

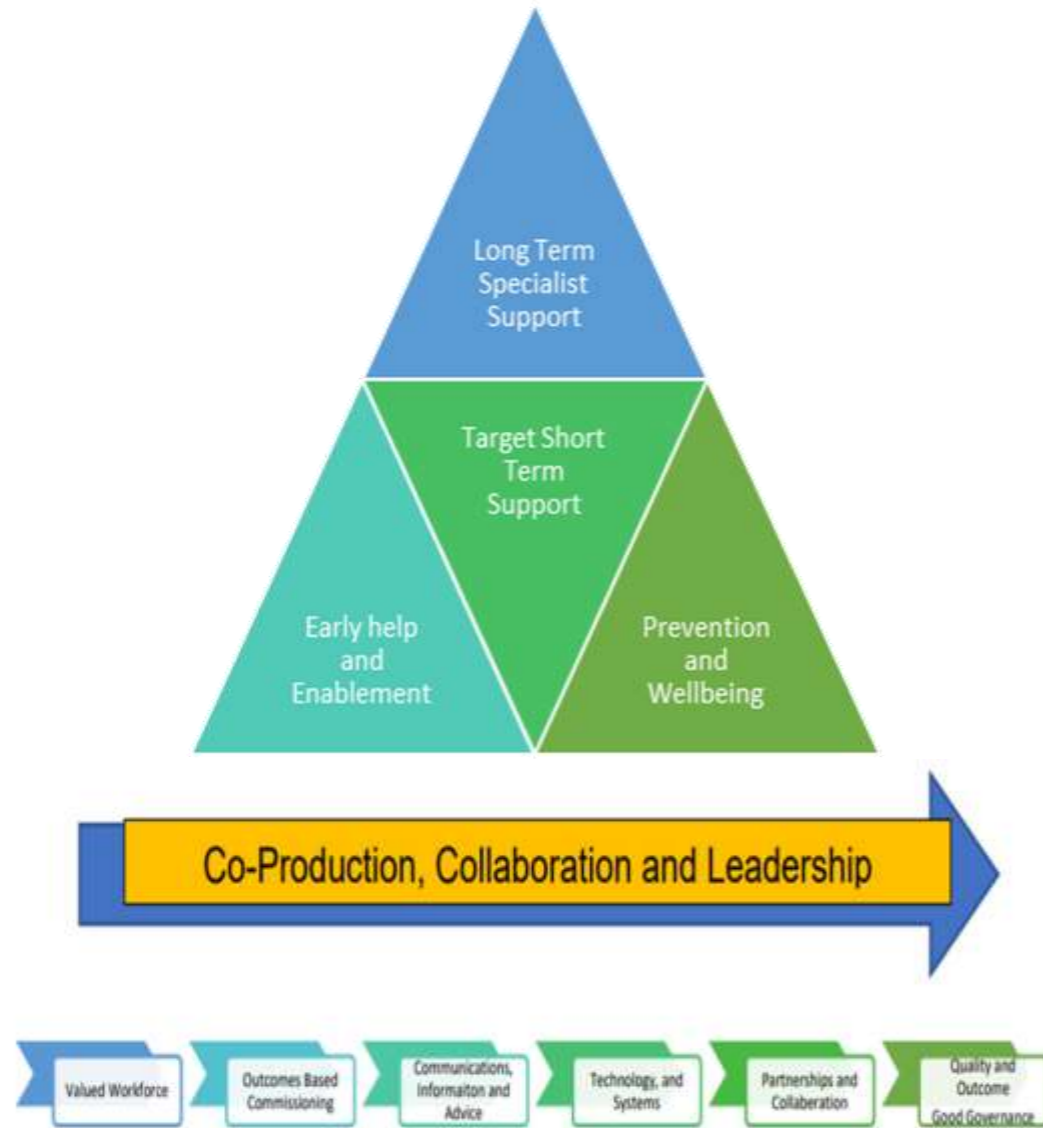
ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Our Vision

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

On 16TH March 2022 Cooperative Executive approved our Strategy – Living the Life You Want to Live

Page 429



Our New Operating Model for Adult Care was agreed in November 2022 to help us deliver on our Strategy – Living the Life You Want to Live

To deliver on our vision, strategy and strategic outcomes, a new operating model was launched in April 2023. This aims to establish a community connected and joined up approach across social care and partners to enable young people, adults, older adults and unpaid carers to achieve their personal outcomes, live independently, safely, and well in communities across Sheffield and tell their story only once.

We want individuals, families, and carers to have easy access to excellent quality social care services and have positive experiences as part of the new operating model.

A programme of activity to implement and embed the operating model is structured around our five strategic outcomes and partnerships with colleagues across the City, South Yorkshire and Yorkshire and Humber. This also includes milestones set the [Council Delivery Plan](#) and alignment to the Sheffield Joint Health & Wellbeing Strategy.

- Safe and Well**

 - Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.
- Aspire and Achieve**

 - “Everyone has the right to have purpose and meaning in their lives. We support people to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning”.
- Independent and Active**

 - “Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We’ll work to simplify the adult social care system, but we know that some people will still need support to access it: we will advocate for people who may need it.
- Connected and Engaged**

 - “Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs
- Efficient and Effective**

 - “Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, led, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions”.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Safe and Well

“Everyone has the right to feel safe in a place they can call home (at home or in a homely setting) and protected from harm. We want everyone in Sheffield to be physically and mentally well for as long as possible, able to manage their conditions and to be able to return to their normal life as much as possible after a change in their circumstances.”

