increase understanding of equalities in our OP Care Homes – with improved data collection and analysis, and mapping of provision against an EAA

<h1>QUALITY</h1>	
<h2>WHERE ARE WE NOW</h2>	<h2>COMMISSIONING PLAN</h2>
<ul style="list-style-type: none"> • CQC rating of good or outstanding: 93% residential and 75% nursing, better than NA • SCC Contract and Quality team monitoring has 1 home risk rated as 'Amber' • Providers report challenges with recruitment and retention of staff in all roles - as the pressures of the Covid pandemic, together with competitive pay rates in other organisations and careers impacts on workforce stability and wellbeing in the sector. High agency use. • The importance of digital infrastructure and capabilities in care homes has been made evident in the Covid 19 pandemic. Whilst Care Homes have responded well to this challenge, digital infrastructure across the sector could be improved: <ul style="list-style-type: none"> - IT infrastructure –equipment and Wi-Fi access - Systems and Applications - enabling more effective ways of working for staff, for example through risk identification and prevention tools - Workforce Digital Capability – current ICT training is basic and focussed on individual homes' systems. • The Autumn Statement continues to promote plans to accelerate the adoption of technology. 	<ul style="list-style-type: none"> • As part of the Residential and Nursing Care Home Strategic Review, co-produced standards for quality & improvement will be implemented – with clearer expectations around data and reporting from Care Homes. • We will continue our multi-disciplinary approach to quality improvement and support, maximising the benefits of a cross service team with the ICB, so that when Care Homes identify, or are identified as requiring support to meet the standards we expect, the best support is available to them to deliver this. • A clear provider list and supporting information will enable those people who fund their own care or use a direct payment to manage their care arrangements to select providers who have been given the quality mark from the local authority. • We will improve our understanding of health inequalities within care homes and prioritise work to reduce and address these. • We will review arrangements for how placements are arranged, purchased and monitored – considering the contribution that Brokerage can make to personalised care and support. • There are already programmes of work related to the ASC sector workforce – and partnership working with Skills for Care, and we will feed into and support these existing programmes • In line with ASC Digital Strategy and Discharge funding proposals, we will map the target population(s) needs – including care home residents; families; staff; managers; commissioners; ASC and health partners to ensure that any potential resource is directed to where it is most needed, and/or where it can have most impact. • We will work with Care Homes to map digital infrastructure and capabilities and develop of partnership and collaborative plans to improve and maximise digital impact.

VALUE FOR MONEY

WHERE ARE WE NOW

- The Council currently commissions in the region of 1,900 residential and nursing beds across the city, including short-term beds, at any one time. This includes all beds for older people and younger adults. The budget for this is circa £84m for 23/24.
- SCC rates are lower than regional averages, and the FCOC exercise has highlighted a significant gap between current rates and the median FCOC output
- Sheffield has a range of providers and business models – with some homes able to manage fluctuations and debt more than others.
- Several homes use top ups and higher rates for self-funders to 'balance the books'
- Local Authorities need to work with providers to ensure a 'Fair Cost of Care' model that supports a sustainable care market and protects people from unpredictable costs; offers more choice and control over care received, offers quality provision; and is accessible to those who need it.
- Care homes tend to have significantly high energy bills - primarily caused by high energy consumption, which also has a damaging effect of the environment. Helping residential care homes to identify appropriate energy efficiency options will help to reduce energy bills and improve the comfort of their residents.
- By taking steps to improve energy efficiency, care homes and nursing homes could reduce their overheads and have more money to invest into their services. They could also reduce their carbon footprint and help with environmental sustainability.

COMMISSIONING PLAN

- We will work collaboratively with providers to set transparent and fair fees and rates, using our leverage to drive improvement in terms and conditions for the care sector workforce, and supported by a fair cost of care model.
- Engage with local Care Provider Association and others to agree process and partnership approach
- Complete analysis of the current and projected demand, against market and workforce pressures (inc self-funders and ICB funded information)
- Feed into this EAA analysis
- Review commissioning capacity and opportunities to support the system more effectively and efficiently
- Review SCC model with regional colleagues
- Review existing fee setting models and current contracts – exploring the benefits of an enhanced rate and standard rates for specialist provision
- Climate impact and energy efficiency will be taken forward using assessment tools and ensuring that Care homes are well placed to apply for any financial or other support from national or local initiatives.

