Sheffield City Council
Adult Social Care
Use of Resources
Peer Challenge Report

October 2017

Final

Table of contents

Executive Summary

Sheffield City Council (SCC) requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Phil Holmes, the Director of Adult Social Services. He was seeking an external view on the use of resources at Sheffield City Council's Adult Social Care Directorate. He intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope was asking for feedback on both the robustness of the plans and prospects for effective delivery:

- To improve demand management away from crisis management and into prevention at all levels of need.
- Partnership with Sheffield citizens, with universal services, strong partnerships with a wide range of providers underpinned by effective commissioning and procurement especially with local NHS organisations both in relation to demand and market management.
- Preparation for Adulthood towards a life-cycle approach and away from "cliff edges". People portfolio increases the ability to plan and develop support across the whole life cycle

In the self-assessment for this work, the Adult Social Care department was commendably honest about the significant potential to improve some aspects of service delivery. The aspirations of the service are all in the right direction based on this honest appraisal. There are pockets of good practice in the new structure and approaches to the beginnings of something different and promising.

Areas where there have been some recent improvements include the figures for DTOC, the Reablement service and the improved availability of Homecare. There is an effective and excellent First Contact "front door" service and areas supporting Learning Disability such as the Supported Living arrangements, some new independent sector providers and the expansion and development of the Shared Lives initiative. There is also the imminent signing of an associate contract to improve mental health partnership whilst the Localities vision and structure is a real opportunity for staff and users and carers to create a new style of service. The peer team also visited some good places such as the Sheaf Training Centre, Burton St Community Hub, First Point, Community Enablement Prevention Service (CEPS) and SOAR.

To achieve the stated aspirations of Adult Social Care there needs to be a shared coherent vision both within adult social care and beyond that is consistently backed by appropriate leadership behaviours. The service needs to ensure there is a focus on customers and frontline services to deliver quality outcomes for those who use services. The People's Portfolio also needs to realise the opportunities for better prevention activity and get better at connecting with the workforce.

If service transformation is to be successful, a consistent shared vision on how it can be achieved needs to be communicated to staff, providers, and the community. A clear political message needs to set out how the Council are addressing the issues it faces.

There is an opportunity to build on the successful system leadership demonstrated by the Chief Executive in respect of the Delayed Transfers of Care (DTOC) issue and also the success of the Medium Term Financial Strategy (MTFS) in Children's Services. Adult Social Care needs to produce an equivalent MTFS and agree this by December 2017.

The focus needs to be on matching needs to all your resources. The Council's adult care model must draw upon the strengths and contributions of people, communities and the full Council with its partners and providers. Adult Social Care is developing well but cannot do this on its own.

There needs to be a determined drive by the Adult Social Care Leadership Team that includes attention to the quality of frontline practice - so that those who use these services have a more positive experience of the assessment and review processes and experience successful outcomes. There needs to be a much more serious commitment to implementing your co-production charter in everything you do.

The service should focus on how the department's model for quality starts to change the lives of individuals. A concentrated effort on practice and standards will reduce demand and budget strain by delivering on the promise of the new Localities model.

Other detailed observation and comment are included in the report.

Report
Background

1. Sheffield City Council (SCC) requested that the Local Government Association undertake an Adult Social Care Use of Resources Peer Challenge at the Council and with partners. The work was commissioned by Phil Holmes the Director of Adult Social Services. He was seeking an external view on the use of resources at Sheffield City Council's Adult Social Care Directorate. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The Council was asking for feedback on both the robustness of the plans and prospects for effective delivery:

    - Prevention - improving demand management away from crisis management and into prevention at all levels of need.

    - Partnership with Sheffield citizens, with universal services, strong partnerships with a wide range of providers underpinned by effective commissioning and procurement especially local NHS organisations both in relation to demand and market management.

    - Preparation for Adulthood towards a life-cycle approach and away from "cliff edges". The People portfolio increases the ability to plan and develop support across the whole life cycle

2. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends' with no surprises. All information was collected on a non-attributable basis in order to promote an open and honest dialogue.

3. The benchmark for this peer challenge was the Use of Resources Benchmarking Tool (Appendix 1). Prior to the peer challenge exercise SCC completed a benchmarking report, addressing its expenditure and activity trends. The headings below were used in the feedback with an addition of the scoping questions outlined above. The themes are:

    - Prevention
    - Recovery
    - Long Term Support
    - Business Processes
    - Partnership
    - Contributions

4. The members of the peer challenge team were:

    - **Peter Hay**, LGA Associate
    - **Councillor Keith Cunliffe** (Labour) Cabinet Member, Health and Adult Services, Wigan Metropolitan Borough Council
    - **Jamaila Tausif**, Assistant Director of Commissioning - NHS South Cheshire CCG & NHS Vale Royal CCG

- **Sue Darker**, Operations Director, Adults with Disabilities, Mental Health and Autism, Hertfordshire County Council
- **Clenton Farquharson, MBE**, Director - Community Navigator Service CIC

  Personal assistant to Mr Farquharson – **Matt Teall**
- **Rachel Ayling**, LGA Associate
- **Marcus Coulson**, Challenge Manager, LGA

5. The team were on-site from 3rd – 6th October 2017. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:

   - interviews and discussions with councillors, officers and partners
   - focus groups with managers, practitioners, frontline staff and people using services and carers
   - reading documents provided by the Council, including a Use of Resources Self-Assessment and areas of strength and areas for improvement

6. The peer challenge team would like to thank councillors, staff, people who use services, carers, partners and providers for their open and constructive responses during the challenge process. All information was collected on a non-attributable basis. The team was made very welcome and would in particular like to thank the DASS Phil Holmes and his colleagues Liz Tooke and Julie Battle for their invaluable assistance for the onsite support to the team in planning and undertaking this peer challenge which was well planned and delivered.