What Are Our Key Measures and Targets for Each Priority?

Priority 1 - Safeguarding	Priority 2 - Quality and Sustainability of Care	Priority 3 - Prevention of Admission and Discharge from Hospital
<ul style="list-style-type: none"> Safeguarding concerns per 100,000 adults commenced by the local authority (CQC – NHS Digital) Safeguarding S42 Enquiries per 100,000 adults commenced by the local authority (CQC – NHS Digital) Proportion of Safeguarding enquiries commenced that were Section 42 enquiries. (CQC – NHS Digital) DoLS Applications received per 100,000 Adults (NHS Digital) Safeguarding S42: Proportion of individuals lacking capacity who were supported by an advocate, family member or friend (CQC) % referrers who received feedback about a safeguarding referral from Adult Care % Safeguarding Adults Outcomes Met: % expressed outcomes partially or fully met (S42 enquiries) Safeguarding Adults Impact on Risk: % risk removed or reduced (S42 enquiries) % of safeguarding referrals screened in one working day Median number of days to complete S42 Safeguarding enquiries, taking into account Making Safeguarding Personal and personal circumstances. 	<ul style="list-style-type: none"> ASCOF 1A: Social care-related quality of life score (based on several questions) ASCOF 1J: Adjusted 1A - Social care-related quality of life score - impact of social care services (excluding non-social care related factors) (OFLOG Measure) People who use services who feel safe. (ASCOF 4A) People who use services who say that those services have made them feel safe and secure. (ASCOF 4B) ASCOF 3A: Overall satisfaction of people who use services with their care and support % regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain % of Regulated Care – Care Homes - rated good or outstanding % of Regulated Care – Community based services – rated good or outstanding % of domiciliary care staff with face-to-face contact absent due to Covid-19 Number of domiciliary care staff with face-to-face contact employed Home care waiting list (In People) (Based on daily referral rates) % of Care home staff absent due to Covid-19 Number of directly employed care home staff % Care Home Bed Occupancy I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me. 	<ul style="list-style-type: none"> % acute hospital beds occupied by those medically fit for discharge for over 7 days Number of people awaiting support from Adult Care in Acute Hospital Beds (based on average daily referral rates) Number of referrals for carers support from hospital services. Number of referrals to home first service Number of s42 enquires undertaken in hospital setting I only tell my story once unless there are changes to 'what matters to me'

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Page 430 Safeguarding	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ⬆ Received a 52% increase in safeguarding referrals since January 2023, which demonstrates demand on Adult care. ⬆ Increased our feedback rate to referrers and this is now at 87% and supported 100% people lacking capacity to be supported by an advocate, family member or friend. ⬆ Continued to achieve a high level of Adults expressing outcomes partially or fully met (S42 enquiries). (93%) and have a positive impact on risk reduction with 87% risk removed or reduced (S42 enquiries) despite increase in referrals. ⬆ Screened a high percentage of referrals in one working day (71%) and reduced median number of days to complete s42 safeguarding enquiries to 50 and implemented an improvement programme to enable both to reach targets set by April 2024 on a sustained basis. <p>To improve our performance, we have: -</p> <ul style="list-style-type: none"> ✓ Implemented a safeguarding delivery plan and a cycle of assurance to build a governance structure and approach to continued learning and development of safeguarding. ✓ Worked with partners to develop an Adult Multi-Agency Screening Hub as a partnership approach towards the response and prevention of abuse and harm. ✓ Implemented an improvement programme to reduce DoLS backlogs and deliver a safe and sustainable approach to deprivation of liberty. ✓ Completed actions identified in a commissioned internal audit report and a thematic review of the Board. ✓ Transferred Mental Health Social Workers back to Sheffield Council and with that brought together safeguarding functions across mental health, substance misuse and adult care into a joined up team. ✓ A new Safeguarding Board Model in which there is a now a dedicated Adult Safeguarding Board Manager and team so that Adult Safeguarding can be prioritised in the City. 	<p>Over the next 2 years we will continue to embed and grow:</p> <ul style="list-style-type: none"> ✓ <u>Safeguarding Responsivity</u> - Our response to safeguarding referrals in 1 working day and completing enquiries in 28 days, where appropriate, so that we know we are delivering timely and responsive approaches to safeguarding concerns. ✓ <u>DoLS Sustainability and Responsivity</u> - A sustainable DoLS Service which there is no backlogs and responsiveness to renewals and referrals so that we are protecting peoples rights. ✓ <u>Making Safeguarding Personal</u> – Continue to embed and improve our impact to remove and reduce risk and outcomes, so that we sustainably achieve a high level of risk reduction and satisfaction. ✓ <u>Prevention</u> – Our prevention approaches including developing a prevention strategy and launching a power of attorney campaign. ✓ <u>Governance and Transparency</u> - The safeguarding delivery plan as an approach towards transparency and accountability in our performance and a focus on continual learning and development. This includes, continuing to embed our safeguarding assurance frameworks so that we have self evaluation, audit and learning as core to continuing to improve our performance. ✓ <u>Proportionality</u> – Develop and implement a partnership risk responsibilities and accountabilities so that safeguarding referrals are proportionate for the individual and carers. ✓ <u>Adult MASH and Partnerships</u> - Adult Multi-Agency Screening Hub as a centre for excellence and partnership working and our connections and engagement with communities, carers and partners so that we continued to develop partnership approaches to prevent and respond well to safeguarding concerns.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