Living and Ageing Well: Homecare

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • 85+ providers, 34 of which are contracted under framework and others through Direct Awards • 2,500 people in receipt of care, c39,000 care hours delivered each week • Approximately 1,800 care workers employed by providers. • The number of packages waiting at 25th May 2023 was 18, with 5 waiting over 5 days. Reasons for the low number waiting is that providers have picked up new work both in existing and new contract areas in preparation for the new Care and Wellbeing contract, and due to pilots, such as the 1600 hours winter pressures pathway. 	<ul style="list-style-type: none"> • Procurement is live for new Care and Wellbeing model. New Homecare delivery model sees a further move towards personalised and outcome-led care, fewer providers with improved payment terms – including payment on planned hours to support provider financial planning and longer contracts to support partnership and collaborative development work. • Geographical alignment of support with 2-3 providers in each geographical area, operating as equal partners within multi-disciplinary and collaborative working arrangements across health and social care. It is anticipated that this will strengthen partnership working, improving monitoring arrangements, supporting provider efficiencies and sustainability, and reduce travel for care staff - and in doing so reduce our carbon footprint. • Transition and mobilisation planning underway to ensure continuity of care.

QUALITY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • 67% of providers rated Good or Outstanding • Effective contract monitoring and market oversight – one provider in escalation • Reflecting challenges across the health and social care sector, local home care providers have been unable to recruit enough new staff, whilst also losing existing workers to other sectors, often with better pay, conditions, career pathways and/or less responsibility and day-to-day challenges - it is estimated that up to 32% of the sector do not see care as long-term career. • Retention is further impacted by staff leaving the workforce due to retirement or ill health: 26% of care workers in Sheffield are aged over 55. • The most recently available data from Skills for Care confirms annual staff turnover of 50% in the Sheffield independent sector, compared to 35% across Yorkshire & Humber and 2.7% for home care workers employed by the Council. High staff turnover and workforce instability impacts negatively on the experiences of people receiving home care; increases changes in support provision; causes delay in support pick up; reduces the quality of care; and increases provider's costs. 	<ul style="list-style-type: none"> • The new Care and Wellbeing (Homecare) Contract will embed Collective Practice Standards across Adult Social Care and Commissioned services, and will seek to drive practice that is outcome focused, strength-based, community connected and person led so that <i>all</i> social care support is focused on enabling people to live independently, live the life they want to live and have positive experiences of care • Within the test of Change, Managers and Care Workers have been trained on The Care Act, Outcomes Focused and Strength Based Delivery of Care. Strength Based Community engagement began in 2022 and in February 2023 we will be testing and evaluating 'outcomes focused delivery of support' and 'enablement' and introducing the 'Trusted Reviewer Model' later in the year.

VALUE FOR MONEY

WHERE ARE WE NOW

- The budget for homecare in 23/24 is circa £41m.
- A rate of £21 per hour for a total 34,000 contracted hours per week would be a significant step for Sheffield. We anticipate that this rate – together with the move to planned care over a 7 years + 2 +1 contract and consolidation of the market will support our commissioning objectives and better outcomes for Sheffield people. We also anticipate that staff will see the benefit of an increased fee rate in their terms and conditions.
- SCC rates are comparable with regional averages. The FCOC exercise highlighted a gap between current rates and the median FCOC output, though the move to £21ph in the new contract closes this gap, with further efficiencies – especially around travel anticipated in the new contract

COMMISSIONING PLAN

- Fee increases have been set out in the new contract.
- Delivery of the “Homecare Test of Change”, including the “Trusted Reviewer” model
- Changes to the payment and charging model. Switching from payment based on minutes of care delivered to payment based on planned care will shift the emphasis away from time and task; it will give providers more certainty and people more timely and more reliable invoices; and it will reduce complexity and improve efficiency.