7. Prior to being on-site the team considered eighty-nine documents including a Use of Resources Self-Assessment, and analysis of statutory data. Whilst on-site the team had forty-two meetings with at least seventy-three different people. The peer challenge team have spent about 336 hours with Sheffield City Council and its documentation, the equivalent of 42 working days.

8. Our feedback to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the peer challenge.

Context

- Sheffield City Council's difficult financial situation is neither unusual nor unique
- There are medium plans in place that are complete for Children's Services and Adult Social Care needs to catch up with this position as soon as possible
- The organisation needs to rebalance its focus between efficiency savings/control and quality service delivery through sharpening its accountability arrangements
- Uncertainty and financial pressures have set back relationships with people, communities, staff and providers, It will be important for the council to stick with a coherent plan set out in a medium term financial strategy (MTFS)

9. Sheffield City Council as a whole is in a difficult financial position with significant reductions in resources having already been made. There is rising demand in both the Adult Social Care and Children's Services departments in the People Portfolio. Together these account for well over fifty percent of the Council's spending. This situation, however, is neither unusual nor unique for a council in England and Wales at the present time.

10. There are Medium Term Financial Term Strategy (MTFS) plans in place that are complete for Children's Services. Adult Social Care needs to catch up with this position as soon as possible. This would give greater clarity to the plans for financing the department and how this is to be achieved. It would also move away from a focus upon cost control to a more strategic approach to prevention, personalised care and working with the substantial assets of communities in Sheffield.

11. The organisation needs to rebalance its focus between efficiency savings/control and quality service delivery and sharpen accountability arrangements. The peer team feel that in the past, in an effort to balance the books, the emphasis has been heavily weighted towards cuts and not enough towards a strategic ambition of innovative service delivery.

12. It was evident to the peer team that this uncertainty and the financial pressures have set back relationships with people, communities, staff and providers. From the evidence the peer team read, saw and heard people have too frequently experienced poor services and the Council has sent mixed messages about prevention to key community providers. Staff, particularly professional social workers, have not been given a clear sense of direction from the recent restructuring. This lack of clarity has created uncertainty and has made it difficult for everyone to work together towards a common goal in a unified way. However the peer team did see some excellent and well managed change programmes and the challenge for the Adult Social Care department is to apply this approach consistently. Improvements in relationships should be regarded as an important aspect of Adult Social Care's future programme, since the planning and delivery of effective social care is a collective and community-wide responsibility.

Key Messages 1

- Discussion and aspiration is all in the right direction based on an honest appraisal of challenges in service quality. There are pockets of good practice driven by individuals and the beginnings of something different. There needs to be:

- Shared coherent vision consistently backed by behaviours

- Single MTFS matching needs and resources as well as finances to a set of strategic ambitions about better lives for people in Sheffield and how through a refreshed approach to what good looks like this will deliver within financial resources

- A service level and customer focus

- Realisation of the opportunities offered by the People's Portfolio for prevention and connecting with the workforce

- This requires:
    - new behaviours
    - determined collaboration
    - consistency across the whole council and its political structures over time

- There has been really encouraging levels of support for these emerging recommendations from senior staff across the Council this week. The Council responded very positively to this challenge brought by the experience of the review. The challenge will be to maintain this through the delivery programme.

13. In the self-assessment for this work, the Adult Social Care department was honest about the poor quality of some aspects of service delivery. This was supported by those with whom we spoke whilst onsite. These and other discussions in and around the Council and the aspirations of the service are all in the right direction based on this honest appraisal. There are pockets of good practice and we highlighted in the presentation some work which is of the quality required and showed imaginative use of resources. We also saw in some of the new structure and approaches the beginnings of something different, which was consistent with the promise of the service model.

14. To achieve the stated aspirations of Adult Social Care there needs to be shared coherent vision both within adult social care and beyond that is consistently backed by appropriate leadership behaviours. The service needs to ensure there is a focus on customers and frontline services to deliver quality outcomes for those who use services.

15. The People's Portfolio also needs to realise the opportunities for better prevention activity and get better at connecting with the workforce.

16. To achieve the above requires some new behaviours, a determined collaboration by all those involved and consistency over time that survives the vicissitudes of organisational life. If service transformation is to be successful, a consistent shared vision on how it can be achieved needs to be communicated to staff, providers, and the community. A clear political message needs to set out about how the Council is addressing the issues it faces.

Key Messages 2

- Building on the system leadership by the Chief Executive in respect of Delayed Transfers of Care (DTOC) from hospital and the success of the Medium Term Financial Strategy (MTFS) in Children's Services, do the same for Adult Social Care and agree this by December

- The focus needs to be on matching needs to all the resources. The Council's adult care model must draw upon the strengths and contributions of people, communities and the full council, partners and providers

- There needs to be determined drive by the Adult Social Care Leadership Team that includes attention to frontline practice and outcomes

- There needs to be a much more serious commitment to implementing the Co-production Charter in everything the Council does

- Focus on how the department's model for quality starts to change the lives of individuals. Concentrate on practice and standards to reduce demand and budget strain by delivering on the promise of Localities

- We recommend SCC check impact, building outwards from the Chief Executive's commitment to meet people quarterly

17. There is an opportunity to build on the successful system leadership demonstrated by the Chief Executive in respect of the Delayed Transfers of Care (DTOC) issue and also the success of the Medium Term Financial Strategy (MTFS) in Children's Services. Adult Social Care needs to produce an equivalent MTFS and agree this in time to support.

