Adult Care and Wellbeing

Directorate Plan

Version
August 2023

Sheffield City Council
Sheffield.gov.uk/home/social-care

Contents

Introduction

Welcome to our Bi-Annual Directorate Plan 2024 – 2026.

The purpose of this plan is to set the key priorities which will enable us to continue deliver upon our Adult Care Strategy - Living the life you want to live and through this achieve our vision which is: -

"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."

This Strategy is for the period 2022 to 2030 and it builds on citywide commitments in the Joint Health & Wellbeing Strategy 2019-2024 and Shaping Sheffield 2019-2024 which provides a framework for all our changes in Adult Social Care. Its shaped around five key outcomes.

The Strategy provided us with a framework to take forward a range of developments over the past two years to improve the lives and outcomes of citizens of Sheffield and for our workforce, supported by our four-phase transformation programme.

The Strategy is operationalised through our Adult Care Target Operating Model. The new model is aimed to improve our impact on people, establish a more sustainable social care market, improve our workforce offer and establish long term sustainability. Our delivery is guided through our Council Values which provide the guiding principles for all we do:

The design reflects a model which is focused on delivering a greater range of preventative, enabling and self-help activities with partners so that we are targeted in the provision, and our use, of long-term support for those who need it.

It promotes greater independence and choices for individuals and families as well as a more sustainable long term adult social care service. It is underpinned by a focus on co-production, collaboration, and collective leadership.

Key is how we value our workforce, embed technology enabled care and outcomes-based approaches and personalisation.

The design is framed around portfolios of Living & Ageing Well, Adults Future Options, Mental Health & Wellbeing, Adult Commissioning, Care Governance and Chief Social Work Officer in which all assessment and care management, council and commissioned social care provision are led by a dedicated portfolio Assistant Director and who act as one community connected social care team who can work in partnership with colleagues across the City and South Yorkshire to enable people to live the life they want to live.

Our priority and approach is to build upon our partnerships, co-production, strength-based and outcome based models and work with individuals, carers, communities and our partners to build networks and opportunities for greater independent living and wellbeing across the city. It will lead our approach to equalities, earlier interventions, prevention, and enablement so that these are embedded across all we do.

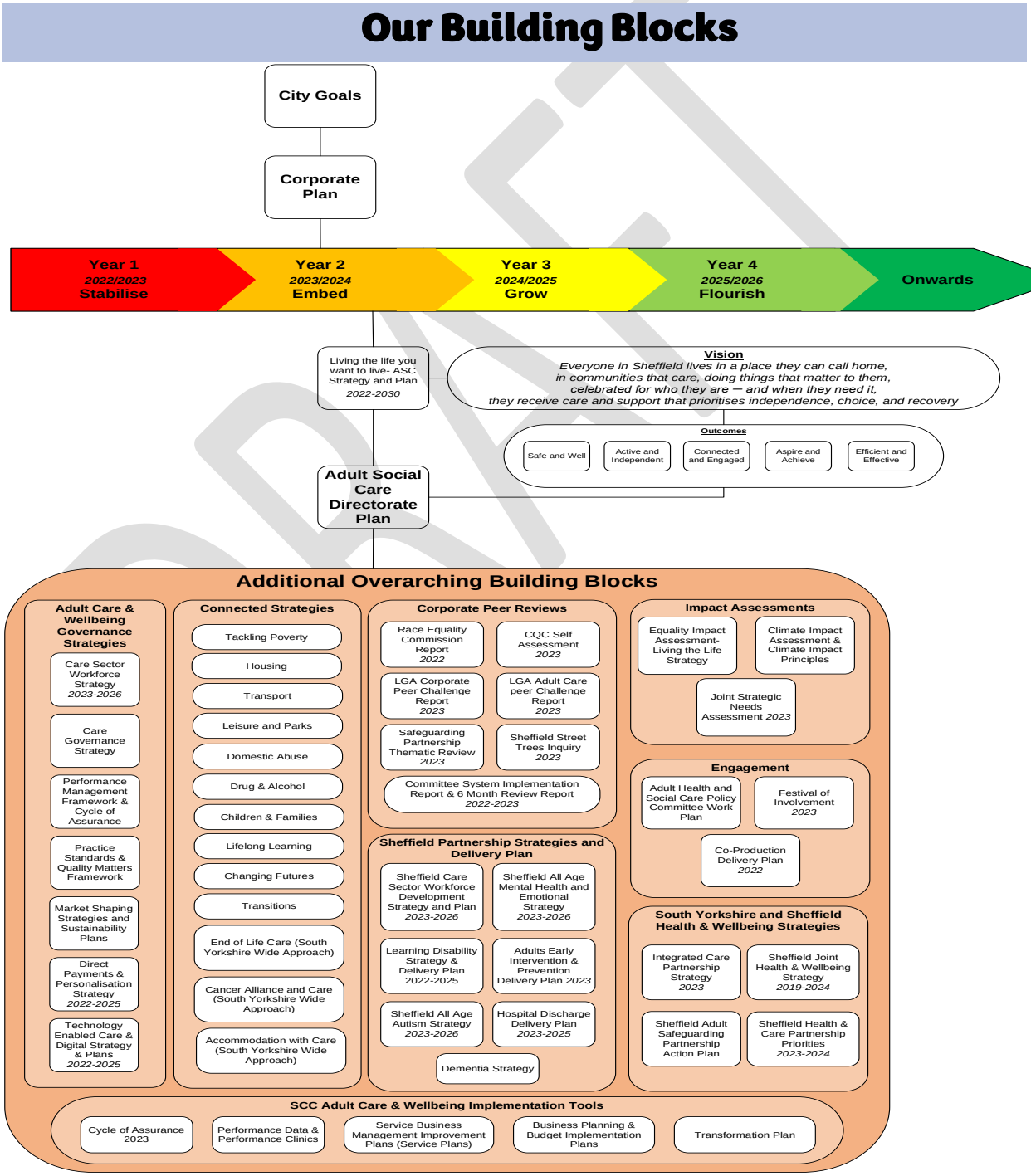
We have sought to improve our governance through developing a Care Governance Framework, Performance Management Framework and Quality Matters Framework and regular review of our performance at Committee, set out in our Cycle of Assurance. Our aim is that these enable clear flow of information, escalation of risks and a consistent focus on driving excellent standards.