	<ul style="list-style-type: none"> ✓ Commissioned a thematic review of the Safeguarding Board and from this implemented an action plan so that we have an outstanding approach to safeguarding in the City. 	
<p>Quality and Sustainability of Care</p>	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Increased our % regulated adult social care providers assessed by CQC as good or outstanding under the Safe domain (84%) ↑ Increased our % of care homes and community-based services rated good or outstanding (86%) ↑ Increased our % of people who use services who say that those services have made them feel safe and secure (85%) ↑ Increased % people who use services who feel safe (66%) ↑ Maintained a stable market with low number of exits from the market. <p>To improve our performance, we have: -</p> <ul style="list-style-type: none"> ✓ Brought back Adult Commissioning to Adult Care and further developed and expanded the team to include a specific focus on quality. ✓ Implemented recommissioning programmes related to homecare, day activities, supported living and extra care to achieve long term market sustainability and quality of care. ✓ Delivered a Market Position Statement, Market Sustainability and Oversight Plan and Quality Standards to set standards and sustainability for the Market as well as enabling providers to have the information they need to develop new business models. ✓ Delivered Market shaping statements for mental health, ✓ Improved our governance of quality of care through developing a joint quality board with health services as well as a monitoring and advisory board chaired by Members. ✓ Delivered a proposal for improving infection control across regulated provision. ✓ Completed a fair cost of care exercise and reported these to Committee. 	<p>Over the next 2 years we will continue to embed and grow:</p> <ul style="list-style-type: none"> ✓ <u>Governance</u> - Our Monitoring and Advisory Board and scrutiny oversight of quality of care in the City, supported by a providers forum and board. ✓ <u>Quality Monitoring</u> - Our quality monitoring and quality assurance function so that there is a quality improvement function across all regulated and non-regulated provision in the City in line with decisions made at Committee. ✓ <u>Excellent Quality and Sustainable Residential Care</u> - Our residential care offer by completing the remodelling and recommissioning of residential care in the City. ✓ <u>Excellent Quality and Sustainable Community Care</u> - Our homecare, day activities, supported living and extra care long term sustainability by completing mobilisation of the services and developing a collaborative approach across our adult future options, mental health and living and ageing well services. ✓ <u>Infection Control</u> - Our approach to infection control, taking learning from COVID and implementing our infection control provision. ✓ <u>Market Position Statements</u> - Our Market Shaping and sustainability of care across the City. Through updating our plans and regularly
<p>Page 431</p> <p>Prevention of Admission and Timely Discharge</p>	<p>Between 2021 and 2023 we have: -</p> <ul style="list-style-type: none"> ↑ Reduced the % acute hospital beds occupied by those medically fit for discharge for over 7 days by 50%. ↑ Reduced the number of people waiting for Adult Care support from 140 people to 10 people. ↑ Increased the number of referrals for carers support from hospital services so that carers are supported. ↑ Increased number of referrals to homefirst service and with that supporting people to improve their living conditions and situations. ↑ Continued to discharge the most amount of people from pathway 1 across Yorkshire & Humber. <p>To improve our performance we have: -</p> <ul style="list-style-type: none"> ✓ Established a joint programme with health colleagues across the City to develop an integrated model of working which prevents admission to hospital and enables people to return home from hospital when they are well. This has been reported to Committee and is planned for six monthly updates as part of our cycle of Assurance. ✓ Brought back trusted assessors into core hospital team offer and this has positively reduced waits and established sustainability of approach. ✓ Delivered a test of change and improvement programme relating to short term support and enablement provision, including new approaches to assessment and review. ✓ Delivered a transformation programme to stabilise our homecare workforce and grow to support discharge from hospital. Homecare waits are now reduced. ✓ Implemented an improvement programme relating to our somewhere to assess provision to build capacity and ensure timely response where needed. Its aimed that this will be concluded ✓ Established a joint project and funding with health colleagues to reduce number of waits for people experiencing mental ill health, autistic people and people with a learning disability to be discharged when well. 	<p>Over the next 2 years its aimed to embed and grow</p> <ul style="list-style-type: none"> ✓ <u>Sheffield Discharge Model</u> – Implement and continue to further develop our model with partners across the city so that people are discharge on the same day they are medically fit for discharge. ✓ <u>Making Discharge Personal</u> – implement a personalised approach which looks at outcomes achieved and risk reduction akin to Making Safeguarding Personal so that our focus is on outcomes for people. ✓ <u>Support to Unpaid Carers</u> – continue to increase our referrals to Carers centre to support families and unpaid carers at a time of crisis. ✓ <u>Enablement and Homecare</u> – implement and further develop our homecare and enablement model so that people can return home when well and live independently. We want to reach a position of no waits. ✓ <u>Mental Health</u> – Implement and continue to further develop our model with partners across the city so that people experiencing mental ill health, autistic people and people with a learning disability are discharge on the same day they are medically fit for discharge. ✓ <u>Somewhere to Assess</u> – implement our somewhere to assess and residential offer so that we have no waits for this reason on a sustainable basis.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Aspire and Achieve and Connected and Engaged

“Everyone has the right to have purpose and meaning in their lives. We support people to develop their personal outcomes and aspirations to achieve their ambitions, which can include cultivating hobbies and interests, helping others, education, employment, or lifelong learning”.

