



Report to Policy Committee

Author/Lead Officer of Report: Jon Brenner,
Principal Programme Manager

Report of: *Director of Adult Health & Social Care*

Report to: *Adult Health & Social Care Policy Committee*

Date of Decision: *16th November 2022*

Subject: *Future Design of Adult Social Care*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>Covered by EIAs 1148 and 1281</i>				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<i>Climate Impact Assessments are being completed for individual parts of the new operating model, allowing more detailed assessment of the impacts.</i>				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				

Purpose of Report:

To provide the Committee with further information on plans to deliver the Adult Health & Social Care Strategy 'Living the Life you Want to Live" through a new operating model and design for adult social care in Sheffield.

Recommendations:

It is recommended that the Adult Social Care Policy Committee:

1. Approve the future direction of adult social care operating model, and confirm it aligns with the Committee's strategic direction.
2. Agree that the Director of Adult Health and Social Care brings a six-monthly report noting update and progress made with implementation of the model to Committee.

Background Papers:

[Joint Health & Wellbeing Strategy 2019-2024](#)

[Adult Health & Social Care Strategy 2022-30, Living the life you want to live](#)

[Adult Health & Social Care Strategy Delivery Plan](#)

[Our Sheffield Delivery Plan 2022-23](#)

[Adult Social Care Budget Programme 2023/2024](#)

[Adult Social Care Market Shaping Statement 2022](#)

[Adult Social Care Benchmarking Data September 2022](#)

Achieving Change 555a & 555b – Restructuring Social Work Teams

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Ann Hardy
		Legal: Patrick Chisholm
		Equalities & Consultation: Ed Sexton
		Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	Alexis Chappell, Director of Adult Health & Social Care
3	Committee Chair consulted:	Cllr George Lindars-Hammond; Cllr Steve Ayris, Cllr Angela Argenzio
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: Jon Brenner	Job Title: Principal Programme Manager
	Date: 28 th October 2022	

1. PROPOSAL

1.1 Strategic Direction

1.1.1 In March 2022 Sheffield City Council approved a new Adult Health & Social Care Strategy 'Living the life you want to live'. It sets out the ambitions for adult social care this decade, supporting the city's Health & Wellbeing Strategy.

1.1.2 It was followed by the Adult Health & Social Care Strategy Delivery Plan, which was approved by this Policy Committee at its inaugural meeting in June 2022.

1.1.3 The strategy and delivery plan set out the direction to improve how we deliver our statutory duties, set out the Care Act 2014 and associated legislation. The ethos of this legislation is to improve individual outcomes through maximising independence and control, and reducing need – which aligns closely with our strategic intentions.

1.2 What Is the Problem We're Trying To Solve?

1.2.1 Adult Social Care is facing unprecedented challenges. These include increasing demographic pressures, workforce pressures from the cost of living, ever increasing financial challenges and new legislation.

1.2.2 In Sheffield we have incredible staff, partners and providers doing amazing work. However, we know that this is not enough on its own. There needs to be a coherent system to work within, one that works effectively around the needs of the individuals we support, their family members and carers and our communities.

1.2.3 We know this because:

- the feedback from people we support, and their carers shows that there is significant room to improve. This aligns with our [benchmarking data](#), performance data and review of LGA inform data that tells us our satisfaction levels and outcomes have been low;
- feedback from our workforce is that we need to do better, many suggestions received on how we improve our overall adult social care system and offer to our workforce;
- demand for adult social care continues to rise above comparator authorities, meaning it is significantly harder for us to create a sustainable performance, quality and financial model for adult social care;
- our strategic review highlights that the advent of national reforms for adult social care will generate further demand and complexity which we have to prepare for.
- our self-assessments have indicated significant areas of performance and compliance that we need to improve upon.

