



Adult Health & Social Care

Commissioning Framework

Market Shaping: Sheffield's Market Position Statement and Market Sustainability & Oversight Plan

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Sheffield City Council
[Sheffield.gov.uk/home/social-care](https://www.sheffield.gov.uk/home/social-care)

Care Governance Framework: Market Shaping

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OVERVIEW

Our Vision and Outcomes

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

The vision is centred around delivery of five outcomes and six commitments.

Our **outcomes** help to make our vision real – they are about what we want to focus on getting right.



Safe and well

Everyone has the right to feel safe and be protected from harm in a place they can call home
Everyone in Sheffield is physically and mentally well for as long as possible, able to manage their conditions and able to return to their normal life as much as possible after a change in their circumstances.



Active and independent

Everyone in Sheffield should be able to live independently and have control and choice over decisions that affect their care and support. All our work should support people to increase their independence regardless of condition, disability, or frailty. Independence will look different for everyone. We will advocate for people who may need it.



Connected and engaged

Everyone can connect with communities that care and support them. Unpaid carers have a network that enables them to get support for their own mental health, wellbeing, and needs. We listen to people and take feedback on board.



Aspire and achieve

Everyone can develop their sense of purpose and find 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.



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, 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

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Our Commitments and Priority Actions

Our commitments are guiding principles we will follow and describe how we will achieve our outcomes and highlight what we want to do better.

Commitment 1	Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.	<ul style="list-style-type: none"> • We will provide a partnership of care and support, designed, and delivered with communities • We will develop a model where social work staff can really work in partnership with, and get to know their community
Commitment 2	Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis	<ul style="list-style-type: none"> • We will deliver a strong, reactive offer of services that provide flexible and intensive crisis support • We will shift our resources and focus to develop and deliver more proactive, preventative approaches
Commitment 3	Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.	<ul style="list-style-type: none"> • We will develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strength of the person and their networks • We will transform care at home in Sheffield, focussing on improving experience and outcomes
Commitment 4	Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.	<ul style="list-style-type: none"> • We will improve how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps • We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care • We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system • We will deliver more flexible and simplified way for people to be able to purchase and arrange their care and support
Commitment 5	Recognise and value unpaid carers and the social care workforce and the contribution they make to our city	<ul style="list-style-type: none"> • We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion • We will embed a clear support offer and structure for all carers
Commitment 6	Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality	<ul style="list-style-type: none"> • We will ensure people can move easily between care and support including health, social care and the voluntary community and social enterprise sector • We will embed open and transparent decision-making alongside our plans and priorities for Adults Health and Social Care, created with the people of Sheffield.

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Market shaping and commissioning of adult social care

Adult social care is the care and support people may need as they grow older due to illness, disability, or frailty. This can include support to live independently in their own home, or a move into accommodation with on-site care and support such as extra care housing, supported living or a care home.

Unlike NHS services, social care is not free at the point of access. Council's currently fund those who cannot afford to pay for their care, but many people pay all or some of their care costs themselves. Market shaping therefore covers services arranged and paid for through Sheffield City Council; services arranged and paid for through Direct Payments; and services arranged and paid for by individuals (self-funders).

Market shaping **prioritises outcomes and wellbeing and** covers services for adults who have needs for care and support, and services for meeting carers' support needs.

Local authorities' duties in Market Shaping 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:

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

To support our statutory responsibilities under the Care Act 2014, we produce a **Market Position Statement** that sets out how we intend to shape a market that can deliver a wide range of high-quality care and support services that meets the needs of, and is accessible to, people living in the City.

Central to the efficient and effective operation of the local market is the need to ensure sustainability, and to have oversight of the provision of care in the local authorities' area. The Care Act 2014 additionally sets out the responsibilities of local authorities in ensuring the sustainability of the market, and provision of care¹. A draft Market Sustainability Delivery Plan accompanies this document, summarising our approach to assessing opportunities and risks, and the actions we will take to ensure a stable and sustainable market.

In line with the Fair Cost of Care work, we will continue to engage with providers to develop a final Plan for submission and publication in February 2023.