“Everyone can connect with communities that care and support them. We listen to their voices and take feedback on board. People are engaged in that community, sharing their experience, and contributing to the wellbeing and prosperity of their members. Unpaid carers are plugged into a network that enables them to get support for their own mental health, wellbeing, and needs.

What Are Our Key Measures and Targets?

<p>Unpaid Carers</p> <ul style="list-style-type: none"> • ASCOF 1C(2B): The proportion of carers who receive direct payments. • ASCOF 1C(1B): The proportion of carers who receive self-directed support. • ASCOF 11(2): Proportion of carers who reported that they had as much social contact as they would like • ASCOF 3B: Overall satisfaction of carers with social services • ASCOF 1D: Carer-reported quality of life (OFLOG) • ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for • ASCOF 3D (2): The proportion of carers who find it easy to find information about services. (OFLOG) • New referrals to the Sheffield Carers Centre • New referrals to the Sheffield Carers Centre made by adult social care. • No. Assessments by Carers Centre- Tier 1. • No. Assessments by Carers Centre- Tier 2 • No Carers Support Plans in Place • I have balance in my life, between being a parent, friend, partner, carer, employee. 	<p>Citizen Leadership, Involvement and Personalisation</p> <ul style="list-style-type: none"> • ASCOF 1B: The proportion of people who use services who have control over their daily life. • ASCOF 1C(2A): The proportion of people who use services who receive direct payments. • ASCOF 1C(1A): The proportion of people who use services who receive self-directed support. • ASCOF 11 (1): The proportion of people who use services who reported that they had as much social contact as they would like. • I feel that I have a purpose. • I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. • I am listened to and heard and treated as an individual. • I know that I have control over my life, which includes planning ahead. • I know that I have some control over my life and that I will be treated with respect • I can make a choice on whether I move into a care home, and where and with whom I live. • I can manage money easily and use it flexibly. • When I need support, it looks at my whole situation, not just the one that might be an issue at the time. • We start with a positive conversation, whatever my age. • I only tell my story once unless there are changes to ‘what matters to me’ 	<p>Early Intervention, Prevention and Community Connectivity</p> <ul style="list-style-type: none"> • ASCOF 2D: The outcome of short-term services: % not resulting in long term support (OFLOG) • ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. (OFLOG) • Number of contacts to First Contact (Rolling 12 Month Total) • % increase in referrals to First Contact Annually • % of people referred to First Contact who did not require long term support • The system is easy to navigate. I know how and where I can get the support I need when I need it. • I know what services are available and can make informed decisions. • I know where to go and get help. • I know what services and opportunities are available in my area. • I can have fun, be active, and be healthy. • I am confident to engage with friends/support services.
--	--	--

	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
<p>Priority</p>	<p>What Have We Achieved and Delivered</p>	<p>What Will We Continue to Prioritise in 2024 - 2026</p>
<p>Page 432</p>	<p>Between 2021 and 2023 we have: -</p> <ul style="list-style-type: none"> ↑ Increased the proportion of carers who receive direct payments and Proportion of carers who reported that they had as much social contact as they would like. ↑ Increased the carer reported quality of life and overall satisfaction of Carers with social services. ↑ Increased referrals to Carers Centre and the number of assessments and support plans in place ↑ Increased the proportion of carers who report that they have been included or consulted in discussion about the person they care for and the proportion of carers who find it easy to find information about services. (OFLOG) <p>To improve our performance, we have:</p> <ul style="list-style-type: none"> ✓ Established and implemented a Carers Delivery Plan to deliver upon our carer’s strategy. The Delivery Plan was approved at Committee on 19/12/2022. We have implemented a cycle of assurance by which we will have an annual report on our progress made and impact on carers. ✓ Implemented a series of events to promote Unpaid Carers and supported increased awareness across the Council. ✓ Recommissioned carers provision to establish a single outcomes focused service via Carers Centre. ✓ Transferred mental health carers support from SHSC to the Carers Centre so that a more holistic approach could be undertaken in supporting carers across the City. ✓ Established a dedicated carers support team within Adult Future Options. ✓ Carers Operational Group was started. The group oversees and improves the number of carers referred from Adult Care to the Carers Centre. The impact of this is an over 40% increase in referrals to the carers centre. ✓ The process and guidance have been launched on how to add young carers to our register and support. 	<p>Over the next 2 years we will continue to embed and grow:</p> <ul style="list-style-type: none"> ✓ <u>Partnerships</u> - Our partnerships with Carers Centre, VCF and health services so that we can continue to promote and value unpaid carers. ✓ <u>Communities and Social Contact</u> - Build our informal offer across and in communities so that Carers have increased supports and opportunities for social contact. ✓ <u>Practice and Awareness</u> - Practice development sessions and awareness raising to continue to increase referrals to carers centre and involvement of carers in discussions about the person they care for and to ensure we are working to NICE Guidance. ✓ <u>Whole Family Approaches</u> - Our whole family approach to assessing and supporting carers including referring more carers from adult social care to the Sheffield Carers Centre and promote identification of young carers and parent carers. ✓ <u>Awareness and Understanding</u> - Our campaigns and awareness raising activities so that we increase understanding and support to unpaid carers. ✓ <u>Carers Health Checks</u> - Carers health checks so that Carers are safe and well
<p>Unpaid Carers</p>		