1.3 What Are We Doing About This? – A New Design for Adult Social Care.

- 1.3.1 To enable and support a way forward a self-assessment was carried out in 2021 alongside significant engagement to develop an Adult Social Care Strategy, Adult Social Care Delivery Plan, and a Care Governance Strategy, all of which have been approved by Committee.
- 1.3.2 These provided a strategic mandate to take forward a change programme focused around addressing these areas of areas of improvement and take us on the journey towards an effective and sustainable social care system, which delivers supports and services which matter and feel good from the point of view of individuals and communities themselves.
- 1.3.3 Part of the strategic mandate was to deliver a model for Adult Social Care, which would enable us to deliver upon our vision and commitments made in the Strategy, strengthen our collaboration with partners and contribute towards the Council's and wider partnerships overall aims and objectives.
- 1.3.4 In doing so, 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. This is called a Target Operating Model. The Operating Model describes the way Adult Health and Social Care operates to deliver upon its vision, strategy, and strategic outcomes.



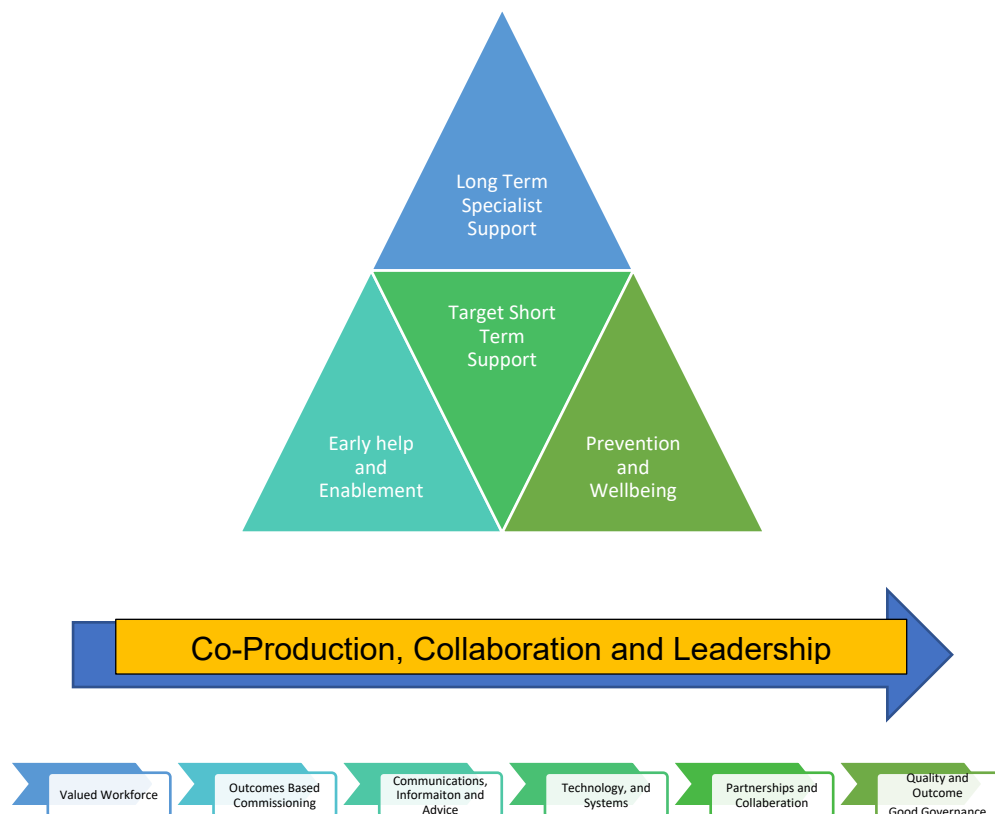
Fig 1 Generic Operating Model

1.3.5 The first stage of developing the model has been about the organisational design and implementing new workforce, adult commissioning, and leadership arrangements. This is so that we can create the foundations and cultures which enables individuals and carers to:

- Feel that their views, experiences, strengths, and outcomes are at the centre, with their choices leading connections to the communities and supports that matter to them.
- Easily access a range of preventative, early intervention, and short-term targeted support, information and advice which enables people to live independently, healthier, and safely at home for longer.
- Experience long term support, where this is needed, which is connected around communities, primary care networks and multi-agency working so that people don't have to tell their story multiple times, they experience joined up, seamless support centred around what matters to them.

