

Adult Care and Wellbeing

Market Oversight Report 2023/4

Quarter 4, March 2024

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

Our Vision and Ambitions

Our vision, as set out in ['Living the life you want to live', Sheffield's adult social care strategy 2021 to 2030](#) 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:

- **Safe and Well**
- **Active and Independent**
- **Connected and Engaged**
- **Aspire and Achieve**
- **Efficient and Effective**

Securing a diverse provision of sufficient and high-quality care and support is critical for us to deliver upon our vision and ambitions in our strategy.

What is Market Sustainability?

A sustainable market **operates in an efficient and effective way**, it 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.

Market Sustainability is therefore indicated by:

- A sufficient supply of services to ensure continuity of care with minimal disruption in the event of provider exit from the market.
- A range of high-quality services for people to choose from
- Sufficient investment in the workforce to attract and retain high-quality 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 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.

Our Commitment to Market Sustainability

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

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 whether arranged through the Council, or purchased privately.

An assessment of Market Sustainability considers:

- adult social care statutory duties
- analysis of strengths and risks facing the market (for example; CQC, sufficiency of supply and occupancy levels, people's experiences and outcomes – with an equalities focus, financial context, geographical context, workforce stability and sufficiency)
- an analysis of future market changes

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.
- 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 four themes:

- [Theme 1: Working with people](#) - [assessing needs \(including unpaid carers\)](#), [supporting people to live healthier lives](#), [equity in experiences and outcomes](#)
- [Theme 2: Providing support](#) - [care provision, integration and continuity](#), [partnerships and communities](#)
- [Theme 3: How the local authority ensures safety](#) - [safe systems, pathways and transitions](#), [safeguarding](#)
- [Theme 4: Leadership](#) - [governance, management and sustainability](#), [learning, improvement and innovation](#)

What Does Good Look Like?

Initial indicators to measure the success of our delivery plan are set out below. We will continue to develop these indicators in partnership with the people we support, carers and providers.

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 agency, vacancy and turnover rate.
- The workforce is supported by fair rates of pay and high-quality training and development.
- ✓ 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 and meets the needs 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.
- ✓ People and unpaid carers are integral to service planning and their views inform continued improvements.

Value for Money

- ✓ 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.

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

Market Oversight

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

The Team act on intelligence received regarding all providers, with or without a contract with the Council. 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, as well as the Monitoring Advisory Board.

Provider Visits & Monitoring

On visits to providers, 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 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.

Should a provider be escalated into our joint Sheffield City Council/South Yorkshire Integrated Care Board risk management process, we visit the provider and meet every 4-6 weeks to monitor the improvement plan. We work collaboratively with the provider to ensure that changes are made to sustain positive practice going forward.

We collate monthly key performance information from our contracted providers which is analysed and shared within the team.

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

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.

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: Strategic Director Adult Care and Wellbeing
Lead: AD Commissioning and Partnerships