The Strategic Context

National Context

In 2021 Government published two white papers focus on the reform of funding and delivery of adult social care. The first, [Build Back Better](#) focussed on the NHS and health and care system, the second, [People at the Heart of Care](#) focussed on the future of adult social care.

¹ These duties are as set out in Section 48 to 57 of the Care Act 2014

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The key elements of the reforms are:

- **A cap on personal care costs of £86,000** – The care cap takes effect from October 2023 and will mean that no one in England will have to pay more than this amount towards meeting their care costs in their lifetime. More self-funders will be assessed by local authorities to ensure that where they have eligible needs, their contributions to their care are recorded and count towards this cap.
- **A new, more generous assessment for local authority financial support** – anyone with assets of less than £20,000 will not have to make any contribution for their care but may still be expected to contribute from their income; anyone with assets between £20,000 and £100,000 will be eligible for some means-tested support; and those with assets over £100,000 will pay the full fees for their care.
- **Moving towards a ‘fair cost of care’ for providers of care** – The means understanding the local costs of providing high-quality care, including allowing for reasonable profits and investment for improvement and innovation. The *median actual operating costs* are considered the ‘fair’ cost of care, ‘fair’ also means what is sustainable for the local market. This is what local authorities will move towards paying providers. This currently applies only to 65+ residential care homes and 18+ home care providers, though it is our intention to undertake similar exercises for wider markets in adults' health and social care.
- **All individuals will be able to ask the local authority to arrange their care** - this is the enactment of section 18.3 of the Care Act 2014 and will mean that more self-funders (people who currently pay for their own care in full) can ask the local authority to commission their care in the same way as it does for those who are supported by a means test. People receiving domiciliary care are able to do this already. Providers who rely on subsidising state funded care with fees from people who self-fund may be affected by this change. Where this does have an impact, we will make sure that we continue to deliver a sustainable market – including through sustainable fee rates.

Fair Cost of Care

Local authorities are required to undertake a ‘Fair Cost of Care’ exercise to arrive at a shared understanding with providers of the local cost of providing care. It covers 65+ care homes and 18+ domiciliary care. In undertaking the exercise, local authorities will be looking to identify the lower quartile, median and upper quartile costs in the local area across the following care categories:

- 65+ care homes
- standard residential care
- residential care for enhanced needs
- standard nursing care
- nursing care for enhanced needs
- 18+ domiciliary care (home support – excluding short term or reablement provision).

The Fair Cost of Care exercise will be supported by a Market Sustainability Plan setting out how local authorities will move towards paying this rate where they do not already do so.

Sheffield’s Adult Social Care Directorate has been working with providers to complete this exercise, and we will continue to engage to develop and deliver our Market Sustainability plan. The cost of care exercise is separate from the local authority’s fee uplift process.

Further information can be found at: [Market sustainability and fair cost of care fund 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023)

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Local Context

The provision of care and support services in Sheffield is shaped by our Adults Social Care strategy: **Living the life you want to live**. The strategy sets out our vision for people living in Sheffield, the outcomes we want to achieve, and our commitments for how we will achieve the change. The full strategy can be found [here](#).

A strong and effective partnership with providers is essential in delivering our vision. We need to work together to support people's health, care and support needs and achieve the best outcomes for people in Sheffield. In the delivery of care and support services, we want to ensure that people have choice, control and independence and that high-quality care is accessible to everyone who needs it, when they need it.

Sheffield's population is growing, and people are living for much longer, this means that the planning and delivery of health and social care services needs be able to meet the demand within available resources.

Commissioning Values and Principles

The values and commissioning principles² guiding Market Shaping in Sheffield are:

Values:



Principles:

1. **Outcomes** and wellbeing for users are at the heart of what we do
2. Promoting **equality** in access, experience, and outcomes - including by reducing Health Inequalities – underpins all commissioning activity
3. Commissioning policy and activity is **knowledge & evidence based**
4. The provision of **quality** services is central to effective commissioning
5. Commissioning is focused on supporting **sustainability**
6. People have **choice** and are involved in decisions about their care
7. **Engagement** is meaningful and embedded at all stages of the commissioning cycle
8. We will promote **integration** and 'whole system' approaches for the benefit of people in Sheffield
9. We will deliver **efficiency and value for money**, including through Social Value
10. Commissioning will support Sheffield's **Climate** ambition to be a net zero city by 2030

Key Messages for the Market

Aims and outcomes for Care

- All care will be high quality and based on "what matters to you", it will be rated **good or outstanding** by the Care Quality Commission.