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Citizen Leadership, Involvement and Personalisation</p>	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Increased the proportion of people who use services who have control over their daily life and the proportion of people who use services who receive direct payments. ↑ Increased the proportion of people who use services who reported that they had as much social contact as they would like. ↑ Gained feedback from our first I statements survey as to how our services are performing. We know from that that people feel supported and in control, but we need to improve our access to services and ease of navigating our systems. <p>To improve our performance we have: -</p> <ul style="list-style-type: none"> ✓ Implemented a citizens involvement hub to co-design a best practice approach towards embedding co-production and individual's voices and views across all of Adult Care. ✓ Established a Co-production and Engagement Strategic Delivery Plan in December 2022. This has developed from strength to strength with a festival of involvement taking place in summer 2023 to inform next steps ✓ Embedded a Customer forum through the Safeguarding Partnership Board to ensure peoples voices drive our approach to Safeguarding. ✓ Established a Direct Payments and Personalisation Strategy and Delivery Plan. A dedicated board and a series of events and partnership arrangements are in place to deliver upon the actions in the plan. Ongoing review via committee is planned every 6 months via the Cycle of Assurance and our Strategy Delivery and Directorate Plan 2023 – 2025. ✓ Launched the Direct Payments Strategy and with that sessions to increase awareness of personalisation. ✓ Implemented Direct Payment induction sessions so far and these continue to run each month. A range of other sessions are planned for the next 2 years. ✓ Implemented a new money management service and our approach to Direct Payments audits and practice. 	<p>Over the next 2 years we will continue to embed and grow:</p> <ul style="list-style-type: none"> ✓ Co-Design and Citizen Involvement – continue to build and develop our approach to citizen involvement and engagement using learning from festival of involvement. ✓ Customer Service Standards – work towards customer service standards by ensuring individuals voices and feedback are embedded across all parts of adult care continuous improvement activity. ✓ Personalisation - Our partnerships that we can continue to promote and value personalisation, self-directed support and individuals' choices and wishes. ✓ Direct Payments – our strategy and approach to direct payments building upon learning and successes over last couple of years. ✓ Citizen Leadership – embed and grow citizen leadership as a core function of adult care.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 433 Early Intervention, Prevention and Community Connectivity</p>	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Increased the % of people not needing long term support, which is in line with our strategic ambitions and operating model. ↑ Increased the proportion of people who use services who find it easy to find information about support. (OFLOG). ↑ Increased number of referrals to first contact which is an indicator of demand and increasing accessibility of the service. ↑ Implemented our first I statement's and found that this reinforced our strategic intent to make adult care services easier to navigate and access. <p>To improve our performance, we have:</p> <ul style="list-style-type: none"> ✓ Implemented a new operating model in April 2023, which aims to focus more on early intervention and prevention and with that streamline and make more accessible our adult care provision. This will be our priority throughout 2023 – 2024 to complete. ✓ A Technology Enabled Care Market Position statement was approved by Committee in November 2022. Significant work has been undertaken since then with a national conference planned for September 2023 to further develop our approach. The Adult Health and Social Care Digital Strategy and delivery plan was approved by Committee in February 2023. These remain a key enabler for delivery upon our operating model and drive to earlier intervention and independent living. ✓ The Sheffield Directory was approved at Committee in December 2022 and launched in January 2023. The Directory is now receiving approximately 50,000 hits and is linked into our website and is a way of improving our Information, Advice, and Guidance Offer. The Council Website is under development and planned for completion by October 2023. ✓ Invested in additional resource in commissioning teams to coordinate our approaches to early intervention and prevention across the service and deliver upon our strategy. ✓ Through the Health & Care Partnership supported a focus on community development and building community resilience. ✓ We have worked in a joined-up way with health, voluntary sector, and housing colleagues to improve outcomes and tackle inequalities, co-develop a city wide outcomes framework and delivery plan and use the Better Care Fund (Doc 29), Better Care Fund Plan 2022 – 2023. There is also joint working across South Yorkshire Integrated Care Partnership and across Yorkshire and Humber networks, with positive ambitions for the future. ✓ A South Yorkshire Integrated Care Partnership Strategy has been developed with partners and is being implemented around 4 bold ambitions - Best start in life for Children & Young People, Living healthier and longer lives AND improved wellbeing for those with greatest need, safe, strong and vibrant communities, People with the skills and resources they need to thrive. Both Chair of Adult Health and Care Committee and the Strategic Director are part of the Board and supporting the strategic ambitions to be realised. 	<p>Over the next 2 years we will prioritise:</p> <ul style="list-style-type: none"> ✓ Information & Advice - Further developing our council website for adult care and linking Sheffield Directory across the system of Sheffield so that it becomes a central hub which enables people to navigate through care. ✓ New Operating Model - Implementing our new operating model and with that a decisive shift to earlier intervention, prevention and community-based initiatives across each portfolio in adult care, aligned to our personalised approaches. ✓ MAST - Implementing a multi-agency approach and model to early intervention and prevention in partnership with communities and VCF at our first contact. ✓ Technology Enabled Care - Build and further develop our approaches to use of technology enabled care and digital working to support earlier intervention and prevention and independent living. ✓ System Wide Prevention and Early Intervention - Through the Health & Wellbeing Board, Health and Care Partnership and South Yorkshire Integrated Care Partnership support system wide approaches which tackle inequalities and build prevention approaches.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

Strategic Outcome – Active and Independent

“Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We’ll work to simplify the adult social care system, but we know that some people will still need support to access it: we will advocate for people who may need it.”