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

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Theme / Indicator	Milestone/action	Update	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.	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. 	A Market Sustainability Plan was approved by Committee in Feb 23 (17. Appendix 1 Market Sustainability Delivery Plan Jan23.pdf (sheffield.gov.uk)) and included Fair Cost of Care analysis and market changes over time. Fee rates have been increased for years 23/24 and 24/25.	Completed	COMPLETE
	A final market sustainability plan to be submitted 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.		Completed	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.	An update to the Market Oversight and Sustainability Plan is provided quarterly to Committee. Key developments include implementation of the Care & Wellbeing Contract, Care at Night Contract, Advocacy & Healthwatch Contracts, Supported Living & Day Activities Contracts. In addition, further analysis of mental health and housing with care markets. A review of impact of new contracts, local data and intelligence, sufficiency will be undertaken during 2024 to then inform a commissioning and market development plan.	1st July 2024	Delivery priority for 24/25.
	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.	Reforms postponed	No Longer Required	
	Development of Market Position Statements for Ageing and Living Well, Working Age Adults, and Mental Health to improve information and planning with providers	Market Position Statements developed for Mental Health, Housing with Care, Living and Ageing Well and approved at Committee. They will be updated on an annual basis from 24/25 aligned to further engagement with providers and the overarching Market Position Statement.	Completed	COMPLETE
	We will be undertaking a "cost of care" exercise to include Adult Future Options and Mental Health markets to support a transparent and clear model for costs and standards of provision.	Fair cost of care published in February 2023. Software has been purchased to enable the cost of care exercise in Adult Future Options and Mental Health to be completed in 24/25.	24/25 Priority	Delivery priority for 24/25
	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	Care Quality Standards approved at Committee in 2024. Joint Quality Assurance Framework refreshed with SYICB. Monitoring Advisory Board established for effective governance and oversight. This will continue to be developed in 24/25 with the implementation of the Care & Wellbeing Home Care Contract and a further shift to a strength-based and outcomes focused contract management.	24/25 Priority	Delivery priority for 24/25
	Redesign of Adult Care and Wellbeing Brokerage service to offer personalised brokerage and improved oversight of supply and demand	Redesign well underway and aligned to care & wellbeing contract, new TOM and discharge priorities. Implementation planned for 2024/ 2025.	24/25 Priority	Delivery priority for 24/25
	Establish Monitoring Advisory Board and governance processes to provide assurance on Market Oversight and Quality	Monitoring and Advisory Board implemented and will be fully established in 24/25.	Completed	Priority for 24/25
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). 	Mental Health Independence and Support Framework to place and implemented.	Completed	COMPLETE

	<ul style="list-style-type: none"> Helping people to live their lives - Ongoing Care 			
	Commissioning a new Adults with Disabilities 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.	Completed and approved in September 2023. The Framework is now in place and continually update via a dynamic purchasing system.	Completed	COMPLETE
Sufficient investment for development of the workforce and to support retention and recruitment of high-quality care	Working at a system level to develop a workforce strategy.	An Adult Care Workforce Strategy was developed in March 2023 and update on delivery progress provided to Committee in January 2024.	Completed	COMPLETED
	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, including a test of change for shift-based work. 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	Approval to commission provided in June 23. An evaluation took place in 23/24 with new service planned to go live in June 2024. This provides foundations for a transformational shift in adult care to community connected care. Regular updates have been provided to Committee as to progress. Date updated to Dec 25 to reflect transformational aspect of the service.	December 2025	Priority for Implementation 24/25
Evidence of innovation and service diversity in order to meet changing user needs	Develop and delivery Adult Future Options Transformation Programme, with a focus on accommodation planning to deliver improved outcomes for people in the City. Programme will support creativity and flexibly in the development of services, led by people in Sheffield and the sector, with a collaborative approach with Children's services and transitions.	Amended to note innovation programme could not be added as a lot to the Framework and focus now on transformation of AFO Transformation Programme approved at Committee in November 2023 aligned to approval of the Learning Disability Strategy.	December 2025	Priority for 24/25
	Agree Digital Strategy, including programme for TEC	A Digital Strategy was approved and an ongoing programme for Technology Enabled Care development in place. A development programme is being implemented in 23/24 and 24/25 including tests of change to support workforce development, Hospital Discharge, early identification of issues and support to stay at home. Latest update to Committee in December 2023.	December 2025	Ongoing
	As we procure, new contracts set out clear processes and approaches to fee increases to support providers in their financial planning.	New contracts in place for Mental Health Support and Independence at home Standard Care Homes, Supported Living, Day Activities and Overnight Short Breaks which set out in terms and conditions the model and process for annual fee uplifts. Further, a process has been developed for all fee increase requests outside this process to support consistency and market management.	Completed	COMPLETE
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) 	Over last year commissioning intentions and strategies have focused on longer term arrangements as follows: - <ul style="list-style-type: none"> Care & Wellbeing is a 10-year contract (7 + 1 + 1); Healthwatch is a 10-year contract, Advocacy is a 7-year contract with option of extension. Supported Living, Day Activities, Extra Care are 7-year contracts with option of extension. Priority for 24/25 is to implement and focus on care home transformation.	Ongoing	Priority for implementation in 24/25
	<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 	The implementation of the new Care & Wellbeing Service contract includes payment on planned hours for providers, this supports longer term and outcomes focused planning, streamlines invoicing and payment procedures and support the financial viability of the sector.	Summer 2024	Priority for Implementation 24/25

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.