² Sheffield Adult Social Care Commissioning Principles are provided at Appendix A

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- We will **invest resources into prevention**, working with people to develop their skills, abilities, and knowledge, and to find informal supportive relationships so that they can **maximise their independence and wellbeing** in the context of where they live. Preventative care and support will tackle the key risks people in Sheffield face to achieving their outcomes whilst strengthening protective factors. For example, training and employment opportunities, independent living skills, tackling loneliness, smoking, the impact of poverty, management of long-term conditions, frailty, dementia.
- When people do need help, that help and care will be **community-connected**, supporting people to access resources in, and contribute to their communities and building on existing networks of friends, family, and community that people have and working more closely with them in meeting people's needs.
- Care will be **person-centred**, and providers will be able to adapt to meet individuals' needs as they change over time and from day to day and reflecting the diverse range of people needing care and their personal needs and wishes. People will take an active role in designing their support.
- Care will be more **flexible**, being easy to change over time as people's needs change and their life changes. It should not need a formal annual review to change care arrangements. This means that people will get the care that they need when they need it, and care providers will be able to support people through crisis and change. This may include responsive and short-term provision, development of our respite offer, or 'trusted reviewer' models with providers.
- Care will actively promote wellbeing and support to improve confidence and abilities to live as **independently as possible**. This means an enabling approach and may include reablement as a continuous and ongoing part of care. With timely, effective short-term help and support, we can enable a move away from a reliance on long-term care packages and reduce and delay needs from escalating.
- Where people need more intensive or longer-term support, we prioritise wellbeing and independence through **strength-based** work in communities, with families and individuals, recognising that people with more complex needs have their own skills, abilities, relationships, and priorities that matter to them. Whatever level of needs people have, care will help them be as independent as possible.
- Care will be **accessible**. When people need help, they know when and where they can access this. Care will meet the diverse needs and preferences of all people, improving equalities outcomes and reducing health inequalities.
- Care will provide the **support that carers need**.

Aims and outcomes for the Care Market

- **Sufficiency** of affordable supply to meet people's care needs and give the opportunity for people to exercise choice over their care, whoever is the purchaser (the Local Authority, Integrated Care Board, self-funders).
- **Stability**, including **sustainable rates of care, effective occupancy or 'user' levels, and a valued workforce**. Providers should be able to evidence how they value their workforce to deliver continuity of support to individuals and how they promote a workforce which reflects the diversity of our communities across Sheffield.
- Providers are part of our **partnership approach** across the City and region, with the right balance of collaboration and competition to drive up quality and efficiency
- The market has opportunity and resources for **innovation and new models of care**.
- **Clarity about the needs, outcomes and preferences of people purchasing care** – now and in the future - allows the market to plan for and meet these needs.

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MARKET POSITION STATEMENT

Our Market Position Statement:

- Shares our vision and commitment for people in Sheffield.
- Explains what we know about the current and future needs of people in Sheffield.
- Provides an overview of the financial context in which services must be delivered.
- Sets out our priorities and the commissioning intentions to deliver our vision and meet identified and projected needs – i.e., what the future of care and support will look like in Sheffield and the opportunities and ways in which providers can work with us.

This means understanding and explaining:

- The **types of services** we want to provide in the future.
- The **volume of different services** we expect to be needed.
- The **types of provider organisations** who could deliver those services.
- How we plan to **purchase** these services.
- How we want to **work with providers** to develop and promote best practice and deliver the best services for people in Sheffield.