Adult Future Options

SUFFICIENCY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<p>ACTIVITIES INSIDE THE HOME</p> <ul style="list-style-type: none"> • 32 Supported Living providers contracted under current framework, 16 providers are contracted through Direct Awards • Some supported living framework providers work with a landlord (Registered Provider) to provide accommodation in a 'scheme' setting • There is a diverse range of small local to larger national providers • Framework providers currently deliver around 21,024 hours of 1:1 support to 590 people per week; and around 7,707 hours of 'shared' support to 302 people per week. • c1295 support workers employed by supported living providers <p>ACTIVITIES OUTSIDE THE HOME</p> <ul style="list-style-type: none"> • 40+ 'day service' providers. 17 are contracted through a historic partnership arrangement, the rest are via Direct Awards • Diverse range of providers from large building based to smaller community settings/outreach • 850+ adults with a disability receive 'day service' support, most have a learning disability and/or autism • c600 support workers are employed by day service providers <p>OVERNIGHT SHORT BREAKS (Respite)</p> <ul style="list-style-type: none"> • 6 providers contracted via Direct Payments/Council Arranged • A range of models of support from smaller 'supported living' settings to larger residential style. • 168+ adults with a disability receive an overnight short break, most have a learning disability and/or autism. Many have a physical disability. <p>ENHANCED SUPPORTED LIVING FRAMEWORK</p> <ul style="list-style-type: none"> • Contract start date January 2023 • 13 providers on the Framework – supporting people with complex support needs in the community instead of a more restrictive setting. 	<ul style="list-style-type: none"> • Procurement is live for a new Adults with Disabilities Framework – this is a recommission for supported living but 'day services' and short breaks will be part of the Framework for the first time. • A further move towards personalised and outcome-based support • Longer contracts to provide stability support innovation and co-production • Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates • Hourly rate for sleep in support has been replaced by a single payment per night • The new Adults with Disabilities Framework will be in place from March 2023 • Enhanced Supported Living providers will be invited to apply for mini competitions to deliver support to individuals, and at an accommodation scheme where the contract is ending this year.

QUALITY

WHERE ARE WE NOW

- All Supported Living providers currently rated Good
- Effective contract monitoring and market oversight – all providers rated ‘green’
- Quality and Performance team conduct quality visits to supported living providers throughout the year, with at least 1 visit in a 12-month period. The areas explored during quality visits include:
 - Person centred approach: support plans and observations and conversations with individuals where possible to ensure people are supported with “What matters to them”, they are supported with dignity and respect; that there are opportunities for daily enjoyment and a good quality of life.
 - Staffing: deployment, recruitment, retention and training
 - Quality assurance: incident and accidents; safeguarding alerts and complaints; managing client finances, client and family satisfaction / feedback, audits with clear action plans / follow up to make improvement.
- Similar recruitment and retention challenges to the rest of the health and social care sector. Career progression is an issue due to lack of opportunities and the poor pay differential between support workers and managers.

COMMISSIONING PLAN

- Outcomes focussed approach for all new monitoring arrangements
- We Speak You Listen experts by experience will be involved in quality checking
- ‘Day service’ and short breaks providers who join the Framework will be quality monitored for the first time
- Enhanced Supported Living providers have been invited to work in partnership to co-design a self-assessment tool
- Measuring outcomes for individuals supported by Enhanced Supported Living providers will be individualised and measure against I statements

VALUE FOR MONEY	
WHERE ARE WE NOW	COMMISSIONING PLAN
<ul style="list-style-type: none"> • For 23/24, the budget for Supported Living is c.£40million • For 23/24, the budget for day services is c. £5.5 million. • The expenditure for short breaks was c£1.8m for 22/23. • SCC rates are comparable with regional averages. 	<ul style="list-style-type: none"> • Fee increases have been set out in the new contract. • Invoice verification process in place, to verify commissioned hours against 'actuals' in supported living. <ul style="list-style-type: none"> - Ensure accurate and timely payments are made to Framework providers of; Home Care, Supported Living and Extra Care - Verifying, and where necessary challenge providers on support hours submitted - Resolve complex payment queries and historical reconciliations - Escalate concerns or queries regarding care hours delivered. - Build/Maintain positive working relationships with providers and new social work team - Track TUPE premium payments. • Brokerage of supported living packages ensures that vacancy and void costs are minimised • Revised payment system for supported living, with a shift from geographical hourly rates now rationalised into community or discounted rates • Hourly rate for sleep in support has been replaced by a single payment per night • Work with providers to review support packages to ensure that individual outcomes are being met appropriately, identifying where there could be a reduced dependence on paid services. • Consider whether other providers could meet some of the needs of the individuals, for example, shopping and cleaning services.