Living and Ageing Well

SUFFICIENCY																									
WHERE ARE WE NOW	ACTION PLAN																								
<p>HOME CARE</p> <ul style="list-style-type: none"> Sheffield has a high number of Home Care providers, many of whom focus on privately purchased care and support. Through our contractual arrangements, Sheffield City Council procure care with over 80 providers, c30 of whom are contracted under our Home Care Framework, with others contracted through spot purchase and Direct Award arrangements. The Council commissions approximately 40,000 Home Care each week (which includes Hospital Discharge packages), delivered to c2,500 The Council procures Home Care to support approximately 2,600 people in their own homes people by c1,800 care workers employed by providers. The number of packages waiting at 1st March 2024 was 31, with 18 people waiting over 5 days. The longest wait dating from 3rd December. We have seen a significant reduction in people waiting, and improved flow from performance in 2022 Between 1st September 2023 to 1st March 2024, 258 new hospital discharge packages were brokered to the Independent Sector. Of these 47% (122) were started within 48 hours. The independent sector continues to report capacity across the City 	<ul style="list-style-type: none"> Procurement has been completed for the new Care and Wellbeing Service contracts and officers are now supporting the mobilisation and implementation of the new contract for the 3rd June 2024. The new Homecare delivery model sees a further move towards personalised and outcome-led care, contracting with fewer providers who will benefit from 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 provider contracted to deliver in a specified 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. Discharge funding is being used to support timely hospital discharge and test news ways of enabling discharge. 																								
<p>ACCOMMODATION WITH CARE</p> <ul style="list-style-type: none"> 100+ 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. Occupancy rates have improved, though there is still an oversupply of residential beds. 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. There is a growing need to encourage more homes that can support more complex needs. <table border="1"> <thead> <tr> <th colspan="4">February 2024</th> </tr> <tr> <th>Vacancy Type</th> <th>Occupied %</th> <th>Occupied</th> <th>Vacancies</th> </tr> </thead> <tbody> <tr> <td>Dementia Nursing</td> <td>92.86%</td> <td>507</td> <td>39</td> </tr> <tr> <td>Dementia Residential</td> <td>91.24%</td> <td>1041</td> <td>100</td> </tr> <tr> <td>General Nursing</td> <td>83.43%</td> <td>599</td> <td>119</td> </tr> <tr> <td>General Residential</td> <td>80.43%</td> <td>748</td> <td>182</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Procurement for a new framework contract for standard residential settings has been completed, with the contract going live in February 2024. 25 providers, with 45 Older People's Care Homes successfully applied to be on the Framework. Our temporary care contractual arrangements are now well established: <ul style="list-style-type: none"> Somewhere Else to Assess: 12 care homes providing a combined total of 40 beds under block contract, with additional capacity from a further 11 home Emergency Residential Beds - 3 care homes providing a total of 3 beds in the city, with additional capacity from 9 other homes. Planned Respite Beds - a total of 4 beds block contracted in 4 homes, with additional capacity provided by 11 more homes. 	February 2024				Vacancy Type	Occupied %	Occupied	Vacancies	Dementia Nursing	92.86%	507	39	Dementia Residential	91.24%	1041	100	General Nursing	83.43%	599	119	General Residential	80.43%	748	182	<ul style="list-style-type: none"> The Commissioning programme for Care Homes seeks to 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 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 Continue to work with providers in Sheffield to join the Care Homes Framework. We are encouraging all older people's standard care homes (residential and nursing) to complete the application for the Framework. It is our intention that we will seek providers on this Framework first when procuring placements. This is to ensure that current and any future placements funded by the Council and Health (funded nursing care, FNC) continue to deliver the standards of care as set out in the required contract and service specification. Developing 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) Review of S2A bed provision and specification Increase understanding of equalities in our OP Care Homes – with improved data collection and analysis, and mapping of provision against an EAA
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<ul style="list-style-type: none"> With a 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, all providers will need to develop to support higher complexities of needs in community and residential settings. 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. 	<ul style="list-style-type: none"> The care 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 Development of Sheffield Care Association 																								