18. The focus needs to be on matching needs to all the Council's resources. The Council's adult care model must draw upon the strengths and contributions of people, communities and the full Council with its partners and providers. Adult Social Care is developing well but cannot do this on its own.

19. There needs to be a determined drive by the Adult Social Care Leadership Team that includes attention to the quality of frontline practice - so that those who use these services have a more positive experience of the assessment and review processes and experience successful outcomes.

20. There needs to be a much more serious commitment to implementing the Co-production Charter in everything the Council does rather than it being held by one part of the organisation and not known about by the DASS or others in Adult Social Care.

21. The peer team recommend that SCC focus on how the department's model for quality starts to change the lives of individuals. Concentrate on practice and standards to reduce demand and budget strain, particularly by delivering on the promise of the new localities model.

22. The Peer Team recommend SCC check the impact of services and individual experience of them by building outwards from the Chief Executive's commitment to meet people quarterly and thereby ensure that the experiences of those who use and deliver services are heard at the very senior levels in the Council.

Promising prospects

In the last year there have been developments and improvements:

- Delayed Transfers of Care - radically improved
- Reablement – radically improved
- Homecare - improved availability
- First Contact Team – effective and excellent
- Learning Disabilities: de-registered service now Supported Living, new independent sector providers, significantly reduced voids and vacancies, expansion and development of Shared Lives
- Associate contract due to be signed to improve mental health partnership
- Localities structure
- We visited some good places: Sheaf Training Centre, Burton St Community Hub, First Point, Community Enablement Prevention Service (CEPS) and SOAR

23. In the last year since a previous peer review in adult social care there have been some positive developments and improvements in parts of the service that are worth celebrating here. One such significant and high profile development has been the radically improved Delayed Transfer of Care (DTOC) figures which the service and its key partners are rightly pleased with.

24. The reablement service has been radically improved by the development of the Community Enablement Prevention Service (CEPS) from whom people receive a much more timely response, often culminating in bringing the cost per case down by addressing need faster and smarter and through better engagement with the local communities. Furthermore whilst the Short Term Intervention Service (STIT) and the Community Intermediate Care Service (CICS) that is run by health colleagues have not formally merged they now work more collaboratively and are able to pick people up within 24 hours. There has also been a positive increase in the home support services that are available for people both short and long term care.

25. The availability of Homecare has improved during the year, including for those leaving hospital that is very welcome.

26. The new First Contact call centre arrangements are effective and excellent. There has been a profound change in culture and practice, supported by good information technology, to ensure that people who contact Adult Social Care receive a positive response and are connected to resources that will promote their wellbeing and independence. The practice of engaging with practitioners at First Contact has meant that safeguarding issues have been able to be addressed effectively and the number of referrals has been reduced by this

triage process. The newly formed community teams are now starting to engage well with this service.

27. In the area of Learning Disabilities there has been a change to more appropriate Supported Living arrangements and the number of voids and vacancies has reduced. New independent sector providers are beginning to offer a wider choice to people and there has been a welcome expansion and development of the Shared Lives initiative.

28. There is due to be the signing of a new associate contract that will improve the partnership arrangements with mental health. This will strengthen the partnership and ensure that the roles and responsibilities are clearer for both the Council and the Trust in their obligations for both health and social care. This associate contract should enable greater flexibility around decision making and also ensure that the local authority is more involved in the decision making and implementation of person centred care. SCC needs to ensure that within the new associate arrangements there is provision for adult social care staff to have specific supervision around competency and professional development outside of the case management process.

29. The clarity of thought and ideas behind the new Localities structure and the opportunities it affords staff, partners and those who use services and carers has been widely welcomed and is seen as a significant opportunity.

30. Whilst the peer team were onsite we had the privilege of visiting a number of different services and sites to develop our understanding of how Sheffield engages with those who use adult social care. We visited some good places such as:

    a. The Sheaf Training Centre is a learning and training facility which meets the needs of young people with Special Educational Needs and Disability (SEND) focusing on developing the core skills necessary for adulthood and employment run by hard working dedicated staff.

    b. The Burton St Community Hub that offers services for disabled adults and children in Hillsborough along with a wide variety of other activities and is a vibrant and very well respected part of the local community.

    c. The First Contact call centre team has recently been reconfigured and “skilled up” to enable more meaningful engagement with people when they first ask for help. The staff have good knowledge of the community options available to people, and are supported by a prevention toolkit and other excellent online tools that enable them to tailor their response to the caller’s specific requirements. The changes within this service have resulted in a better experience for callers as well as process efficiencies, including a reduction in the number of unnecessary formal assessments undertaken.

    d. The Community Enablement Prevention Service (CEPS) works to promote the independence of people with learning (and other) disabilities in the community. It includes staff who focus on ‘travel training’ in that they work intensively with people to build their skills and confidence in using public transport. There is also a team of employment advisors who help people

into training, apprenticeships, work experience and paid employment. Both parts of this service can demonstrate examples where people's lives have been changed for the better and some of this work is illustrated in a series of online videos.

e. SOAR is a community regeneration charity that aims to increase people's economic opportunities, develop and support community assets, and offer support to individuals and families in North Sheffield. SOAR has worked with the Council to develop a "community partnership" model, whereby it has teamed up with a number of smaller voluntary organisations to develop a co-ordinated network of initiatives including local cafés for people with mental health needs and dementia. SOAR's staff offer a signposting service, whereby people of all ages are helped to access resources that will improve their health and wellbeing. The peer team met an enthusiastic and dedicated team of staff who had developed some very innovative and positive practices under the leadership of their head of service. They were very proud to show us the improved outcomes for both the people they serve but also for the moral and wellbeing of the staff in the team.