Over the initial phase of our programme and delivery of our strategy we have achieved and delivered significant improvements which are set out in our performance dashboard and strategy delivery update and can be summarized as

- ✓ Our delivery of regulated care and our impact on people – approximately 8 out of 10 Care Homes are rated as good or excellent and positive impact on safeguarding outcomes.
- ✓ How people feel safe and secure with services, feel confident in the workforce supporting.
- ✓ Our support to unpaid carers and the proportion of people who feel that they have more choice and control over their lives.
- ✓ Our performance in relation to reviews and timescale to deliver support.

This Strategy refresh and Directorate Plan has been developed using the range of engagement feedback, data, learning, and guidance provided to us, exploring the recommendations suggested and considering how we can incorporate the desired activity in a tangible, purposeful and meaningful way to deliver positive and sustainable change as we move forward. To enable this to be accessible and clear we have structured the priorities and actions arising from this feedback around the strategic outcomes in our Strategy.

With the Directorate Plan setting the direction for our services and providing the overarching framework for activity, our individual service plans will then further underpin this, with localised detailed and measurable actions. This will ensure a consistent and accountable approach for all of us and transparent reporting on delivery.



Outcomes, Priorities and Activities

Strategic Outcome 1 – Safe and Well

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.

Priority 1 – Safeguarding Adults

Our ambition is to prevent abuse and neglect of vulnerable adults, with a secondary emphasis on making safeguarding personal for vulnerable adults in Sheffield.

Adult Care Senior Leads:	Our Governance:	Relevant Strategic Plan:
Chief Social Work Officer	Sheffield Adult Safeguarding Board	Safeguarding Delivery Plan

Our Measures of Success:

- 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)

Our Measures of Success

- % 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, noting exceptions where Making Safeguarding Personal principles and circumstances apply.

Our Key Milestones

Our priority is to have achieved and delivered: -

- ✓ Our *Adult Multi-Agency Screening Hub* (Adult MASH) as a centre of excellence for partnership working to protect people from abuse and harm and used this as a platform to develop intelligence led initiatives to prevent abuse and harm, with embedded practice and successful performance measures demonstrating an first-rate service. Further development of our Multi-Agency First Contact Hub, using the learning from our MASH pilot to inform a new triage function with our partners, encouraging wider contribution of perspectives and professional insight to ensure that the right services are involved at the start for people receiving care. We aim to establish a sustainable service, with consistently met targets.

- ✓ Our *Safeguarding Delivery Plan* and with that evidenced through our performance that Making Safeguarding Personal is fully embedded in Adult Care, we are embedding learning from SAR's into practice, screening 95% referrals within 1 day on a consistent basis and maintaining 95% people whose risk has reduced or fully reduced and outcomes fully or partially achieved.

- ✓ Our *Deprivation of Liberty Safeguarding (DoLS) Improvement Plan* to ensure a sustainable DoLs Service which there is no backlogs and responsivity to renewals and referrals so that we are protecting people's rights.

- ✓ Investment in our *Safe Space Offer* as key enablers which individuals, families or staff can easily report abuse and harm and with that removed any barriers to reporting safeguarding concerns. This is in response to feedback from citizens of Sheffield and partners through our engagement that it is not yet easy to raise concerns about abuse or harm within any health or care provision across the City.

- ✓ Launch of a *Power of Attorney Campaign* and practice development to lay foundations for increasing use of Power of Attorney as the least restrictive option.

- ✓ A revision of our *Prevention of Abuse Strategy through the Safeguarding Board* which sets out our actions and activities to prevent abuse and harm and with that use the least restrictive option to enable Citizens of Sheffield to feel safer.

- ✓ Commissioning of our *advocacy arrangements so that we can enhance the offer and* provide professional training, increase understanding and maximise capacity through peer support and volunteers.

- ✓ Build our Learning and Development offer to include *trauma informed practice, transitional safeguarding and learning from reviews* across the care sector so that our approaches are informed by best practice and benchmarking.