1.3.6 This has involved considerable engagement with our workforce across the Council, commissioned providers, voluntary sector and with individuals and carers in a range of different forums and conversations over this past year.

1.3.7 The outcomes and commitments in the strategy reflect what people told us they wanted us to prioritise and provide confidence that we would deliver upon. It has also informed a future model of adult social care which is reflected below:



- 1.3.8 This 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 of and our use of long-term support for those who need it.
- 1.3.9 This design will promote and emphasize greater independence and choices for individuals and families as well as a more sustainable long term adult social care service. It becomes more sustainable because it sets to reduce the forecasted pressures in relation to growth of long-term support.
- 1.3.10 The intention is that this design is framed around portfolios of Living & Ageing Well, Adults with a Disability, Mental Health & Wellbeing, Adult Commissioning and Care Governance 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.
- 1.3.11 It's planned that through this model, the community connected social care team are empowered to work innovatively together to develop local solutions which matter to people. In turn its planned that this then reduces duplications of discussions with individuals and supports effective use of our totality of social care resources around care groups.
- 1.3.12 Key to the model is partnership working and collaboration with individuals, carers, and integrated approaches with our many partners which includes health, housing, police, voluntary sector, faith sector, skills for care, academia, and our communities in a targeted way. These will be fostered and built upon as our model is embedded.
- 1.3.13 Key enablers underpinning the design as follows:
- Culture and Leadership – A culture and leadership model which is empowering, compassionate and creates conditions and environment for strengths based & enabling practice, innovation, embracing diversity and collaboration with partners. It also creates conditions and embeds co-design and co-production as the core to how we manage and deliver change.
 - Valued Workforce - All of our social care workforce – Council, Independent, Faith and Voluntary Sector - feel valued, engaged, and confident to deliver the best quality support, information, and advice.
 - Outcomes Based Commissioning – An outcome based, person led commissioning approach in line with national best practice, which is focused on long term sustainability, choice of provision and joint approaches with health, housing, and wider partners.

- Quality and Outcomes - A focus on embedding good governance, quality improvement and feedback from our workforce, experts by experience and stakeholders across the sector to enable an annual cycle of assurance and continuous improvement regards the performance and quality of adult social care.
- Communications – Delivering clear communications, information, advice, and guidance so that individuals, carers, our partners, and stakeholders can easily access help and are kept up to date with our developments.
- Technology – Use of digital systems, automation and technology enabled care to optimise our processes and systems which support greater efficiency and joined up working as well as support to individuals through technology enabled care.

1.3.14 It's aimed that each of these enablers contributes towards adult social care closing the gap on inequalities we see in the City and reducing avoidable demand. Reducing avoidable demand is defined as: - *“Demand caused by not doing something, or not doing something right first time.*

2.0 STEPS TO DEVELOPING AND IMPLEMENTING THE NEW DESIGN AND MODEL

2.1 To enable implementation of the new design, a project delivery plan has been produced aligned with the Strategy Delivery Plan approved at Committee in June 22.

2.2 A high-level timeline and milestones are below which supports implementation:

Milestone	Action	RAG
Leadership (Nov 21 – July 2022)	Complete a leadership restructure within Adult Social Care, following on from transfer of adult commissioning, mental health social work and business planning to Adult Social Care.	
Community Connected Commissioned Services (June 22 – June 23)	Recommission homecare, supported living, day services, extra care and mental health using outcome-based community connected commissioning approach and to enable long term sustainability and improved social care workforce offer for provider services. Re-tenders are now underway with expected completion of June 2023.	
Information and Advice (Jan 22 – March 23)	Complete design and configuration of an improved information, advice, and self-help offer.	