The peer team include here three examples of good practice by frontline staff that we heard about whilst onsite in Sheffield. These illustrate that staff are willing and able to deliver positive outcomes for people, it is after all why they came into this profession, as long as they are given a clear direction in a supportive and positive environment by senior staff and middle managers.

Examples of good practice 1

The Wrong Trousers

A man who uses the adult social care service was being assessed for carer support because he was unable to dress himself. The Occupational Therapist asked him what he was able to do. He could put a shirt or top on quite easily and whilst seated could partially pull his trousers on over his ankles but when standing couldn't reach down to pull his trousers up. The outcome was that he was bought a £3 grabber so he could use it to grab them and pull them up.

Examples of good practice 2

The Lady and the Hot Radiator

A lady with physical disabilities who lived at home was referred because she was mobilising herself upstairs by using the bannister to near the top where there was a radiator that she grabbed onto to pull herself up to the top. The GP referred due to concern that she would burn herself on a hot radiator. First contact suggested turning the radiator off and attaching a grab rail above the radiator.

Examples of good practice 3

The Social Café

A man with long term high support needs. The Social Worker used the fact that she knew the locality. She built a relationship with the man and linked him with the local social café and went in on her day off to support him on his first day as a volunteer in the café. Thereby improving his quality of life whilst reducing his support needs by a day and saving costs of £100 a week.

Vision, Strategy & Leadership

Strengths

- There is political recognition of the issues facing adult social care
- SCC has a good grasp of financial risk
- Senior managers are clear about the issues and risks and have the beginnings of a plan
- There is capability and capacity to deliver that plan
- CX supports ASC, brokers relationships to unblock problems
- There are good relationships with health partners at senior and operational levels
- The DASS has a strong value base and has been very honest that the current position for staff and customers is not always consistent with those values

Areas for Consideration

- The way forward is at risk unless it is driven by a singularity of focus. This requires visible political and managerial leadership, clear communication, and consistent behaviours
- The design of the Medium Term Financial Strategy presents an opportunity to make a decision to have an operating model based on the emerging vision and values for Adult Social Care put forward by People Leadership Team
- The new model will entail risk, ambiguity and uncertainty which will really test you and your resilience
- Need stronger political focus on performance, outcomes and finance, including a role for Scrutiny
- Learn to learn and evaluate, too many people have told us about a blame culture in some areas of the organisation that key leaders agree would bear greater scrutiny

31. There is political recognition of the issues facing adult social care. The Portfolio Holder meets regularly with the Director of Adult Social Services (DASS) and is updated on progress towards the priorities of the department.

32. As an organisation SCC has a good grasp of financial risk that begins with the Chief Executive, through the Executive Directors to the DASS and the rest of the senior staff. The Council is very focused indeed on how it is to meet the financial challenge that is coming, particularly with the predicted cost pressures both in Adult Social Care and Children's Services.

33. All of the senior managers with whom the peer team spoke are clear about the present and future risks and have the beginnings of a plan to deal with them and in the view of the peer team there is capability and capacity to deliver that plan.

34. The Chief Executive supports the work of Adult Social Care and brokers relationships to unblock problems such as the recent success in reducing Delayed Transfers of Care (DTOC).

35. From the evidence the peer team saw and heard there are good relationships between SCC and health partners at both senior and operational levels.

36. Phil Holmes the DASS has a strong value base and has been very honest that the current position for staff and customers is not always consistent with those values.

37. The way forward is at risk unless it is driven by a singularity of focus. This requires visible political and managerial leadership, clear communication, and consistent behaviours.

38. The design of the Medium Term financial Strategy (MTFS) presents an opportunity to make a decision to have an operating model based on the emerging vision and values for Adult Social Care put forward by the People Leadership Team. This should reframe the position from budget led to a service led model that is consistent with the financial resources available and makes maximum use of the many strengths within Sheffield and its communities.

39. The new model will entail risk, ambiguity and uncertainty which will really test the Council and its resilience. It will require a new humility to engage with communities in a way that sees their contributions as assets rather than something that is led by the Council.

40. There is a need for a stronger political focus on performance, outcomes and finance, including a role for Scrutiny so that members can hold officers to account in a more overt and informed manner.

41. The peer team recommend that the Council “learns to learn” as an organisation and to clearly evaluate what it does to inform future activity. During conversations with staff and a range of partners, too many people told us about a blame culture in some areas of the organisation. We are impressed by Sheffield’s determination to tackle this appropriately, including having this referenced here and key leaders agree that this would bear greater scrutiny. A greater recognition of the reality of the organisational culture and its implications would be a good place to start.