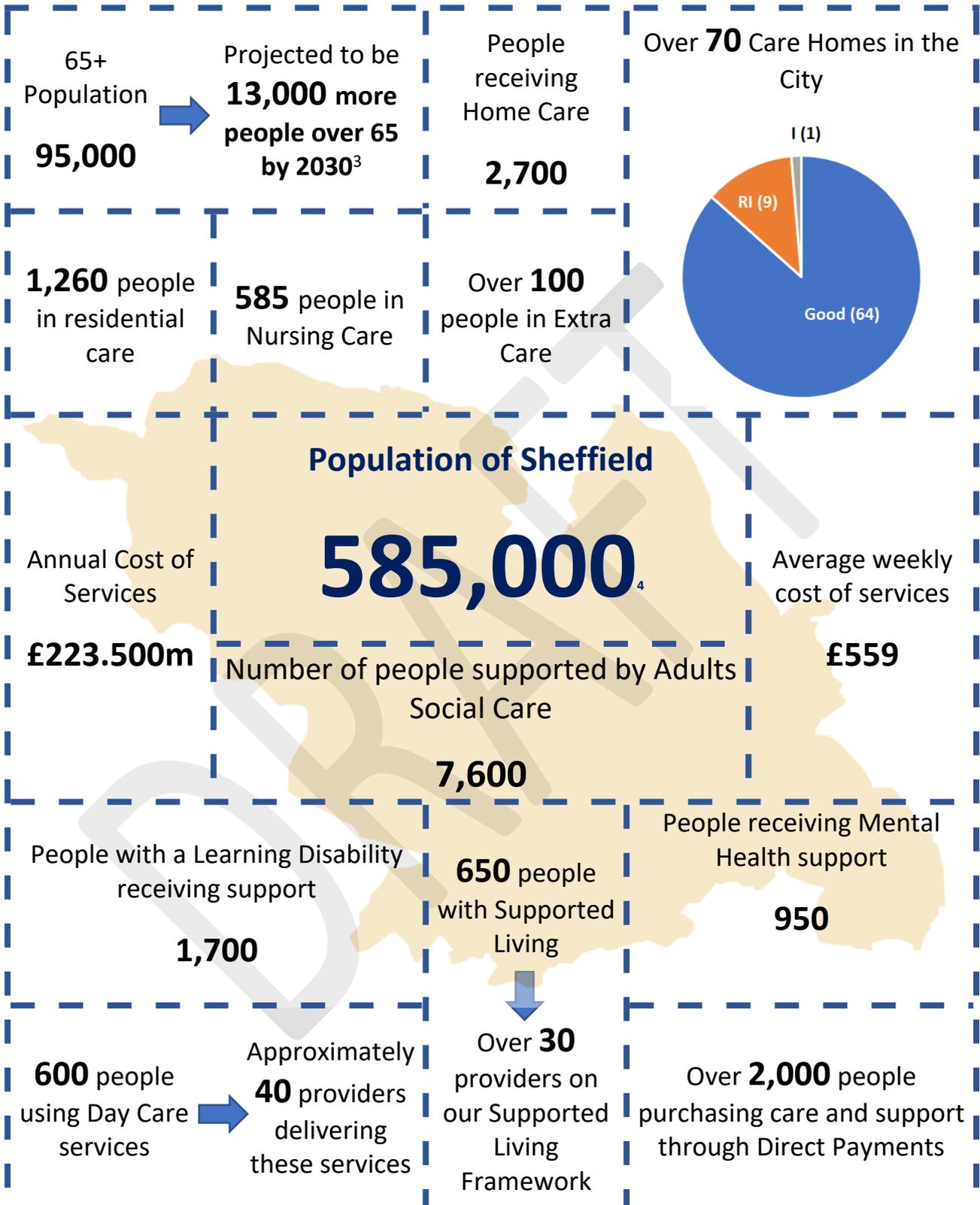
Engagement is a core part of market shaping and this Market Position Statement is the starting point of a process: in setting out our vision, key information, and our direction of travel, it provides an opportunity to co-produce and co-deliver a strong, effective, and innovative market of services that promotes independence and improves the lives and experiences of people in Sheffield.