- ✓ Taking Learning from Race Equality Commission, Peer Challenges build our partnerships by implementing a series of workshops with Individuals, Carers, Communities, LAC's, Social Care Providers, VCF and Carers to involve in determining areas for continuous improvement, building community resilience, ensuring that our approach is equitable and ensures those seldom heard are listened to and valued.

Priority 2 – Quality, Continuity and Sustainability of Care

Our ambition is to deliver outstanding care and support for all citizens of Sheffield.

Adult Care Senior Leads:	Our Governance:	Relevant Strategic Plan:
Assistant Director Adult Commissioning and Chief Social Work Officer	Monitoring and Advisory Board chaired by the Elected Members. This will be supported through our Joint Health and Care Quality Board and Providers Quality Board.	Market Shaping and Sustainability Plans; Quality of Care Delivery

Our Measures of Success:

- 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

Our Measures of Success:

- % 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.

Our Key Milestones

Our priority is to have achieved and delivered: -

- ✓ *Robust Infection control and prevention across residential care provision* supported through dedicated investment from public health and inclusion of infection control and prevention in our quality monitoring activities.

- ✓ Use of *Early Indicators of Concern as a framework* for both highlighting early any concerns about care delivery of a provider, aligned to our new approach to recognising Organisational Abuse, and intervening early to prevent provider failure. The Quality Monitoring Team will lead this activity in partnership with the Chief Social Work Office.

- ✓ Development and implementation of a *Care Home Residential Framework* for the people who receive support in this way, including older people, people with learning disabilities and people with mental health conditions.

- ✓ *Continue close partnership working* between adult social care services and the Integrated Care Board to ensure continuation of positive relationships and in particular build upon foundations over last two years to have a shared quality strategy, approach and board with health colleagues.

- ✓ Commissioning of a learning report and action plan to *understand the further work required for cultural sensitivities needed to ensure appropriate care and support equitably*. We must understand the lived experiences of the people who use our services to ensure that all care is delivered in a meaningful, compassionate and positive way.

- ✓ *Quality Monitoring and Improvement* across all Care Provision in the City including Council, Commissioned and Non-Commissioned regulated Care so that an assurance can be given regarding quality, sustainability of care and that all individuals and unpaid carers have positive experiences of care and support and we continue to reduce risks of provider failure through a proactive and preventative approach. We will look to have a shared portal to ensure coordination of data and learning to support this and commission a review of workforce and human resources advice so that all providers in the City feel safe and able to act when there are concerns about care delivery.

- ✓ *Experts By Experience, Unpaid Carers and Mystery Shoppers* being fully involved in all of our quality monitoring activities across Adult Care from assessment to delivery of care so that we can ensure that all of our care delivery is person led, customer focused and continually improving based on feedback.

- ✓ Collaboration across the sector and with partners for sharing best practice. We will have established joined up peer review and continuous improvement activity as well as shared measures which evaluate the impact we are having on people's lives and enable system ownership of driving forward these actions.

- ✓ Update of our Market Shaping Statements to reflect learning and to embed a quarterly report which provides providers with an understanding of current market position and need to support proactive and ongoing planning of care.

Priority 3 - Prevention of Admission and Timely Hospital Discharge

Our collective ambition across health and care services in Sheffield is to prevent admission and readmission to hospital where possible so that individuals can live independently and well at home. Prevention is our preferred and local approach in Sheffield. Where individuals do require a period in hospital our collective ambition in line with the introduction of the Health and Care Act 2022 is that we make discharge personal where individuals and their families have good experiences during their stay in hospital, experience a positive, safe, and timely discharge and feel involved in planning for discharge. Partners across the city agree on and are committed to the principle of 'home first' and optimising on-going care and support through timely out of hospital assessment.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Deputy DASS (Director of Operations)	Urgent and Emergency Care Board and Discharge Delivery Group chaired by the Depute Place Director South Yorkshire Integrated Care Board. This will be supported through our Sheffield Council Discharge Operational Group to monitor and improve Adult Care Performance led by Deputy DASS.	Hospital Discharge Model and Winter Plan

Our Measures of Success:	Our Measures of Success
➢ % 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'

Our Key Milestones

Our priority is to have achieved and delivered:

- ✓ Our *new model for hospital discharge* as a partnership with city wide colleagues and, with that, individuals who need social care support upon discharge are assessed and gain support within 24 hours of being medically fit for discharge on a regular basis, enabling them to live independently in the place that they call home.

- ✓ A *new approach and model to supporting Autistic people, people with a learning disability and people experiencing mental ill health* to be discharged when well and where possible prevent admission.

- ✓ *Making hospital discharges personal* across Adult Care so that our focus is on improving outcomes and experiences of people being discharged from hospital and to unpaid carers.

- ✓ *Joint approaches* with pharmacy, primary care, health and VCF colleagues which continue to build upon our medication management, falls prevention and community resilience programmes to prevent admission to hospital and enable people to remain living independently at home.
- ✓ Establishing a *funding pipeline* via the Better Care Fund to support an increase in Social Worker capacity supporting discharges as well as an increase in discharge beds, resulting in a decrease in delays to hospital discharges for those fit to leave hospital safely.
- ✓ Contribution to improving outcomes and experiences of people by *supporting the development of a South Yorkshire Integrated Care Strategy* focused around prevention and wellbeing.