Prevention

Strengths

- First Contact – adopting a proactive approach to engaging with people at an early stage and linking to communities and their assets
- Community support workers – well-regarded by primary care, and many referrals
- Community partnerships – building capacity with the voluntary sector and encouraging an asset-based approach
- Community Enablement and Prevention Service (CEPS) – achieving good outcomes for adults with disabilities

Areas for Consideration

- Perception that Council's budget constraints are putting preventative services at risk
- Need a clear investment strategy, jointly agreed with partners including CCG as part of MTFS
- Disjointed approach to commissioning – creating uncertainty for partners and providers
- Need prioritisation across all age groups: perception that the 'Ageing Well' agenda has insufficient profile in the city
- Missing opportunities for innovation – imperative to value and respect people, providers and carers and be seen to do so

42. Members of the peer challenge team had the opportunity to visit the First Contact team who are adopting a proactive approach to engaging with people at an early stage and linking to communities and their assets.

43. It was clear to the peer team that the Council's community support workers are well-regarded by many in Primary Care settings because of the skills, knowledge and commitment they display. There are many referrals to the service, suggesting it is in high demand. Their knowledge and connectivity with communities was evident in some practice examples. As a development there is potential for tighter management of their objectives and to create platforms with providers for exploring outcomes together for further improvements.

44. The Community Partnerships initiative, which is established in 17 areas of the City, has led to the development of local resources and networks of support, co-ordinated by experienced voluntary organisation partners. This acknowledges and builds on what people value most and can help ensure that public services and the voluntary sector are provided where and how they are needed and can build community capacity in Sheffield.

45. The peer team had the pleasure to meet with those who run the Community Enablement and Prevention Service (CEPS) who are achieving good outcomes for adults with disabilities.

46. From meeting with a number of staff and partners there was a widely held perception that the Council's budget constraints are putting preventative services at risk. Although in part this was brought about by historic cuts to programmes, a more significant factor has been the failure of the Council to develop a clear preventative approach through a process of coproduction with citizens and communities. The organisation may wish to consider how best to address this by having honest discussions with representatives from the Voluntary and Community Sector (VCS) organisations in order to make decisions about which initiatives are playing a valuable role for adults at risk of needing formal social care and then putting these initiatives on a more secure and stable financial footing.

47. The peer team believe there is a need for an investment strategy that is jointly agreed with partners including the Clinical Commissioning Group (CCG) as part of the Medium Term Financial Strategy (MTFS). Although there was some good evidence around the work within the Better Care Fund (BCF), there was limited evidence of the Council joining up commissions for services such as such as Care at Home and care homes. It would be worth exploring the opportunities to create joined up Learning Disability and Mental Health provider frameworks as well. Joining up contracts will not only ensure quality of care but also better market management through fair cost of care both for Continuing Health Care (CHC) patients and social care service users. The peer team also met some very committed health service managers and the MTFS would present an opportunity for greater integration and to make a reality of the corporate desire to consider the 'Sheffield pound'.

48. SCCs approach to commissioning in adult social care and health appears to be somewhat disjointed with some elements held by the Director of Adult Social Services, and other elements (for example mental health commissioning, and preventative services) are held by the Director of Commissioning. It is by no means unusual to have a reliance on other people for some aspects of commissioning but the approach in Sheffield has created uncertainty for partners and providers as they are unsure who is responsible for what and with whom to speak. A clarity to the model, and its consistent application is going to be far more beneficial than any further structural change.

49. Adult Social Care and SCC more generally need to ensure that all age groups are prioritised in its activity as presently there is a perception that the 'Ageing Well' agenda has an insufficient profile in the City. Older people require a greater proportion of health and social care resources. Demographic change is adding to pressures within the system. An Age-Friendly City approach with a higher profile could be a significant contributor to improving services and reducing demand. Furthermore there could be better working with the Clinical Commissioning Group (CCG) and Primary Care to raise awareness of the ageing well agenda and self-care initiatives. Public Health could take on a role especially around social isolation and loneliness to raise the profile with health the VCS and the public.

Partnership

Strengths

- Good strategic and operational relationship with Clinical Commissioning Group.
- DTOC has improved significantly
- Better Care Fund planning and delivery has improved and there is a potential model for monitoring impact
- Some clear examples of market shaping, for example the Council has worked with a local provider in an innovative way to sustain the market by improving their financial viability

Areas for consideration

- Ensuring a cross-council approach to deliver the model, including 'Place', 'People' and 'Populations'
- Service Improvement Forums (S.I.F.s) – need clarity of role, better channels to relay ideas and much more influence. This is an area that needs considerable attention to be nurtured in line with the values of the vision, in time you need to aim for co-production
- Need to improve links and communication with communities and the voluntary sector
- Specific issues re. equality and diversity – e.g. S.I.F.s not sufficiently representative of whole community

50. The relationships with Sheffield Clinical Commission Group (SCCG) are good at both the strategic and operational levels with the peer team hearing about open discussions of different perspectives by senior staff with a willingness to collaborate. The team also heard of examples of operational activity that were positive.

51. The recent and high profile significant improvement in DTOC figures is a success worth celebrating.

52. The planning and delivery of the Better Care Fund (BCF) has improved and there is a good potential model for monitoring impact in the future.

53. The peer team heard about and saw some clear examples of market shaping. An outstanding example of reducing risk was shown by the innovative way the Council has worked with a local provider to sustain the market by improving their financial viability. The opportunity with the Market Position Statement is to make clear what the market vision is so providers can begin to plan in advance.