QUALITY

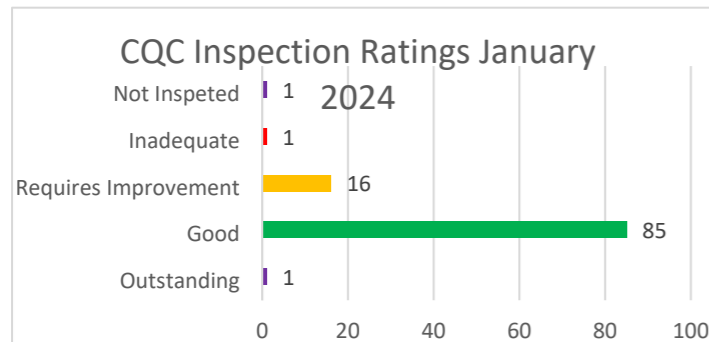
WHERE ARE WE NOW

HOME CARE

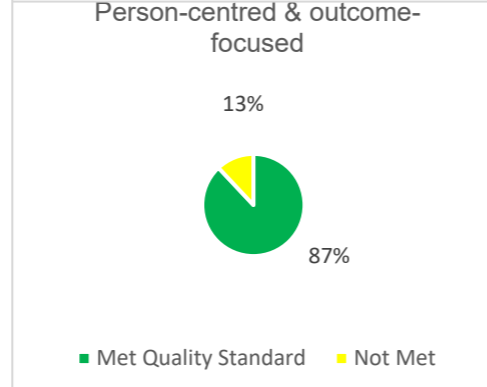
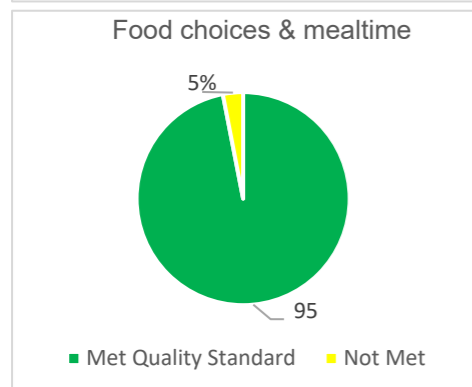
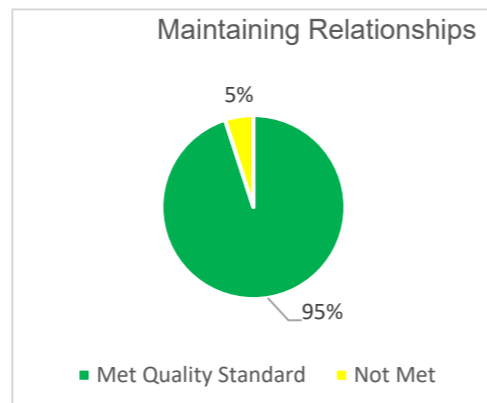
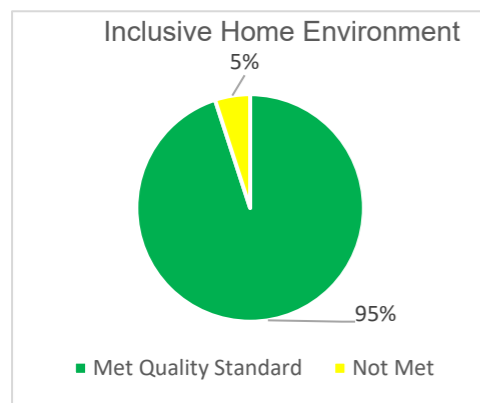
- 67% of providers rated Good or Outstanding
- Retention is further impacted by staff leaving the workforce due to retirement or ill health: c26% of care workers in Sheffield are aged over 55.