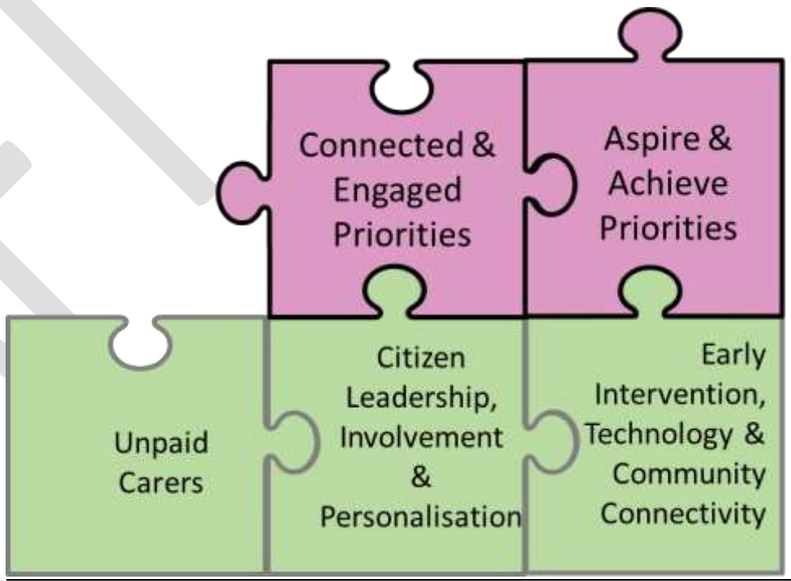
Strategic Outcome 2 – Connected & Engaged; & Strategic Outcome 3 – Aspire & Achieve

Connected and Engaged

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.

Aspire and Achieve

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.



Priority 4 – Unpaid Carers

Our ambition is that Sheffield is a city where Carers are valued and have the right support to continue to care for as long as they want to.

Our Senior Leads:	Our Governance Board:	Relevant Strategy or Delivery Plan:
Deputy DASS	Carers Partnership	Unpaid Carers Delivery Plan and Strategy: - Appendix 1 - Carers Delivery Plan.pdf (sheffield.gov.uk)

Our Measures of Success:

- ASCOF 1C(2B): The proportion of carers who receive direct payments
- ASCOF 1C(1B): The proportion of carers who receive self-directed support
- ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would
- 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

Our Measures of Success

- 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.

Our Milestones

Our priority is to have achieved and delivered by June 2025;

- ✓ Our *City-Wide Unpaid Carers Strategic Delivery Plan* which sets out how we will improve experiences and support to unpaid carers in partnership with the Carers Partnership Board and become Carer Friendly employers. This builds upon our partnerships with Carers and integrated working with colleagues across the City.
- ✓ *Publication of an Annual Carers Report* setting out our performance in relation to unpaid carers and our forward plan.
- ✓ A *City-Wide Campaign and Practice Model* to highlight and promote role of unpaid carers in partnership with colleagues across the City and with that increase identification and referrals to Carers Centre.
- ✓ *A* whole family approach in doing so, increasing identification of young carers, parent carers and adult carers when assessing adults with care and support needs and implement best practice, benchmarking and NICE guidelines.
- ✓ *Investment in Local Area Committees* (LACs) so that unpaid carers feel supported in their communities with community resilience and infrastructure in place to offer a range of informal support to unpaid carers. This particularly takes learning from the Race Equality Commission and our festival of involvement.
- ✓ Improving access to, information regarding and arrangements of Appointeeships.

Priority 5 – Citizen Leadership, Involvement and Personalisation

Our ambition is that the people who receive care and support feel empowered to set the direction, tone and expectations of their care to suit their lives and their own aspirations and that we will support them in doing so. Sheffielders will have everything they need to have equal access to our services, equal voices and equal opportunity to tell us what is and isn't working for them.

Our Senior Leads:	Our Governance Board:	Relevant Strategy or Delivery Plan:
Assistant Director Adult Commissioning	Direct Payments Board; Citizen Involvement Hub	Direct Payments and Personalisation Strategy and Co-Production Delivery Plan.

Our Measures of Success:

- 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 1I (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.

Our Measures of Success

- 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'

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Expanded ongoing *engagement and co-production mechanisms* through our co-production delivery plan with existing and new networks; ensuring our involvement work is regularly reviewed and *people's voices and feedback* are embedded across all aspects of social care delivery. This includes development of our *Citizens Involvement Offer* and proceed with embedding recommendations, learning as we make these improvements and being committed to continuing this work. We want purposeful engagement that is done early, using appropriate and tailored methods, with the feedback taken into account when developing plans, strategies, processes and services.
- ✓ Upon our *Direct Payments and Personalisation Strategy and Plan* and from that enhanced our direct payments offer across the City. We will bring annual reports and hold annual events on our progress so that we recognise and celebrate progress made as well as continually co-produce and improve our offer. This includes increased *workforce training about the benefits of, and access to direct payments,* so that people can have more control over their care provision.
- ✓ Assurance that our *pathways and access points across the system are made clearer* to ensure pace, responsiveness and that appropriate support is provided when needed to those who need it most considering. This will include a new model of which supports and makes it easier to navigate our systems.