54. Ensuring a cross-council approach to deliver the model, including 'Place', 'People' and 'Populations'. The Council needs to use all aspects of its activity to

effectively deliver a prevention strategy. It is vital to get a synergy across those working with places (strong communities), the skills of population heath planning (e.g. public health) and the skills of working with people through social work and other staff.

55. The adult social care department has set up and is running a number of Service Improvement Forums (S.I.F.s) which are good in and of themselves but they need greater clarity of their role and better channels to relay ideas so they can have much more influence. This is an area that needs considerable attention to be nurtured in line with the values of the vision. In time co-production should shift from an aspiration to reality.

56. There is an obviously and widely held need to improve links and communication with communities and the voluntary sector as they have much to offer. The present experience of VCS organisations is one of mixed messages about prevention which have not helped the tenor of the relationships and the Council needs to take leadership and stick with its chosen approach. The VCS organisations are typically not made aware of what the travel of direction is until the last moment and feel that open discussion is missing because they are then informed of what is about to happen. An example of this was the existence and previous adoption of the Coproduction Charter by a department in the Council that adult social care was not aware nor were the Area Services Improvement Fora.

57. The peer team picked up some specific issues related to equality and diversity issues that would bear greater scrutiny, specifically that the S.I.F.s at the moment are not sufficiently representative of whole community and to be truly representative they need to be.

Preparation for Adulthood

Strengths

- Recognition of the need to adopt a 'whole life' approach – realising the potential of a joined-up People Portfolio
- There is potential to develop Preparation for Adulthood into meaningful support for people across their lives
- People Keeping Well community networks have significant reach into younger adults with moderate and substantial needs
- The Sheaf and Travel Training initiatives and their staff teams were commendably open to service development in line with these aims

Areas for consideration

- Develop the service by learning from elsewhere, engaging parents and young people and aim high to tackle the institutionalised models in Children's Services and Adult Social Care
- Need detailed attention to the implementation of the recent structures, to eliminate duplication and confusion
- Set a clear framework for outcomes and quality to reduce costs and demand
- Use co-production to actively involve children and young people as they enter adulthood, e.g. Sheaf Radio etc. etc.
- Use the People Leadership Team structure to have a pooled budget for 0-25

58. There is the recognition in the service of the need to adopt a 'whole life' approach to achieve the aims of Adult Social Care by realising the potential of a joined-up People Portfolio.

59. There is potential to develop Preparation for Adulthood into meaningful support for people across their lives. At present it would appear that Transitions doesn't work as well as it could do. The service needs to strengthen its whole life approach to deliver better outcomes. One example would be to use InControl who have significant experience in this area and a strong national profile.

60. The People Keeping Well community networks have significant reach into younger adults with moderate and substantial needs. This is potentially important because there is apparent scope to reduce young people's reliance on state-funded care services by supporting them in different ways.

61. The Sheaf and Travel Training initiatives and their staff teams were commendably open to service development in line with the aim of promoting people's independence.

62. Develop the service by learning from elsewhere, engaging parents and young people and aim high to tackle the institutionalised models in Children's and Adults Services. Examples from elsewhere the team are aware of come from Knowsley, Sefton and Liverpool and InControl are doing some good work around this.

63. There is a need for detailed attention to be paid to the implementation of the recent Localities structures, to eliminate duplication and confusion. The peer team heard evidence that the social work locality structure lacks clarity about the direction of practice, the role of specialist skills and the community nature of the work. A prevailing focus upon control and management led decision making is not consistent with the person focussed and asset based approaches that are the outcomes desired by senior management.

64. Set a clear framework for outcomes and quality to reduce costs and demand.

65. There is the opportunity to use co-production to actively involve children and young people as they enter adulthood. Examples the team saw were the Sheaf Radio initiative and the other facilities at the Sheaf Training Centre that could be more widely used to co-produce some adult social care materials.

66. SCC may wish to consider using the People Leadership Team structure to have a pooled budget for 0-25. A single budget would enable a smooth transition of services until adulthood through a phased assessment and care management approach. The advantage of this would be greater awareness for both the Children's and Adults departments on the expected costs as individual's move from care in one area to care in another and thus the ability to plan effectively in financial terms as well as for the delivery of positive outcomes for those people concerned.

Recovery

Strengths

- Significant improvements (and efficiencies) achieved in Short Term Intervention Team (STIT) run by the City Council, and better alignment with Community Intermediate Care Service (CICS) run by the NHS.

- Application of the Five Questions (5Q) model – has delivered significant improvement in DTOCs performance

- Positive role played by commissioners to improve the capacity of home care this year

Areas for consideration

- More work to do to improve the intermediate care model – e.g. embedding the "home first" approach and making optimum use of all resources, including beds

- Reducing use of hospital and other bed-based services in mental health

67. It is one of the recent successes of the department that there have been significant improvements and efficiencies achieved in the work of the Short Term Intervention Team (STIT) and there is better alignment with the Sheffield Teaching Hospitals NHS Trust's Community Intermediate Care Service (CICS). The STIT is now better targeted towards those who need it most and response times have improved. Efficiency savings have also been achieved for example by reducing "down time" within the service. This work has resulted in more patients leaving hospital at the right time reducing dependency on long term care and improving outcomes by promoting independence.