Community Connected Adult Social Care Service (Jan 22 – June 23)	Complete design, pathways, and re-configuration of Sheffield City Council Adult Social Care into the portfolios of Living & Ageing Well, Adults with a Disability, Mental Health & Wellbeing, Adult Commissioning and Care Governance and around communities and primary care with aligned Assistant Directors, Sheffield Council Teams, Contracted Services and Budgets.	
Early Help and Prevention (Nov 22 – Nov 23)	Recommission, co-develop, and implement our early help, enablement and prevention offer aligned to new portfolios and design and guidance.	
Community Connected Residential Provision (Dec 22 – Dec 23)	Recommission residential care provision using outcome-based community connected commissioning approach and to enable long term sustainability and improved social care workforce offer for provider services.	
Community Connected Collaborations and Teams (March 23 – June 24)	Organisational design and facilitation to develop joined up local social care offer by portfolio aligned to targeted partnerships and collaborations.	
Processes and Systems of working (Jan 23 – Dec 23)	Review our processes, and update practice guidance to establish a lean and efficient system of working.	
Enablers (Jan 22 – June 23)	Develop enablers – workforce offer, technology enabled care, governance, response to national reforms and communications.	

- 2.3 Each milestone activity is being incrementally designed based on feedback from people receiving services, social care providers, and partners, along with the quantitative data we have collected.
- 2.4 There has been a particular focus on established a more joined up and connected adult social care model where all parts of adult social care work together and with partners so that individuals and carers experience seamless support and advice.
- 2.5 It has also involved input from every team in adult social care system, along with partners, to identify where there are opportunities to be more effective for people we support and reduce avoidable demand. Input from individuals came from multiple sources and engagements, including learning from contents of complaints.

2.6 The below diagram, taken from the Adult Health & Social Care Strategy, shows the many of the wide range of components involved in the overall social care system in Sheffield with the person supported rightly at its centre. This informs our engagement and activity through each of the milestones.



Fig 2 Components of the Adult Social Care System

2.7 Overall Individuals Journey

2.7.1 Aligned to the timescales set out and the development of a new model of working, the proposed overall customer journey through the adult social care system is below, with a summary the planned changes for citizens through the operating model work.

2.7.2 In combination with other elements of the overall change programme, it will result in better and faster response to people and better outcomes.

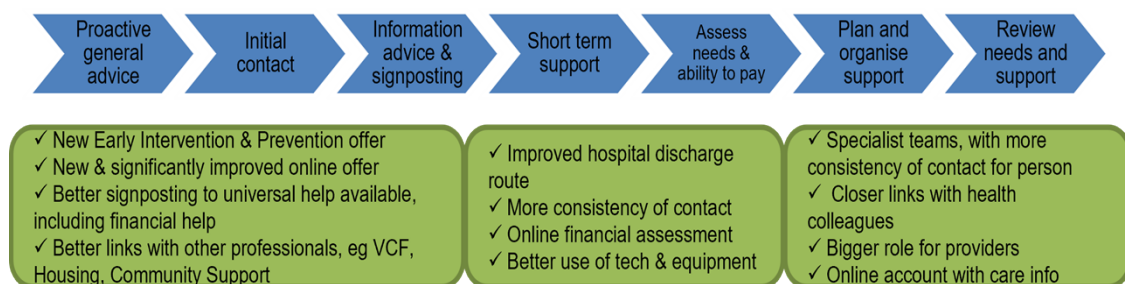


Fig 2 Customer Journey with summary of improvements

2.8 Social Work teams Update

2.8.1 A key milestone set out above has been to develop community connected teams and to look at our pathways. Since Autumn 2022 we have been working with staff and trade unions improving how long-term social work teams are set up.

2.8.2 The entry routes into the adult social care system remain broadly unchanged, i.e., directly from someone in the community, through a hospital episode or transition to adulthood from children's services. The functional diagram sets out improved pathways through the adult social care system based on the activity.