- ✓ *Commission a review of our offer to people with minority characteristics*, so that we ensure access, communication, information and outcomes are embedded to all our activity. We will proactively and creatively engage with people who receive care from minority groups to ensure that we identify blockers in our system, barriers to receiving the right support and are able to mobilise quickly to provide a resolution. This will bring us closer to our ambition to increase awareness within the systems we operate of the cultural factors affecting uptake of social care.

Priority 6 – Early Intervention, Technology and Community Connectivity

Our ambition is to support Sheffield's localized community resilience and work tirelessly to reinforce infrastructure and mechanisms working well. Communities are safe and comfortable for the people receiving care and support, they nurture each other, cultivate bonds, and thrive when services join up and work together to deliver dynamic, responsive, and proportionate services where needed.

Our Adult Care Senior Leads:	Our Governance Board:	Relevant Strategy or Delivery Plan:
Assistant Director Adult Commissioning and Partnerships and Assistant Director Access, Wellbeing, Mental Health	The Health and Care partnership Community Development Group	Early Intervention and Community Resilience Delivery Plan, Technology Enabled Care Strategy and Market Statement.

Our Measures of Success:

- 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

Our Measures of Success

- 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.

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Deliver a new *Adults Early Intervention, Prevention and Community Resilience Model* in partnership with City Wide colleagues which enables people to live independently and healthier at home for longer. This also includes ensuring timely responses to requests for support and support to navigate health & care easily.
- ✓ Deliver on our *Technology Enabled Care Integrated Approach* and strategy building upon our UK wide conference in September 2023 and become a leader of innovative and integrated working to deliver around technology around the person and become embedded across all we do.
- ✓ Greater community resilience by *enhancing supporting social care infrastructures* in order to enable choice and empowerment in local spaces for people, in ways that serve them.
- ✓ *Increased visibility, presence, and support in communities* and with individuals, ensuring familiarity through building face to face relationships and a partnership approach with Primary Care, Communities, LAC's, VCF and Faith Sector. This will include establish effective and supportive ways of working across the city, identifying local strengths and assets, in aid of building robust relationships through which people can receive the best care and thrive, our citizens and workforce can navigate easily. We will do this my involving our partners, and building relationships founded on trust, respect, awareness, challenge, and support.
- ✓ Seek opportunities and tests of change to engage in *cross-organisational working* with our colleagues who operate in the lives of people who receive care (such as housing, repairs etc), this will improve our 'one Council' culture, and accountability of us all.

Strategic Outcome 3 – Active and Independent

Active and Independent

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.

Priority 7 – Living and Ageing Well

Our ambition is to drive forward our successful work so far in terms of community-based prevention, using multi-disciplinary teams that are well supported, high functioning and delivering excellent outcomes for the people who receive care and support. We will identify barriers preemptively and put in place actions to enable pace, progress and listening, ensuring that we understand needs and their complexities to help people to live happier, healthier and more independently at home for longer.

Adult Care Senior Leads:
Assistant Directors Living and Ageing Well

Governance Board:
Care Governance and Strategy Delivery supported by Dementia Strategy Group and Community Services Board

Relevant Strategic Plan:
Working with People Delivery Plan, Citywide Older Adults/Aging Well Strategic Delivery Plan

Our Measures of Success:

- 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.
- Number of people referred for equipment and adaptations (Occupational Therapy). Rolling 12 months.
- % equipment provided within timescale once assessment competed (Emergency = same day, Urgent = next day, standard = 5 day)

Our Measures of Success

- 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 Adults 65 + Completed (rolling 12 months)
- Median no. of days to determine if support needed for Adults 65 +.
- Median no. of days to put support in place for Adults 65 +.
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 65 +
- Overall figure of people receiving Community Support per 100,000 65+ population

Our Milestones

Our priority is to have achieved and delivered.

- ✓ Our *Technology Enabled Care and Digital Solution Strategies* being embedded into our practice and new and innovative models of supporting people to live independently.
- ✓ Our Living and Ageing Well *community connected integrated model* as a partnership with city wide colleagues which promotes and enables people to live independently and well in communities that care and multi-disciplinary ways of working that deliver joined up services and supports in communities. This includes ensuring that we have a timely response to requests for assessment, equipment & adaptations, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.

- ✓ Continue to *develop our Working With People Delivery Plan* and drive forward the activities within our services to ensure that we are delivering the right services in the right way as well as being CQC compliant. This includes ensuring that we have a timely response to requests for assessment, equipment & adaptations, deliver annual reviews and deliver support in a timely way.
- ✓ The codesign of a new *Sheffield Dementia Strategy* to provide strategic direction for activity across the city and enable people to live independently, safely and well.
- ✓ Our new *transformational care and wellbeing services* focussing on individual outcomes, person centred care and community wellbeing services that maximise independence and improve our workforce offer. Through this we will see joined up services around local areas connecting health & care and ensuring responsive delivery of care in the City.
- ✓ Complete phase two of the *Care Home Residential Plan*, resulting on a one team approach between care management, internal provision and commissioned providers, which delivers outstanding and resilient care for people of Sheffield.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

Priority 8 – Wellbeing, Mental Health, and Recovery

Our ambition is to develop a community connected and joined models of care and support which enable people to live independently, safely and well and live the life they want to live.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Access, Mental Health and Wellbeing	Care Governance and Strategy Delivery Board	All Age Emotional and Mental Health Strategy.