<p>Living and Ageing Well</p> <ul style="list-style-type: none"> • ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population. • ASCOF 2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services • ASCOF 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital. • The proportion of adults 65 + in contact with Adult Care living at home. • Overall figure of people receiving community support per 100,000 18+ population • Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months. • % equipment provided within timescale once assessment completed (Emergency = same day, Urgent = next day, standard = 5 day) • Number of people awaiting an Occupational Therapy Assessment (Based on average referral rate per month and aim that assessment completed within 28 days) • % people receiving long term support who had an annual review. (Care Act Duty) • % adults 65 + receiving long term support who had an annual review. • Number of Reviews Completed (rolling 12 months) • Median no. of days to determine if support needed. • Median no. of days to put support in place. • Number of people awaiting an assessment for long term support (Based on average referral rate per month) 	<p>Wellbeing, Mental Health and Adults Future Options</p> <ul style="list-style-type: none"> • ASCOF 1E: The proportion of adults with a learning disability in paid employment • ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family. • ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. • ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment • ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population. • Overall figure of people receiving Community Support per 100,000 18 - 64 population • % people receiving long term support who had an annual review. (Care Act Duty) • Number of Reviews Completed (rolling 12 months) • Median no. of days to determine if support needed. • Median no. of days to put support in place. • Number of people awaiting an assessment for long term support (Based on average referral rate per month) 	<p>Disability Friendly City</p> <ul style="list-style-type: none"> • ASCOF 1E: The proportion of adults with a learning disability in paid employment • ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family. • ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. • ASCOF 1F: The proportion of adults in contact with secondary mental health services in paid employment • ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population. • Overall figure of people receiving Community Support per 100,000 18 - 64 population • % people receiving long term support who had an annual review. (Care Act Duty) • Number of Reviews Completed (rolling 12 months) • Median no. of days to determine if support needed. • Median no. of days to put support in place. • Number of people awaiting an assessment for long term support (Based on average referral rate per month)
--	--	--

<p>Page 434</p>	<p>Priority</p>	<p>What Have We Achieved and Delivered</p>	<p>What Will We Continue to Prioritise in 2024 - 2026</p>
<p>Living and Ageing Well</p>		<p>Between 2021 and 2023 we have: -</p> <ul style="list-style-type: none"> ↑ Maintained a lower ratio of long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population than core cities comparators. ↑ Continued to support a higher ratio of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. ↑ Continued to support higher numbers of people in the Community than comparators, which is in line with our strategy of promoting independent living. ↑ Reduced our occupational therapy waiting list, our long-term assessment waiting list and increased our annual review rates. ↑ Maintained and improved our median timescale to put support in place and reduced our homecare waits. <p>To support this improvement activity, we have implemented: -</p> <ul style="list-style-type: none"> ✓ Occupational therapy improvement programme to reduce waits and reported this through committee for scrutiny. This has included development of eligibility criteria and ensuring transparent and effective use of the Disability Facilities Grant. ✓ Review and assessment waits improvement programme to increase our reviews and reduce assessment waits and with that build a sustainable long-term model which is responsive and enables excellent practice. ✓ Homecare transformation programme to develop a sustainable and enablement focused care & wellbeing service which is focused on improving lives and outcomes for people of Sheffield. The approval to recommission homecare was provided by Committee on 15/06/2022. This has led to the award of 10 year contracts and a new model of working and stable market. ✓ Residential transformation programmes for care homes in the City. The Transforming Care Homes for Citizens of Sheffield review and high level plan was approved by AHSC Policy Committee February 2023. A new model for short term care was approved by Committee on 15/06/22 and delivered. Plan to bring updated model to Committee by December 23. ✓ Homecare services, short term intervention teams and care and assessment teams are now structured around PCN's. As a key next step, AD's living and ageing well will work with community services colleagues to develop integrated approaches with primary care networks. 	<p>Over the next couple of years we will embed and grow</p> <ul style="list-style-type: none"> ✓ Occupational Therapy - Continue to report on our occupational therapy improvement programme so that we reach of our target that people receive an assessment within 28 days of referrals, and we have no backlog. ✓ Assessment & Review Rates - Continue to improve our review rates and reduce assessment waits by building a sustainable community-based model for long term support. This will be supported through our current social worker recruitment underway and development of a named worker approach. ✓ Community Integrated Model - Co-design and implement a community integrated model and multi-disciplinary working to help people avoid crisis and remain in control of their lives, closer working with primary care and shift towards early intervention and prevention as the next stage of implementation of the Target Operating Model. ✓ Residential Care – complete our remodelling of residential and somewhere to assess provision and with that establish sustainable residential provision for the City. ✓ Enablement - Build and further developing our SCC enablement offer so that all of our activity in living and ageing well is strength, outcomes focused and person led, ✓ Integrated working with Pharmacy and Primary – Continuing to establish and implement integrated approaches with Pharmacy and Primary care to improve medication management and falls prevention.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