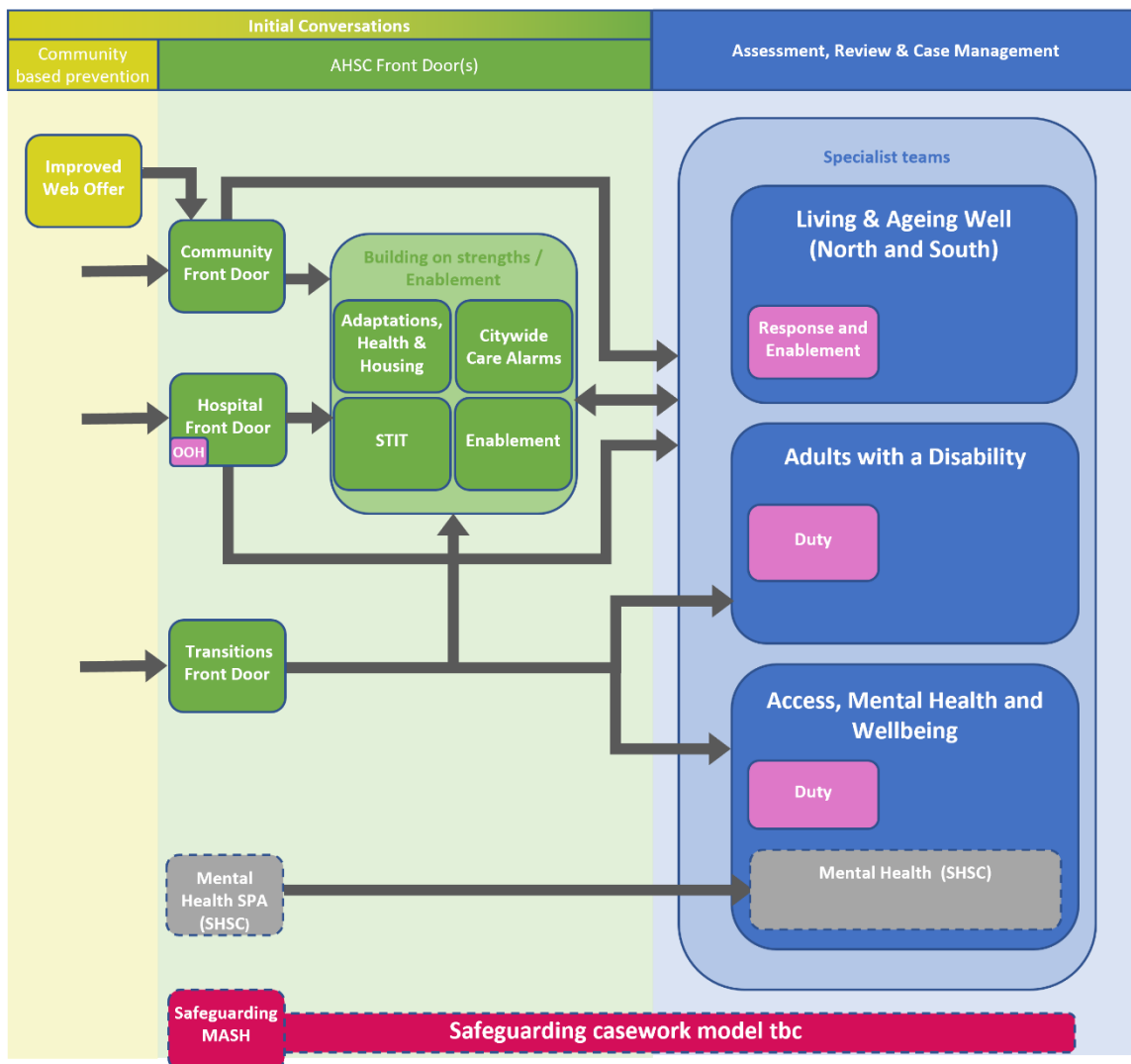


Fig 4 Operating model for social work teams

2.8.3 This model has led us to a restructure of social work teams, that staff and trade unions were consulted upon over summer 2022, and is currently in process of implementation.