Our Measures of Success:

- 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.

Our Measures of Success

- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % adults 18 - 64 receiving long term support who had an annual review.
- Number of Reviews Completed (rolling 12 months) for Adults 18 – 64
- Median no. of days to determine if support needed for Adults 18 – 64
- Median no. of days to put support in place for Adults 18 – 64
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 18 - 64

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ The implementation of the *City-Wide Mental Health and Emotional Wellbeing Strategy* as a partnership with city wide colleagues through the Mental Health Partnership Board alongside the implementation of the *City-Wide Joint Health and Care Physical Health Strategy and Plan* for supporting people to promote physical health. We will ensure that these strategies are culturally embedded into our ways of working and reflect the population and communities of Sheffield.
- ✓ A *prevention model* which improves outcomes of people experiencing mental ill health in need of care and support, promotes recovery, builds community resilience, delivers a range of informal support and preventative services in communities across Sheffield and enables people to live independently at home or homely setting as a partnership with city wide colleagues.
- ✓ Embedding our *Support and Independence Framework* which works in partnership with our mental health service provision to enable a joined-up approach to recovery in the City.
- ✓ *A recovery orientated Mental Health Social Care Service* which works in partnership with individuals, carers and city wide partners to promote and enable individuals to recover and live the life they want to live. This includes developing robust transitions offer for young people, taking into account learning from transitional safeguarding and ensuring that we have a timely response to requests for assessment, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.
- ✓ *An outstanding Approved Mental Health Practitioners Service which is benchmarked and enables timely response where people are in crisis and at risk.*
- ✓ A *city-wide long-term plan for tackling multiple disadvantage and inequality* taking the learning from and building upon our successful Changing Futures Programme as well as the insightful feedback provided from the Race Equality Commission Report.

- ✓ A new model which promotes and enables people experiencing mental health to gain access to paid employment and meaningful voluntary and day activities.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

Priority 9 – Disability Friendly City – Our Adults Futures Options

Our ambition is to become a disability friendly city in which change is led by people's voices, and that people with a disability can live active, independent lives in the way that they want to live.

Adult Care Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Adult Future Options	Autism Partnership Board, Learning Disability Partnership Board, Mental Health	South Yorkshire Market Shaping Statement, All Age Autism Strategy, All Age Physical Health Strategy and Learning Disability Strategy.

Our Measures of Success:

- 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 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.
- Median no. of days to put support in place for Adults 18 – 64

Our Measures of Success:

- Overall figure of people receiving Community Support per 100,000 18 - 64 population
- % adults 18 - 64 receiving long term support who had an annual review.
- Number of Reviews Completed (rolling 12 months) for Adults 18 – 64
- Median no. of days to determine if support needed for Adults 18 – 64
- Number of people awaiting an assessment for long term support (Based on average referral rate per month) for Adults 18 – 64

Our Milestones

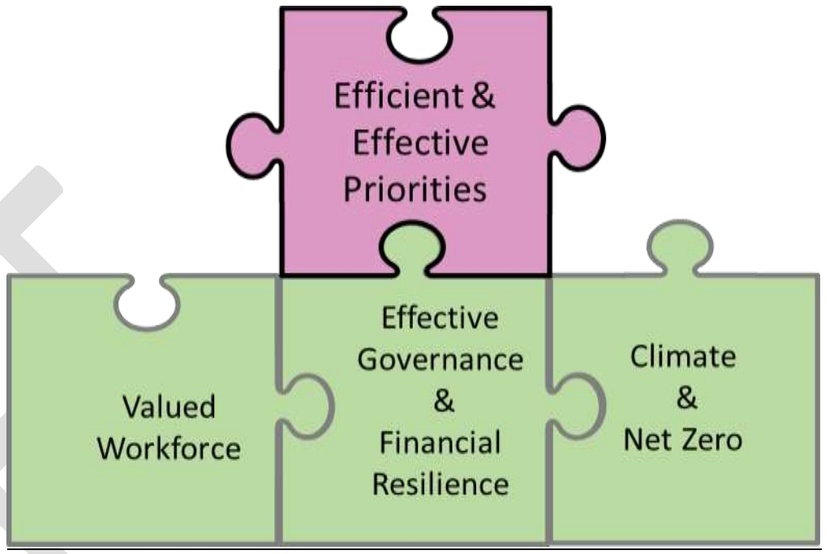
Our priority is to have achieved and delivered.