68. The application of the Five Questions (5Q) model in partnership with key health colleagues has delivered significant improvements in the Delayed Transfers of Care (DTOC) performance which is commendable. This approach shows how agencies have all worked together to embed this approach and shaped the strategic commissioning options around reablement and care at home services.

69. There has been a positive role played by commissioners to improve the capacity of home care this year. A re-letting of the contracts, a fee increase, and improved relationships with providers have resulted in increased availability and reduced waiting times, including for those leaving hospital. This work is now being followed through with a major re-tendering exercise which it is hoped will increase the number of suppliers working in the city.

70. The service recognises that there is more work to do to improve the intermediate care model. Examples they are aware of include embedding the "home first" approach in the practice of staff in hospitals and elsewhere and making optimum use of all resources, including beds. There is also an opportunity here to look at redesigning both reablement and intermediate care to introduce an "All Need" model and reduce duplication. A single service will not only be able to provide the care but also the clinical input required.

71. The service recognises that the rate of residential placements in mental health is very high and that it needs to reduce the use of hospital and other bed-based services in mental health and move to a more community based personalised service.

Long Term Support

Strengths

- The Locality model is welcomed by frontline staff who are excited by its potential
- Renewing commitment to self-directed support – e.g. tendering for new Direct Payment Support Service
- Meadowhall employment scheme and its links to people with substantial needs

Areas for consideration

- Whilst the vision for the Locality model is clear the implementation has been late and back-loaded and there's lots more to do
- Urgently identify success measures for engaging local communities, office locations and basic processes like referral. This needs leadership consistent with the values and vision at all levels
- Your current approach to assessment and support planning does not reflect your vision and values and does not deliver choice and control
- Address the customer concerns about charging for hours 'planned' not 'delivered'
- There remain widespread concerns about the quality of homecare. There needs to be more visible attention to monitoring of improvement to raise people's confidence
- Need to improve supervision and practice of mental health social workers and AMHPs

72. The change to a Locality model way of working is a significant development for the Council, adult social care staff and those who access services. This change seeks to enable staff to deliver more personalised services in ways that respond to individual need in each place. The assumption, based on experience from councils elsewhere, is that this is a 'better' service and also more cost effective. The frontline staff with whom the peer team spoke are excited by its potential which is an excellent place to begin this journey.

73. The service needs to renew its commitment to self-directed support. It is positive that the Council is currently tendering for new Direct Payment Support Service as this may help to raise the profile and increase people's confidence in this form of support.

74. The team had the opportunity to meet staff and people who use the Meadowhall employment scheme and hear about its links to people with substantial needs and were impressed by the outcomes being achieved by committed and thoughtful staff.

75. As has been mentioned the Locality model offers great opportunities for the service and those who use it. The vision and thinking behind it are clear however the implementation has been delivered late and poorly communicated to those involved with much activity back-loaded. There is a lot more to do in order to make it a success.

76. The peer team recommend that the service urgently identifies target objectives for engaging local communities, sorting out office locations and designing basic processes like referrals. This needs leadership consistent with the values and vision at all levels. The review team were not convinced that the implementation of the localities structure was consistent with its aims. This needs immediate attention to start to rectify the position and in the near future to start exploring and modelling how those aims will be shown in social work practice.

77. From the evidence the peer team saw and heard the current approach to assessment and support planning does not reflect the vision and values of the service and typically does not deliver choice and control. The approach to self-directed support appears tokenistic in many places with many people not being informed of what their personal budget is and not helped to understand the options available to them, including direct payments. The peer review team heard of some inflexible support planning practices based on prescribing “times and tasks” rather than enabling people to make their own choices. Some observers interviewed during the review thought that these old-fashioned practices were quite widespread. Effective assessment and support planning seems to have been lost behind the previous financial crisis recovery which has been converted into custom and practice. This culture needs to be changed to support delivery of the aims of localities.

78. Whilst on site the peer team heard customer concerns about some providers who are charging for hours that were planned but not actually delivered. Adult Social Care has been made aware of this evidence, including the cost implications for both the Council and customers. The service should address this issue urgently as part of the implementation of the new home care framework.

79. There remain widespread concerns about the quality of Homecare. There needs to be more visible attention to the implementation of required quality standards and the monitoring of improvement to raise people’s confidence. The senior managers in adult social care are well aware that improving the quality of Homecare will not only require more monitoring but will also require a pro-active relationship with providers working together to improve quality. This is where the use of the ‘You said - We did’ approach could highlight what SCC has done to achieve outcomes. This should include feedback, involvement and meaningful coproduction with citizens, colleagues and partners.

80. There is a need to improve supervision and practice of mental health social workers and Adult Mental Health Practitioners (AMHPs). The responsibility for the AMHP workforce is with the local authority and the arrangements need to be clearer to deliver clinical supervision for AMHPs. Presently many of the practitioners are operationally managed by Nurses in the NHS trust and therefore their practice in their MHA work is not overseen and monitored by an appropriately qualified professional.

Business Processes

Strengths

- New localities structure has potential to ensure more consistent, asset-based practice for all groups
- Business Strategy team offers good change management support e.g. First Contact and STIT
- Good work on career progression work – e.g. Teaching Partnership
- Recent improvements in debt recovery

Areas for consideration

- Prioritise the availability 'easy read' formats for people
- Harness the support from corporate services to ensure timely implementation of change programme and improve links with the vision and values of your plan
- Ensure changes are supported by clear communication with staff and stakeholders and that you are confident about its effectiveness
- Address recent loss of momentum in relation to joint reviews of high-cost packages
- You need to deliver quick wins, e.g. more timely financial assessments and build on this with the new IT system

81. There is real optimism in the new localities structure that has been recently introduced and has the potential to ensure a more consistent, asset-based practice for all groups of those who access services. To achieve this staff will need to be given support and clear direction in this new set up with permission to change some of the ways they have traditionally interacted with service users and the tolerance that is needed when new skills are being tried out and tested.