2.8.4 For long-term work, with people already receiving care, this moves from the current structure with a Localities Service covering most

of the long-term caseload based on geographic boundaries and a smaller Future Options Service who concentrate on working with people with a high level of need in residential and nursing care.

2.8.5 These services will be replaced by three portfolios, to support and embed the model described above:

- **Access, Mental Health and Wellbeing** – which supports people new to adult social care, vulnerable adults, those with safeguarding needs, and those with mental health needs. As part of the new service, a multi-agency safeguarding hub (MASH) is under development.
- **Living and Ageing Well** - includes older adults and people with dementia and those accessing occupational therapy, hospital support, and enablement services. Community teams aligned to Primary Care Network (PCN) boundaries. Homecare contracts will also be structured around the PCNs and aligned to this service.
- **Adults with a Disability** - focused around promoting and enabling adults to live as independently as possible and be connected to their own communities. Aligned to commissioned services model and closer integrated working with health and other partners.

2.8.6 These structural changes are partnered with work to better our support and develop our workforce, build better partnerships around individuals and ensure that our teams can build expertise in the specialist supports which individuals may need and build expertise in ensuring individuals and carers voices are at the centre of all we do.

2.9 **What difference will this make for people experiencing the adult social care system?**

2.9.1 The design of the new system is rooted in improving the experience of people through the care system and maximising their independence wherever possible.

2.9.2 These changes are based upon removing avoidable demand, i.e. demand caused by a failure to do something or do something right for the customer.

2.9.3 Therefore, by its nature it is aimed at improving people's experiences. This is focussed on ensuring the system is effective, rather than individual processes being efficient without consideration of cumulative impact for individuals.

- 2.9.4 So, for instance, we know there some people who must explain their situation to several different workers before resolution. This is a poor experience for the individual, and inefficient for the system as a whole.
- 2.9.5 By building a system based on more consistent knowledge and relationships it is both better and more cost effective – not least as this support a more preventative approach through earlier and more timely resolution.
- 2.9.6 Another example is improving the alignment and relationships with partners. So, we are designing more consistent relationships for care providers through our recommissioning exercises, so their experience and expertise becomes more integrated in care planning, and their insight is more systematically trusted.
- 2.9.7 This will be realised through the new homecare, supported living and day services framework agreed by the Committee which includes a higher degree of involvement from providers in planning and reviewing care, and initial conversations with care homes about trialling new ways of working.

3. HOW DOES THIS DECISION CONTRIBUTE ?

3.1 Organisational Strategy

- 3.1.1 The Adult Social Care Strategy 2022- 2030, *Living the life you want to live*, will drive the implementation of our ambitious plans for social care in Sheffield over the next decade.
- 3.1.2 The strategy meets the obligation in Our Sheffield One Year Plan 2021/22 to ‘Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield’.
- 3.1.3 A new operating model for adult social care is a fundamental part of the delivery plan for the strategy.

3.2 Quality and Performance Improvement

- 3.2.1 The operating model aim to achieve improved outcomes and experiences of citizens and family carers through improved effectiveness and efficiency. This is routed in our statutory duties and reflected in the Council’s Delivery Plan 2022-23.
- 3.2.2 To evidence improvements the programme management governance arrangements map the actions to deliver the new operating model in a controlled and phased way, ensure that stakeholders influence the plans and are kept well informed of progress against them.

3.3 Financial Sustainability

3.3.1 The implementation of the operating model will realise operational savings of £1.5m identified as part of the 2022/23 budget.