We will continue our engagement through 2022/23 to develop a number of supporting documents that support our overall vision, including:

- Fair Cost of Care exercise and Market Sustainability Plan (65+ Care Homes and 18+ Domiciliary Care) (February 2023)
- Living and Ageing Well Market Position Statement (Spring 2023)
- Working Age Adults Market Position Statement (Spring 2023)
- Autism Partnership Strategy and Delivery Plan (Autumn 2022)
- Unpaid Carers Strategy and Delivery Plan (December 2022)
- Mental Health and Emotional Wellbeing Market Position Statement (Autumn 2022)
- [Short term care strategy for older people](#)

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Summary Needs Analysis



Figures may not sum due to rounding. Additionally, figures are based on primary support reason; many individuals have additional health & support needs and have more than one service.⁵

³ [Projecting Older People Population Information System \(poppi.org.uk\)](http://poppi.org.uk)

⁴ Rounded from Office for National Statistics 2019 mid-year population estimates

⁵ Unless otherwise stated, figures from Sheffield Council Adult Social Care Business Information Hub, Sept 22

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The Cost of Care in Sheffield

During 2021/22, the Council spent £256m on services for adults in Sheffield, of which £194m (representing 76%) relates to spend on direct care provision.

In 22/23, that budget has increased as set out below:

Income

ASC Income 2022/23	Amount (£000's)	%
Sheffield City Council ('cash limit')	£132,651	48.2%
Fees and Charges	£51,452	18.7%
Better Care Fund	£29,288	10.6%
S75 Agreement	£26,276	9.6%
Grants and other income	£33,656	12.2%
Recharge to other services	£1,783	0.7%
TOTAL	£275,106	

An additional £18.1m is allocated to Integrated Commissioning to fund services relating to support to adults in the city (for example, Drug and Alcohol Services, Housing Related Support, Domestic Abuse and Early Intervention)

Resource Allocation

Third Party Spend, i.e., the budget for purchasing of care and support services to deliver care to people across the city, is allocated approximately 79% of the total ASC budget: **£217m 2022/23**.

This is allocated as follows:

2022/23 Purchasing Budgets	Amount (£000's)				
	Older People	Learning Disabilities	Physical Disabilities	Mental Health	Total
Home Support	£30,193	£1,268	£5,467	£110	£37,038
Direct Payments	£9,726	£23,081	£12,724	£5,619	£51,150
Residential and Nursing	£46,306	£18,288	£3,825	£8,174	£76,593
Short Term Care	£3,281	£665	£713	£80	£4,739
Supported Living	£7,167	£24,656	£3,570	£332	£35,725
Day Care	£1,067	£4,088	£410	£20	£5,585
Other	£1,078	£550	£131	£386	£2,145
TOTAL	£98,818	£72,596	£26,840	£14,721	£212,975
3 rd party spend outside these services					£3,821
					£216,796

There is no increase to the cash limit for Adult Social Care Budget in 23/24 due to budget pressures faced by the Council.

Additional pressures to the Adult Social Care budget in 23/24 are anticipated to include:

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- Social Care Reform, including the cap on care and any gap between current fees rates and the Fair Cost of Care outcome
- Increase in demand
- Impact of cost-of-living crisis on our populations and providers

Whilst the Fair Cost of Care Grant will go some way to mitigating these pressures, it is not clear that they will be fully mitigated.

Social Care Reforms

In September 2021, the Government announced £5.4 billion over 3 years for adult social care reform. At the Spending Review in October 2021, it announced that this investment will be used for the following areas:

- £3.6 billion to pay for the lifetime cap on care costs, the extension to means test, and support progress towards local authorities paying a fair cost of care.
- £1.7 billion to improve social care in England, including at least £500 million investment in the workforce. This investment is backed by the new Health and Social Care Levy.

The Government intention is that, beyond the next three years, an increasing share of funding raised by the levy will be spent on social care.

Benchmarking

2020/21 benchmarking information⁶ - using a comparison to Core Cities, Yorkshire and Humber, CIPFA Groups and England – indicates that:

- Sheffield broadly supports same volume of people as Core Cities, which is the main comparator.
- There are more people supported though homecare than in residential care, which would indicate a greater shift towards community-based support and independent living.
- Sheffield spends significantly more per population than all comparator groups apart from Core Cities.
- Sheffield's spend on supporting people in both community and residential settings increased in 20/21 due to the COVID pandemic, whereas most comparators saw a reduction in care home spend.
- In Sheffield, the cost of community-based support increased significantly during the COVID pandemic and at a higher rate than other local authorities.
- Sheffield spends significantly more on homecare than all comparator groups but remains comparable in relation to spend on residential care.
- Sheffield spends significantly more than comparator cities on assistive technology (such as equipment to enable people to live more independently) but at same time continues to provide more homecare support than comparators cities.
- Sheffield also spends more on direct payments for people with physical disabilities than comparators.
- Spend on supporting people with a learning disability increased at a higher rate than comparators.