- ✓ *Our initial priorities* set out in the All-Age Autism Strategy, Learning Disability and Physical Health Strategy and co-designed actions which will enable us to deliver upon our strategies and with that, work to becoming a disability friendly city and employers. We must ensure that these strategies are culturally embedded into our ways of working and reflect the population and communities of Sheffield.
- ✓ A South Yorkshire *five-year plan for developing specialist accommodation* with care to reduce out of area placements and improve opportunities for people to live in their own homes near their families. This will compliment and build upon a Sheffield housing, health and social care accommodation with care plan which sets out the type of accommodation with care we will develop over next 10 years to promote and enable active and independent living.
- ✓ Our Adult Futures Options *community connected integrated model* as a partnership with city wide colleagues which promotes and enables Autistic people, people with a learning disability and all people with a disability to live independently and well in communities that care and multi-disciplinary ways of working that deliver joined up services and supports in communities. This includes ensuring that we have a timely response to requests for assessment, deliver annual reviews and deliver support in a timely way and an enhancement of our brokerage offer.
- ✓ A new model which promotes and enables people with a learning disability, autistic people and people with a physical disability to gain access to paid employment and meaningful voluntary and day activities.
- ✓ Embedding of our *new model to improve our transitions offer* and experiences for young people who will need ongoing support as an adult and their families.
- ✓ *Reviews in partnership with social care providers*, building capacity in partner services and sharing knowledge and experience to assure robust decisions and strengths-based conversations.
- ✓ A *Continuing Health Care (CHC) change programme* so that people receive joined up health and care with their views at the heart of delivery and decisions.
- ✓ A R*ecovery and Enablement Plan regarding Learning Disability services* to review opportunities to achieve financial resilience without negatively impacting on outcomes for those who receive support.
- ✓ Implement our practice standards, named worker approach and quality assurance consistently so that individuals experience strengths-based, person led and outcomes based conversations.

Strategic Outcome 5 – Efficient & Effective

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.



Priority 10 – Valued and Confident Workforce

Our ambition is that we recognize and value social care workforce and the contribution they make to our city. Our ambition is Sheffield Adult Care workforce is representative of our diverse communities and feel engaged with the work they do and are supported to continuously improve the information, support, care they provide. We want to have the conditions and arrangements in place that we retain, grow, and recruit our workforce.

Our Senior Leads:	Our Governance Board:	Relevant Strategic Plan:
Chief Social Work Officer	Adult Care Workforce Board	Adult Care Workforce Strategy and Delivery Plan

Our Measures of Success:

- Achievement of LGA Workforce Standards for Social Workers and Occupational Therapists
- Achievement of Unison and GMB Care Charters.
- Investors in People Accreditation – External Recognition

Our Measures of Success

- ASC Staff Turnover Rate – Sector Wide
- ASC Sickness Days Lost – Sector Wide
- Number of Posts in Adult Care Across Sector
- Proportion of workforce on zero-hour contracts
- % workforce Black, Asian, Minority Ethnic Adult Care Workforce – Workforce reflection of population of Sheffield

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ Delivery upon our *Adult Social Care Workforce Strategy and built our Workforce Board* as a centre of excellence in partnership working with the Sector and wider partners. This includes a workforce plan and support networks which sets out how we support workforce wellbeing and the workforce needed to deliver wellbeing outcomes and which improves understanding of the whole of the social care workforce in Sheffield, for example those with a disability, who are informal carers and staff with protected characteristics.

- ✓ *Visible and open values led and compassionate leadership* so that our workforce and partners feel confident and empowered to deliver the best outcomes for people of Sheffield. This includes models for keeping workforce and partners connected and up to date about workforce developments and embedding our new operating model.
- ✓ *A resourced and sustainable ongoing workforce engagement programme sector wide so that our workforce feel listened to, valued, and heard and are able to contribute to the ongoing development of adult care and continuous improvement of support to people of Sheffield.*
- ✓ *A resourced and sustainable learning, induction, career progression, career pathways and personal development reviews (PDR'S) offer for our social care, commissioning and business support workforce across all sectors and professions, so that all staff feel confident and supported to deliver excellent care and support. The includes the First Social Care Academy* so that all of our care workforce across the City have the same standard opportunity for training and progression no matter what organisation our care staff work for.
- ✓ *Successful recruitment marketing campaigns* building upon developments which reduce vacancies, turnover and ensures our workforce is reflective of the population of Sheffield.
- ✓ Delivery of a clear data, processes, and assurance mechanisms to identify and address disparities in outcomes between white and BAME workforce as well as throughout all characteristics and intersectionality. Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.
- ✓ Robust *communication plans*, supporting the timely and transparent flow of information, learning, and thinking from senior leaders through to our valued operational delivery staff. We need to ensure we balance this well, at the right level of detail, at the right times and invite opportunities to feedback.
- ✓ Continuously and proactively *embedding improvement recommendations* to ensure that these changes result in positive impacts and outcomes for the people including working with our partner services to capture outstanding practice, areas of learning and actions to take forward, approaches to disseminating this learning must be clear across our network of social care.

Priority 10– Effective Governance & Financial Resilience

Our ambition is to have a clear direction forward in terms of our financial position that is sustainable and realistic that can meet future challenges head on with limited service and support impact. We will make the best possible decisions in clear and transparent ways, with our focus on value for money balanced with ensuring the right care is in place for the people that we serve. We will use evidence-based approaches, monitor rigorously and be sure to invest in areas that will wield the best results and outcomes for Sheffielders.