ACCOMMODATION WITH CARE

- CQC rating of good or outstanding: 90.77% residential and 77.27 nursing, better than NA



- SCC Contract and Quality team monitoring has 3 homes in 'Amber' and 4 in 'Red' at end January 2024. These homes have increased monitoring with a focused improvement plan. The homes also have placement restrictions in place.
- Routine quality monitoring of the 104 Care Homes in the City is undertaken by the Quality team. 70 routine quality monitoring visits have been carried out during the period April 2023 to January 2024, and through observations and conversations with residents and families the Quality and Performance Team evidence that Homes are meeting standards in a number of areas:



ACTION PLAN

- The new Care and Wellbeing (Home Care) Contract will embed consistent Practice Standards across Adult Social Care and Independent Sector provision, and will seek to drive practice that is outcome focused, strength-based, community connected and person led so that *all* social care support is focused on enabling people to live independently, live the life they want to live and have positive experiences of care.
- The tender process reset quality expectations, to move us towards good and outstanding.
- 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 as part of the new Care Homes Framework.
- 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.
- 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

- A rate of £22.96 per hour has been agreed for 2024/25. 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

- 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 cost of this is circa £93m, against a budget of £84.5m.
- SCC rates are lower than regional averages, and the FCOC exercise has highlighted a significant gap between current rates and the median FCOC output. Whilst we have made steps to close this gap, there is further work to do. We will continue to work with providers to ensure a '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.
- 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.
- 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.
- Since 2015, 5 homes closed related to practice, and 13 for financial reasons. No new entrants in last year.

ACTION PLAN

- Fee increases have been set out in the new contract.
 - 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.
-
- 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 CCG funded information)
 - Feed into this EAA analysis
 - Review commissioning capacity and opportunities to support the system more effectively and efficiently.
 - 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.

Adults Future Options

SUFFICIENCY	
WHERE ARE WE NOW	ACTION PLAN
<p>ACTIVITIES INSIDE THE HOME</p> <ul style="list-style-type: none"> 42 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 / DAY ACTIVITIES</p> <ul style="list-style-type: none"> 61 'day service' providers. 24 are now on the Adults with Disabilities Framework. 37 are not on the Framework but we are actively encouraging them to submit an application. 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 Framework re-opened in December 2023 There are now 23 providers on the Framework – supporting people with complex support needs in the community instead of a more restrictive setting. 	<p>Commissioning activity and service development to deliver better quality services and outcomes based upon our co-produced Learning Disability Strategy. The priorities are:</p> <ul style="list-style-type: none"> - Emergency Overnight Short Breaks - Developing capacity for emergency overnight short breaks, including improving the quality and variety of provision in the market. - Specialist accommodation with care. Developing an accommodation growth plan to promote independent living, reduce dependence on out-of-area placements and specialist residential accommodation and to review specialist care commissioning. - Direct Payments – Developing the Personal Assistant workforce in conjunction with our wider care workforce strategy and more flexible use of Direct Payments / Individual Service Funds.
QUALITY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> All Supported Living providers currently rated Good or Outstanding Effective contract monitoring and market oversight – all providers rated 'green' Quality and Performance team conduct quality visits to supported living, short breaks and day service providers throughout the year, with at least 2 visits in a 12 month period. A self-assessment tool has been designed for Enhanced Supported Living provider; outcomes are measured against I statements. The areas explored during quality visits for supported living include: <ul style="list-style-type: none"> - 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 - The quality domains for day activities include quality of life/independence/empowerment/ safety and social connections 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. 	<ul style="list-style-type: none"> Outcomes focussed approach for all new monitoring arrangements We Speak You Listen experts by experience will be involved in quality checking