⁶ [Adult Social Care Activity and Finance Report, England - 2020-21 - NHS Digital](#)

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Commissioning Intentions

Providers of care and support to older people

It is likely that long term placements into care homes will continue to decrease, and we will therefore want more and better housing with care options such as extra care and supported living arrangements, as well as a strong care at home market.

- Care homes will need to deliver personalised care and be well connected to and part of the local community.
- We anticipate a role for care homes in more specialised provision and for supporting people with more complex needs.
- To meet people's needs effectively, we will need more flexible residential provision that can accommodate both an enabling approach, promoting and supporting people's independence, as well as providers who can plan and support people – including through multi-agency and partnership working - whose needs become more complex, allowing them to continue living in what is their home safely, and happily.
- We will develop new approaches in pathways and processes for short term care, especially related to hospital discharge and "Somewhere to Assess"
- We anticipate that the supply for longer term homecare for people 65+ will be sufficient, following procurement of the Care and Wellbeing service in 2022.
- The Care and Wellbeing service will enable Home Care providers to develop services which promote independence and wellbeing.
- Building based day services are likely to remain popular with some people but providers who can help people connect with their local community away from such centres will be encouraged.

Providers of care and support to working age adults

We are anticipating a steady increase in demand for services as the population changes. In Winter 2022/Spring 2023 we will be commissioning a Working Age Framework to include Supported Living, Activities Outside the Home (day services) and Short Breaks/Respite services. It is proposed that the contract will have a term of 10 years and an estimated value of £500m.

- There will be a requirement for all providers to be innovative and develop new, flexible approaches. For example, there are opportunities for providers to develop community hubs in the local area and establish networks between the different supported living settings.
- Although people with a Learning Disability are a large cohort which the Council supports, many of these individuals also have other health conditions. We also want to ensure that these services will be suitable for people with an autism spectrum disorder (ASD), Physical Disabilities (PD) and Sensory Impairment (SI).
- We also need to ensure that there are appropriate services in place to meet the needs of younger people transitioning from support funded by Children's services.
- We recognise that providers often work in isolation but may be better placed to support an individual across the whole of their lives, rather than each aspect of someone's day being delivered by a separate service, for example, giving people greater choice to stay at home or take part in activities in their local community or community of interest rather than travelling to a building-based activity every day.
- Respite services are currently used by c168 individuals. The market for Respite/Short Breaks provision for people with learning disabilities has remained unchanged for several years. We know that there is a gap in the market for younger people with autism. We intend to engage with the market to ensure we have sufficient quality and choice to meet our needs under the Care Act.

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- We seek to develop the existing supported living service offer- to improve the uptake of smaller packages of care and ensure that providers can meet the needs of a range of individuals, with a particular focus on younger people and people from Black, Asian and minority ethnic communities
- We want to support a creative, diverse and responsive marketplace for all who use Direct Payments including more opportunities for micro-providers and micro-enterprises.

Providers of care and support of people with Mental Health issues

A new Mental Health Independence and Support Framework, which is the key mechanism used to find support for people in their own tenancies and / or accommodation is being recommissioned in summer 2022 and will replace the current Recovery Framework.

In addition, there are known gaps in the market which must be addressed in the coming years.

- Services for young people with emotionally unstable personality disorder, many of whom are currently supported out of city.
- Services for people with complex needs who need considerable hours of support/oversight per day, sometimes also with physical health needs.
- Services for people with a dual diagnosis, e.g., learning disability/autism/mental health or drug and alcohol abuse/mental health.

We are going to review our approach to prevention, commissioning over the coming months and years to align with our strategy and wider focus on prevention and early intervention across Sheffield. We will be looking for providers who will support development of informal networks and peer support that promotes and enables individuals to be connected to their communities.