Our Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Care Governance and Financial Inclusion	Joint Health & Care Efficiency Board	Care Governance Strategy and Performance Framework

Our Measures of Success:

- Achievement of ISO9001 – Quality Management External Accreditation
- Completion of Centre for Governance and Scrutiny The governance risk and resilience framework
- Completion of CIPFA Standards – External Accreditation.
- Customer Service Standards of Excellence – External Accreditation

Our Measures of Success

- Gross expenditure (long term care £000s) per 100,000 18+ population
- Gross current expenditure on long- and short-term care for adults aged 18-64, per adult aged 18-64
- Gross current expenditure on long- and short-term care for adults aged 65 and over, per adult aged 65 and over

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ As advised by the Race Equality Commission Report, ensure that we have *appropriate and strong governance* to manage and challenge our progress, keep us on track with attaining the right outcomes, holding us to account and providing clear steer when it comes to our equality ambitions. This governance should be clearly outlined and accessible to diverse teams and individuals. As part of this we, will ensure that our governance system is validated through external accreditation, building upon our developments over the last 2 years.
- ✓ Delivery of a *Joint NHS and Social Care Financial and Strategic Plan*, so that we can evidence how we are using our joint funding effectively to achieve best outcomes for people of the City
- ✓ An *approach to managing risk in terms of short-term grants and loans* in consideration of baselining and stabilising our financial position for the next year onwards and developing a medium to longer term plan to support this.
- ✓ *A review of record management and information management requirements and implementation of an action plan to ensure effective governance of information.*

- ✓ Horizon scanning of *charging reforms* should these come to bear to ensure that we are aware, have a response planned, ensure the appropriate continuation of care with limited impact on our financial resilience across the sector.

- ✓ A review of our *investment balance in prevention services* for those in minority communities considered vulnerable and/or at risk. With investment early in the process, we will prevent escalation, particularly in cases where those with minority characteristics are more likely to experience difficulties within the social care system and reduce down expensive longer term support where more appropriate preventative support can be delivered locally, within a community space, where people feel safe and comfortable.

- ✓ A model of working, which embeds *data integrity and maturity* across Adult Care so that leaders use the patterns, trends and indicators to learn quickly from data and take action, make robust decisions based on accurate and informative data as well as being able to learn from our performance in real time. This includes delivery of a clear data, processes and assurance mechanisms to identify and address disparities in outcomes between white and BAME individuals as well as throughout all characteristics and intersectionality. Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort.

- ✓ Embedding of *Adult Care Performance Improvement Framework, Cycle of Assurance, our Governance Strategy and Service Performance Clinics* so that we have ongoing learning and continuous improvement across all teams and services in Adult Care as well as opportunities to review these implementations, validate clear escalation routes are working well and ensuring the satisfactory embedding of governance

Priority 11– Climate & Net Zero

Our ambition is to contribute proactively towards the Council's Net Zero Ambition, being creative in our practices to design new ways of sustainable and meaningful care delivery.

Our Senior Leads:	Governance Board:	Relevant Strategic Plan:
Assistant Director Adult Commissioning and Assistant Director Care Governance and Financial Inclusion.	Care Governance and Strategy Delivery Board	Our Climate Impact Assessment, linkages to the 10 Point Climate Action Plan

Our Measures of Success:

We will define performance measures as part of wider engagement to ensure that we commit to activities that matter, make the biggest impact and are able to demonstrate positive change.

Our Milestones

Our priority is to have achieved and delivered: -

- ✓ An understanding of our mid to longer-term opportunities to *pool or share resources* to reduce our overall carbon footprint.

- ✓ Increase visibility and consideration for the Climate Crisis by introducing *Climate Champions* who will be responsible for holding us to account, providing a climate steer, horizon scanning and identifying opportunities for improvements.

- ✓ A review of our *supply chain buildings and features.* We know that care homes, for example, will have a more sustainable future if they are in modern buildings with up-to-date climate amenities and in the right places i.e., not at risk of flooding. We will work with providers to agree our climate expectations and opportunities for development.

- ✓ Undertake a *holistic view of extreme weather responses from our provider services*, ensuring a coordinated approach, joined up mitigative actions and that all considerations are taken into account as part of business continuity.

- ✓ An investigation into the opportunity to move towards *fleet vehicles* and/or electric vehicles for our workforce.

- ✓ An *overview of our travel for social care* delivery in Sheffield, attaining relevant data to demonstrate our travel impact and our resultant carbon footprint.

- ✓ As part of the embedding of more locality and community-based working, we will endeavour to make sure that *caseload planning* accounts for the minimum travel necessary to reduce our carbon footprint.

- ✓ Launch an *inter-agency car share scheme,* promote the use of bicycles and walking routes

- ✓ Promotion of '*buy and use local'* as using local resources has a substantially better impact on our climate than importing from other areas.

- ✓ Where this meets the needs of the person receiving care, optimise the use of *assistive technology or wider digital applications*, enabling more remote working, a reduction of risk and transport emissions.
- ✓ Our comprehensive Climate Impact Assessment has developed a range of actions and criteria to take forward and can be referenced directly.

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