	<ul style="list-style-type: none"> ✓ Joint working with Pharmacy and Primary care to develop new and innovative approaches towards medication management and fall prevention. 	
<p>Adult Future Options</p> <p>Page 435</p>	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Identified that the support to people with a learning disability, Autistic people and people with a physical disability needed to improve through our discussions with individuals and review of ASCOF measures and in particular make a decision shift to independent living. ↑ Continued to transform care and with that reduce people in out of area placements. ↑ Reduced our long-term assessment waiting list and increased our annual review rates. <p>To improve our performance we have established and implemented a:</p> <ul style="list-style-type: none"> ✓ New operating model which established a dedicated focus and provision for people with a learning disability, Autistic people and people with a physical disability. This went live in April 2023 and through 2023 – 2024 our priority is to build and strengthen the service and our offer. ✓ New transitions model which Adults reach into children & young people services and with that adopt a named worker approach. Its aimed that this will streamline and enhance our offer to young people. ✓ New Continuing Healthcare Team so that we can develop integrated approaches with health colleagues so that individuals experience a joint up health and care offer. ✓ Co-design of a city-wide health and care strategy and plan for supporting people with a learning disability in partnership with the Learning Disability Partnership Board. A Co-Chair has been appointed to drive forward a focus on people with a learning disability being at centre of change. The Learning Disability Partnership Board will lead implementation of the Strategy along with annual refresh on priorities. ✓ All age Autism Strategy and a Co-Chair to enable creation of an Autism Inclusive City in partnership with the Autism Partnership Board. As part of this, a new information hub will be launched in October 2023 and a city wide approach to reducing waits for access to health services has been approved at the Health & Care Partnerships. ✓ All age Physical Health Strategy to promote physical health and wellness and with that intervene early to prevent longer term harm. ✓ A Supported Living Framework with a greater emphasis on improving outcomes and aspirations for people with learning disabilities. The new contracts went live in May 2023. ✓ Recommissioning and configuration of specialist accommodation so that people can living more independent lives. ✓ South Yorkshire Housing with Support Market Position Statement for people with a learning disability and/ or autism . As a follow up from that a South Yorkshire wide group has been formed, Chaired by Strategic Director Adult Care involving social care, health, and housing colleagues to develop and implement a delivery plan which will continue into next year. An Older Persons Independent Living Strategy is under development. 	<p>Over the next 2 years we will embed and Grow:</p> <ul style="list-style-type: none"> ✓ Transitions - Continue to develop our transitions offer and with that embed transitional safeguarding approaches so that we can deliver best outcomes for our young people. ✓ Disability Friendly City – Implement our All Age Autism Strategy, Learning Disability Strategy and Physical Health Strategy in partnership with the Boards so that we can enable people to live the life they want to live. ✓ Accommodation with Care – Work with housing and system wide health partners to further develop our accommodation offer. ✓ Enablement –Build and further developing our SCC enablement offer so that all of our activity in Adult Future Options well is strength, outcomes focused and person led, ✓ Employment - Build and establish partnerships so that we can increase the offer to people with a learning disability, Autistic people and people with a physical disability. ✓ Physical Health – Work with health partners to implement the physical health strategy so that we can promote physical heath of people with a learning disability and autistic people.
<p>Wellbeing and Mental Health</p>	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Identified that the support to people experiencing mental health or who are vulnerable due to trauma disability needed to improve through our discussions with individuals and review of ASCOF measures and in particular make a decision shift to independent living. ↑ Continued to transform care and with that reduce people in out of area placements. ↑ Reduced our DoLs backlogs and continued to improve our AHMPS offer. ↑ Reduced our long-term assessment waiting list and increased our annual review rates, <p>To improve our performance, we have established and implemented a:</p> <ul style="list-style-type: none"> ✓ Transformation programme which returned mental health social workers back to line management of adult social care following decision by Cooperative Executive on 1st April 23 and to meet our legal requirements. An update regards mental health provision and future model is planned for November 2023 Committee as part of our cycle of assurance. ✓ All Age Mental Health and Emotional Wellbeing Strategy. This was approved by the Adult Policy Committee on 8 February 2023. The Mental Health Partnership Board will lead implementation of the Strategy along with annual refresh on priorities. ✓ Refresh the Sheffield Mental Health Guide to extend the guide to include children’s services.. ✓ Delivery of a joined-up approach to tackling inequalities and multiple disadvantages across Sheffield through design and implementation of the Changing Futures Programme. . 	<p>Over the next 2 years we will embed and Grow:</p> <ul style="list-style-type: none"> ✓ Recovery City – co-design a model of working which supports and enables people to live independently, recover and prevent need for care and support. This looking at our prevention offer, enhanced support to people who have multiple needs and accommodation offer. ✓ Transitions – Work with partners as part of our return of mental health social workers to build robust transitions offer for young people, taking into account learning from transitional safeguarding. ✓ Physical Health – Work with health partners to implement the physical health strategy so that we can promote physical heath of people experiencing mental ill health and / or who are vulnerable adults. ✓ Employment - Build and establish partnerships so that we can increase the offer to people experiencing mental ill health.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

✓ The recommissioning of mental health services is underway following decision at Committee on 21/09/22 with completion and update planned for November 2023 Committee, including a plan to develop prevention based approaches with VCF.	✓ Tackling Inequalities and Changing Futures – Our changing futures programme so that this becomes a sustainable model for tackling inequalities in the City.
---	---

Strategic Outcome – Efficient and Effective

“Everyone is supported by a system that works smartly together, delivering effective and quality outcome-focused services that promote independence and recovery. People have a choice of good services that meet their needs and give them a positive experience regardless of their background, ethnicity, disability, sex, sexual orientation, religion, or belief. This is enabled by an engaged, led, supported, and well-trained workforce that works together through innovation and creativity that is trusted to make the right decisions with the people they support. Our transparent decision-making system delivers best value. We will consider climate impacts in our decisions”.