Personal Budgets

As more people have control over decisions and funding for their own care through Personal Budgets or Direct Payments, the amount of money for 'block contracts' or larger scale commissioning reduces – so the way in which we shape, and support markets needs to adapt.

- Most direct payment holders are using their funding to purchase traditional models of care such as home care and personal assistants. Our Direct Payment Improvement Programme aims to shape and develop a creative, diverse and responsive marketplace for all who use Direct Payments to support people to be more creative with their Personal Budgets.
- Our 'Direct Payment - Provider Forum' will allow Direct Payment recipients to engage with providers/agencies/services who they may wish to purchase care and/or support from. Providers can also hear first-hand from people who use Direct Payments about their needs and expectations from the market.
- People who use Direct Payments have said it is important for them to have assurance of the quality of providers operating in the market – we want to explore options and approaches for this including 'customer review systems'.
- From September 2022, we are commencing a 12-month pilot project to design, develop and implement a new operating framework to enable the Council to offer Individual Service Funds (ISFs) effectively in Sheffield. Individual Service Funds offer an alternative option for people directing their own support and suit anyone who wants to have flexible support without taking on the responsibilities that come with managing a direct payment. The pilot project will start with providers of supported living and day activities, before broadening out into wider home and community support models.

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Tech Enabled Care and Digital innovation

- We will review our current offer around equipment to ensure we maximise opportunities to support people at the earliest opportunity and support independence.
- We will look at how service users and care providers can use technology to help people to meet their care outcomes

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APPENDIX A: COMMISSIONING PRINCIPLES

We have set out the principles that will guide our commissioning practice below. These support the delivery and approach set out in “Living the life you want to live,” Sheffield’s Strategy for Adults Social Care, 2022-2030. The plan is to develop these principles in partnership with the people we support, carers and providers.

Adult Social Care Commissioning Principles

Commissioning is about the most effective and efficient way of using all the available resources to improve outcomes for people and communities.

It is a continual process that includes assessing the needs of a population, determining which elements of these needs should be arranged by the local authority, and then designing the services to meet needs and improve outcomes (including assessing the best way for these services to be delivered, and monitoring and evaluating effectiveness).

Our commissioning principles define how we will ensure our commissioning is effective, and supports the delivery of our vision, outcomes and commitments as set out in [‘Living the life you want to live’, Sheffield’s adult social care vision, 2022 to 2030](#)

1. Outcomes and wellbeing for users are at the heart of what we do

- All commissioning will be in support of the Adults Social Care Strategy: ‘Living the Life You Want to Live’ outcomes.
- Everyone who works across the City will be person-centred and put the needs and voice of the individual at the heart of how they deliver their services.
- Commissioning will be based on longer-term outcomes and maximising independence, driven by, and aligned with support plans.
- We will measure whether outcomes have been delivered, holding ourselves and each other to account - seeking and acting on feedback from service users, communities, and providers to review the effectiveness of our commissioning in meeting local needs
- We will be creative and inclusive in considering the fullest practical range of providers and delivery models to understand the difference this could make to delivering outcomes.

2. Promoting equality in access, experience, and outcomes - including by reducing Health Inequalities – underpins all commissioning activity

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

3. Commissioning policy and activity is knowledge & evidence based

- Commissioning will be based on the best available information and evidence, and informed by those receiving care, those providing care, and the context of available resources
- By engaging widely, we will understand the needs and priorities of our communities, now and in the future, and clearly specify our requirements for services to meet these needs.

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- The provision and delivery of services will be underpinned by detailed analysis of need, which is regularly reviewed to ensure it is still relevant and informs the steps we are taking to improve outcomes.
- Evaluation of all service delivery will be evidence based, we will work within a clear performance management framework which closely monitors activity, providers must be able to demonstrate that the services they are delivering are making a difference to the wellbeing of people. In doing this we will listen carefully to people and communities and use their evidence to shape and redesign services.
- Where services are not able to demonstrate that they are making a difference and meeting the needs of Sheffield people, then we are committed to reviewing those services and redesigning and decommissioning services as appropriate.