3.3.2 These savings come from different parts of the social care system; however, they are built on the premise of removing a proportion of the significant avoidable demand currently experienced – i.e. demand caused by a failure to do something or do something right for the customer.

3.3.3 This will be achieved by more consistent contact with individuals, better operational processes and more specialist staff arriving at the right solution for the individual quicker and first time.

3.3.4 However, the key contribution to financial sustainability is by the new operating delivering better outcome by being more preventative and removing avoidable demand, which is a substantial enabler for managing the total amount spent on care provision in the years and decades ahead.

3.4 Health & Care System Alignment

3.4.1 Across the programme, we are working with health partners across the city and region to ensure that our strategies continued to be aligned as they are put into practice.

3.4.2 Key components of the operating model is better alignment with health colleagues on the ground, forming a multi-disciplinary approach.

3.4.3 Examples include how the Living and Aging Well teams work with GPs, specialist teams work with health infrastructure, dedicated a transition team and improved discharge experience.

4.0 HAS THERE BEEN ANY CONSULTATION?

4.1 The proposals in the operating model have been built on significant co-production and consultation activity with people receiving care, carers, providers, partners, staff and trade unions over the last 18 months.

4.2 Formal consultation took place on the adult health and social care strategy, which has heavily informed the operating model. Staffing changes involve formal consultation with affected employees and trade unions and will continue to follow agreed established procedures.

4.3 Throughout the design stage feedback has been actively sought and responded to. This will continue through implementation and beyond as a fundamental ethos of how adult social care operates

going forward. This has included staff, providers, partners and of course people receiving care.

5. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

5.1 Equality Implications

5.1.1 As an overall process, the changes in operating model will benefit all people in the adult social care system through a more effective system. This specifically addresses points raised through the Partnership Boards covering LD and Autism. A more focussed offer to older people and those with dementia will also support that client group.

5.1.2 Significant individual elements of the operating model will have different equality impacts, so will be subject to separate assessments and mitigating action.

5.1.3 Staffing structural changes have been subject to a specific equality impact assessment, and we have noted some areas of under-representation to consider in future recruitment. The HR processes have been designed with trade unions to minimise any opportunity for unconscious bias to affect outcomes.

5.1.4 Improving equality through the adult social care system is important to us. As a whole adult social care system we know there is more work to do around ensuring equity of access to services across all our communities, and in particular from BAME backgrounds.

5.1.5 There is a lot still to do, and we are grateful to our partners who are helping us develop an understanding on how to approach improvement. A future report to this committee will cover equality issues in more depth.

5.2 Financial and Commercial Implications

5.2.1 The new operating model is an important building block of a financially sustainable social care system. Specific financial implications are covered as part of the Committees budget setting process, including elsewhere on this agenda.

5.3 Legal Implications

5.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

5.3.2 The Care Act Statutory Guidance requires at para 4.52 that “... Local authorities should have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families, market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps.

5.3.3 The Living the life you want to live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report builds upon that by setting out how the aims of the strategy will be delivered through the operating model.

5.4 Climate Implications

The climate implications of the overall changes to the operating model are multi-faceted. The basic premise is that supporting people to maximise independence with timely, good quality social care will reduce the need for care provision in the system as a whole – which carries a significant carbon footprint.

Detailed climate impact assessments continue to be completed for all significant components of the change programme.

6. ALTERNATIVE OPTIONS CONSIDERED

6.1 **No new operating model** - There is an alternative available to not specifically design a new operating model. However, this would result in a less coherent adult social care system, and would also lack the accountability and transparency of informed decision making required in a democratic organisation.

6.2 **A different delivery plan** - The real options for the operating model are around the individual elements, which will be worked through as part of the constituent pieces of work. These will be worked through in different ways, with some of them resulting in their own future reports to the Committee

7. REASONS FOR RECOMMENDATIONS

- 7.1 The operating model gives a structured design for the vision, outcomes and commitments set out in the overall strategy. It will also provide greater accountability and transparency of how will do this.