VALUE FOR MONEY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> • For 22/23, the budget for Supported Living was £35million • For 22/23, the budget for day services was £4 million. • The expenditure for short breaks was c£1.5m for 22/23. • SCC rates are comparable with regional averages. • 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 	<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. • 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. • Framework providers involved in pilot for Individual Service Funds

Adult Mental Health

SUFFICIENCY	
WHERE ARE WE NOW	ACTION PLAN
<p>SUPPORT – COMMUNITY BASED</p> <ul style="list-style-type: none"> 12 Mental Health Independence providers contracted under current framework. There are approx. 8 providers who offer support and are purchased via a direct payment or direct award. The framework is three tiered and focuses on enablement/reablement There is a diverse range of small local to larger national providers Framework providers currently deliver around 1,692 hours of support to 372 different individuals <p>ACCOMMODATION & SUPPORT – COMMUNITY BASED</p> <ul style="list-style-type: none"> There are three supported accommodation schemes with a total of 63 self-contained units which are commissioned directly There are four providers on the Mental Health Independence framework who offer supported accommodation alongside outreach support. There are approx.65 individuals living in these units. There are three providers mental health supported accommodation who are not commissioned directly or via the Mental Health Independence framework and house approx. 45 individuals. <p>ACCOMMODATION & SUPPORT – RESIDENTIAL</p> <ul style="list-style-type: none"> There are 10 specialist mental health residential homes. These homes offer a total of 144 bed spaces. There are 7 mixed nursing home which support individuals with mental health needs. Currently 32 individuals under the age of 65 reside in these homes. Diverse range of providers from large national provider to smaller local providers There are 23 out of city specialist mental health placements currently commissioned 3 bed are currently commissioned on a black contract to support hospital discharges <p>PROMOTING INDEPENDENCE PROGRAMME</p> <ul style="list-style-type: none"> The programme strives to support individuals to move on from residential environments to more community based environments Currently the programme is working with 13 individuals Over the past 12 months it has support 23 individuals to transition out of residential environments 	<ul style="list-style-type: none"> Development of supported accommodation for individuals perceived as complex Development of the specialist mental health support market Evaluation of the Promoting Independence Programme Embedding the leading from the Promoting Independence Programme into longer term social care approach Development of the residential market towards a more specialist role Development of a supported accommodation framework A further move towards personalised and outcome-based support Longer contracts to provide stability support innovation and co-production
QUALITY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> Out of the 12 support providers on the Mental Health Independence framework, 9 providers have active packages of support. The average satisfaction with support rate currently stands at 80%. A very low number of complaints are reported, with 6 complaints in Q3 of 2023 Robust risk assessments and contingency plans found during monitoring visits Regular evidence of positive impact from the support shared by providers in monitoring meetings Currently evaluating the success the Promoting Independence Program 	<ul style="list-style-type: none"> Outcomes focussed approach for all new monitoring arrangements Involving experts by experience will be involved in quality checking Expanding quality measures to recent services transitioned from SCC Housing Promote the use to assistive tech during quality visits Measuring outcomes for individuals supported by the Promoting Independence Program
VALUE FOR MONEY	
WHERE ARE WE NOW	ACTION PLAN
<ul style="list-style-type: none"> For 22/23, the spend on directly commissioned mental health supported accommodation is £487,720 For 22/23, the spend for Mental Health Independence framework is approx. £1.4m For 22/23, the spend on mental health residential services is approx. £4.25m 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

	<ul style="list-style-type: none">- Track TUPE premium payments.• Brokerage of mental health independence ensures marketplace equity• 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.
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