4. The provision of quality services is central to effective commissioning

- We will facilitate markets that offer a diverse range of high-quality services and prioritise the continual improvement of services as a partnership endeavour; providing support and challenge to drive up the quality of all services in the city
- Our Care Quality Standards will set out expectations about what is important and clear criteria to measure to ensure that they are met
- Think Local Act Personal (TLAP) is a key approach and foundation to our activities
- Critical to quality provision is a sufficient, stable, skilled, and valued workforce, and to that end, commissioning activity will support competitive terms and conditions, alongside a comprehensive training and qualifications offer.
- When commissioning services, we will ensure that contract terms and conditions and fee levels for care and support promote Health and Social Care careers in Sheffield, including through fair rates of pay for staff

5. Commissioning is focused on supporting sustainability

- Fee rates will be sufficient to sustain a high quality, diverse market of provision that can meet identified need and invest in future developments and ongoing improvement.
- Contracts will support providers to invest in service delivery in Sheffield, for example through longer term contracts (where appropriate) to support efficiency, change and partnership approaches, and focus commissioning on service delivery and development rather than repeated procurement cycles, or through shorter term contracts to support pilots in new ways of working, or innovation in focussed areas.
- Commissioning will ensure that there are a range of appropriate and high-quality providers and services for people to choose from.
- Sufficient market oversight will strengthen focussed support for the market to ensure continuity of the provision of care
- Provision of up-to-date information and data on the services needed and trends will allow providers to plan for future, or changing needs

6. People have choice and are involved in decisions about their care

- We will enable people to make meaningful choices and informed decisions to take control of their support arrangements – including support for people who fund their own care or receive direct payments to pool budgets and/or ‘micro-commission’
- We will commission services that enable people to maximise choice and control, with a variety of different providers and different types of services available to meet the range of needs and preferences of local people who need care and support services, including for people who choose to take direct payments.
- Providers are expected to evidence the voice of the individual in the care they receive, and this will also be evident through the commissioning cycle

Care Governance Framework: Market Shaping

7. **Engagement is meaningful and embedded at all stages of the commissioning cycle**
 - We will work in partnership with people, communities, providers, partners, the voluntary and community sector, and other stakeholders in the City and region in the design, delivery, and evaluation of services.
 - Engagement will emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, views on existing services and how people would like services to be delivered in the future.
 - The commissioning process is clear, transparent, and inclusive – informed by the people affected by it
 - We are looking for providers who will work in partnership, and in a collaborative way Engagement with service providers will emphasise understanding risks, plans, and focus on building trusting relationships, improvement, and innovation to better meet the needs of people in the area.
8. **We will promote integration and ‘whole system’ approaches for the benefit of people in Sheffield**
 - Improved outcomes for Sheffield people can only be achieved through effective partnership working: our commissioning will deliver an integrated system of support, based on the effective use of our resources, where all partners will work together to ensure clarity of roles and seamless service provision where people receive a ‘total service’ to meet their needs.
 - We work with partners across the City and region to improve outcomes for people in Sheffield.
 - We work in collaboration with health partners, specifically NHS South Yorkshire Integrated Care Board, and Sheffield Place, commissioning jointly and/or regionally where this is in the best interests of people in Sheffield.
 - Commissioning for Adults Social Care outcomes involves several other services, including Housing, Public Health, Leisure, and Transport.
 - We will share data and information appropriately with partners and providers to maximise outcomes and promote integration and person-centred care.
9. **We will deliver efficiency and value for money, including through Social Value**
 - Everything we provide and choose to fund will be based on a standard of safe, effective, and quality services for all
 - We will commission providers who connect with, and invest in the local community
 - We will ensure that Sheffield people are able to benefit from technology and digital developments in care and support
 - Where it would provide better value for money (for example, where it is a more economic process, or a more effective approach to the achievement of outcomes) Grant making will be considered as an appropriate way to source services and meet users’ needs.
 - Our commissioning processes and approach will seek to maximise the opportunities for investment and income generation in the delivery of services
10. **Commissioning will support Sheffield’s ambition to be a net zero city by 2030**
 - Our commissioning will seek to mitigate climate change, for example through enabling and promoting energy efficiency; considering transport; and reducing waste and consumption
 - Seek to understand and mitigate the impact of climate change on our communities, including where this impact falls disproportionately.

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