82. The peer team saw evidence that the Business Strategy function offers good change management support, for example in the First Contact and STIT Reablement projects that have improved and are now delivering good services.

83. The Teaching partnership work is well run and delivering good work on career progression work for a number of staff.

84. There have been recent improvements in debt recovery which is very welcome and increasingly recognised by colleagues.

85. The peer review team was very surprised to learn that assessments and review documentation are not available in 'easy read' format for those who need it. The service really should prioritise the availability of 'easy read' formats so that policy and practice are more easily understood by those who access services.

86. Corporate change management support has also added value to some adult social care projects. With this in mind it is possible to harness the support from corporate services more fully to ensure there is timely implementation of the adult social care change programme and improved links with the vision and values of the plan.

87. When changes are being made in the adult social care service the peer team recommend that SCC ensure these are supported by clear communication with staff and stakeholders and that the service is confident about its effectiveness. The team felt this could have been done better in the transformation to the Localities way of working in particular.

88. The peer team suggest the service address the recent loss of momentum in relation to joint reviews of high-cost packages to ensure that people are receiving the most appropriate service for them based on their personal needs and also that any opportunities for cost savings are realised. This area also needs some rethinking about performance management moving from a focus upon getting reviews done to placing these reviews within a context of rebuilt positive relationships between social workers, people and their families. As with other issues, it is going to be the content and the approach rather than the simply process that delivers results.

89. The service needs to deliver quick wins on such things as more timely financial assessments to improve the customer journey and reduce the number of times people decline a service once they know what they will have to pay for it. This and other process improvements should be built into the design of the new IT system.

And finally

- ✓ **Honesty**
- ✓ **Commitment**
- ✓ **Willingness**
- ➔ **Consistent leadership by everyone in accordance with your values**

The peer challenge team had the privilege of talking and listening to those who access services, staff of the City Council and partners and others involved in adult social care whilst onsite. We heard honesty in the assessment of what works and what can be improved, and there is an evident commitment and a clear willingness to address the issues both positive and negative to seek to deliver good services across the department. This was refreshing. The peer team recognises the scale of the present and future challenges facing the Council and believe that to achieve this there will need to be clear and consistent leadership demonstrated by everyone in the organisation at all levels in accordance with the organisation's values.

Contact details

For more information about the Adult Social Care Use of Resources Peer Challenge at Sheffield City Council please contact:

Marcus Coulson
Programme Manager
Local Government Association
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see our website https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care

Read the Adults Peer Reports: https://www.local.gov.uk/our-support/peer-challenges/peer-challenges-we-offer/safeguarding-adults-and-adult-social-care-0

Appendix 1 – Use of Resources Benchmarking Tool

ADASS/TEASC
USE OF RESOURCES SELF-ASSESSMENT FRAMEWORK

1. Prevention
"I am not forced into using health and social care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks."

2. Recovery
"When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home.

3. Continued support
"If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review."

4. Efficient processes
"The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need."

5. Partnership
"The organisations that support me work together to achieve these outcomes. These organisations include health and social care, other functions in statutory bodies such as councils or government, and the independent sector."

6. Contributions
"I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal care and support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes."

Making best use of reducing resources in Adult Social Care

SELF-ASSESSMENT FRAMEWORK

		Score **(Min = 0, Max = 3)**	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	PREVENTION			
1.1	***Information and Advice***			
1.2	***Initial Access***			
1.3	***Health and well-being***			
1.4	***Targeted Prevention:***			
1.5	***Equipment and Assistive Technology***			
		Score	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	RECOVERY			
2.1	***Reablement***			
2.2	***Crisis response***			
2.3	***Hospital discharge***			
2.4	***Intermediate Care***			
		Score	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	LONG-TERM SUPPORT			
3.1	***Personalised support that promotes independence and is regularly reviewed***			
3.2	***Reducing inappropriate admissions to care homes***			
3.3	***In-house provision***			
3.4	***Day Opportunities***			

3.5	***Employment***			
3.6	***Learning Disability services***			
3.7	***Transitions***			
3.8	***Housing and support***			
3.9	***Continuing Care and End of Life Care***			
3.10	***Safeguarding***			
		Score	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	BUSINESS PROCESSES			
4.1	***Culture Change***			
4.2	***Performance Management***			
4.3	***Outcome focus***			
4.4	***Streamlining business processes***			
4.5	***Care Act Implementation***			
4.6	***Workforce planning***			
4.7	***Equalities Impact***:			
		Score	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	PARTNERSHIP			
5.1	***"Whole systems approach"***			
5.2	***Joined-up service delivery***			
5.3	***Market Facilitation***			
5.4	***Procurement***			
		Score	**Basis for this score (i.e. quick summary of evidence)**	**Notes and queries (including evidence gaps)**
	CONTRIBUTIONS			
6.1	***Community Engagement***			
6.2	***Building Community Capacity***			
6.3	***Co-production***			
6.4	***Fairer Contributions***			