What Are Our Measures?		
Valued Workforce <ul style="list-style-type: none"> ASC Staff Turnover Rate – Sector Wide ASC Sickness Days Lost – Sector Wide Number of Posts in Adult Care Across Sector % of Posts in Independent Sector Providers % of Posts working for direct payment recipients Proportion of workforce on zero-hour contracts % workforce Black, Asian, Minority Ethnic Adult Care Workforce Economic Contribution of Adult Care Workforce (Gross Value Added) 	Financial Resilience <ul style="list-style-type: none"> Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64 Gross expenditure (long term care £000s) per 100,000 18+ population 	Climate & Net Zero <ul style="list-style-type: none"> Measures to be confirmed

Priority	What Have We Achieved and Delivered	What Will We Continue to Prioritise in 2024 - 2026
Page 436 Valued Workforce	<p>Between 2021 and 2023 we recognised a need to gain stability in our care workforce and with that improve continuity of care and experience of people. We also recognised a need to support and develop our local authority workforce.</p> <p>To value and support our workforce we implemented:</p> <ul style="list-style-type: none"> ✓ The first Sheffield Adult Social Care Workforce Strategy which empowers and values our adult social care workforce, is representative of our diverse communities and sets out how we will improve recruitment, retention and implement the Foundation Living Wage for all social care workers in the city. ✓ Health and adult social care Workforce Engagement Board to drive collaboration, quality and improvement across social care and to establish foundations for delivering a joined up approach to workforce development across health and social care and involvement of our workforce and unions in improving the offer to our social care workforce ✓ Successful recruitment campaign recruitment Sheffield Cares and use of care friends for care staff which supported stability of sector during winter. In addition to this, the approach has been highlighted as a best practice with Kings Fund. ✓ Recruitment campaign to recruit to Social Workers as a partnership with Indeed. Already we have received a high level of applications. ✓ Focused on retention of local authority workforce by investing in progression routes, learning & development offers and career pathways. ✓ A workforce change was completed in 2022 – 2023 which built in automatic progression routes for social workers and for social care practitioners completed ASYE framework. Similar frameworks are in place for Occupational Therapists. ✓ There has been focus on wellbeing and promoting attendance and to this end the Adults has seen a decrease in absence to 7% ✓ The Quality Matters Practice Framework was approved by the AHSC Policy Committee in November 2022. Embedding activity is being led by the new created Chief Social Work Officer postholder and through practice reviews 	<p>Over the next 2 years we will continued to embed and grow: -</p> <ul style="list-style-type: none"> ✓ Workforce Strategy – Implement our workforce strategy so that deliver upon our ambitions to achieve Unison and GMB charters, LGA standards and investors in people. ✓ Learning and Development Offer and Social Care Academy – a standard offer and learning frameworks for all the care sector so that we can assure citizens about quality of care and support and we retain our workforce through an improved deal. ✓ PDR's – ensure all staff receive annual development reviews to support personal and professional development. ✓ Recruitment campaigns – dedicated campaigns so that we can reduce vacancies, use of temporary workforce and with that ensure continuity of care. ✓ Wellbeing – focus on wellbeing of our workforce so that our workforce feel engaged and valued as care sector staff. ✓ Our Workforce Board – Embedding the Board as a collaborative approach across the sector so that there is a collaborative approach to valuing our social care workforce. Implementing cross-sector task and finish groups to support co-design and delivery upon key elements of our Workforce Strategy.
	<p>Between 2021 and 2023 we have:</p> <ul style="list-style-type: none"> ↑ Improved our financial position and with that delivered an improved forecast and reduction in expenditure. ↑ Improved our governance of adult care, through transparent reporting to committee regards our performance ↑ Improved most of our performance across adult care. <p>To support this improvement we have implemented: -</p>	<p>Over the next 2 years we will embed and grow: -</p> <ul style="list-style-type: none"> ✓ Performance Management System – Continue to embed continuous improvement and performance discussions at all levels across adult care so that a learning culture is embedded.

ADULT CARE AND WELLBEING – STRATEGY AND PERFORMANCE DELIVERY UPDATE

- ✓ A new target operating model set out in our [Future Design of Adult Social Care](#) approved at Committee on 16/11/2022 and went live on February 2023
- ✓ A [Care Governance Strategy](#) was approved by the AHSC Policy Committee in June 2023.
- ✓ The [Performance Framework](#) and [Cycle of Assurance](#) were approved at AHSC Policy Committee in June 2023.
- ✓ Service Performance Clinics are now being embedded across each Assistant Director portfolio and with performance targets being embedded into Service BMIPS and Plans to show progression. Committee workplans reflect cycle of assurance and reporting.
- ✓ A Joint Health & Wellbeing Outcomes Dataset which tells us the impact we are having on people of Sheffield and areas for development [The Outcomes Framework](#) has been developed and was approved at Committee on 19/12/2022.
- ✓ A joint health and care efficiency group has been established which promotes and enables a joint approach to achieving delivery of financial savings.

- ✓ Governance – Continue to build and grow our care governance approach through embedding the strategy, cycle of assurance, good practice and benchmarking. We will also seek to gain ISO9001 as an external accreditation.
- ✓ Financial Resilience – continuing with our approach to achieve a sustainable adult care service.

This page is intentionally left blank