

Sheffield Adult Care and Wellbeing

Market Position Statement 2025-26

April 2025



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Overview

Sheffield’s Council Plan 2024 -2028 is our organisation’s commitment to helping Sheffield achieve its potential and delivering our **City Goals**.

The Council Plan sets out five strategic **outcomes** which will be the focus of the work we do, structuring our budgets, our performance framework and enabling us to prioritise our work, projects and programmes.

The new Plan means that citizens, city partners and investors will know where the Council is headed, what it stands for and give even more opportunity to hold the organisation to account.



Adult Care and Wellbeing Vision and Outcomes

The vision for Adult Care and Wellbeing within the Council Plan 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.


This vision is set out in our Adults Social Care strategy: Living the life you want to live, which shapes the provision of care and support services in Sheffield The strategy sets out our vision for people living in Sheffield, the outcomes we want to achieve, and our priorities to achieve the change.

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.

Our delivery plan for 2024 – 2026, can be found [here](#), with more detail on our priority programmes [here](#).

Market Shaping and Commissioning of Adult Social Care

Adult social care is the care and support people may need due to illness, disability or as they get older. This can include short-term support after a stay in hospital, 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. Councils currently fund those who cannot afford to pay for their care, but many people pay for all or some of their care costs themselves. Our market shaping 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).

Local authorities' duties in Market Shaping are covered in section 5 of the Care Act 2014. Market shaping prioritises **outcomes and wellbeing** and covers services for adults who have needs for care and support, as well as services to meet carers' support needs. The Care Act 2014 additionally sets out the responsibilities of local authorities in ensuring the sustainability of the market, and provision of care¹.

To support our statutory responsibilities under the Care Act 2014, we produce a Market Position Statement that sets out how we intend to shape our care and support market in Sheffield, so that there is a wide range of high-quality care and support services that meet the needs of, and are accessible to, people living in the city.

The Market Position Statement is intended to be a useful document for organisations connected to health and social care, and for providers of services who are currently, or who wish to be, delivering in Sheffield.

Our commitment to involvement and co-design with individuals, Experts by Experience, and their families and carers, means that the audience for the Market Position Statement also includes people who use services and their carers, advocacy organisations, health and social care professionals, our partners within the council, and the health sector. It is important that what we commission reflects both individuals' views and wishes and the outcomes and intentions set out in our Adult Social Care Strategy.

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. We regularly report our Market Oversight Report and Sustainability to Adult Health and Social Care Policy Committee. This report summarises our approach to assessing opportunities and risks in the market, and the actions we will take to ensure an ongoing stable and sustainable market for the people of Sheffield.

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

Sheffield's 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 for our commissioning programmes. In setting out our vision, key information, and our direction of travel, it provides the framework from which we aim to co-produce and co-deliver a strong, effective, and innovative market of services that **promote independence and improve the lives and experiences** of people in Sheffield.

Aims and Outcomes for Care

- All care will be personalised, high quality and based on “what matters to you”, it will be rated good or outstanding by the Care Quality Commission.
- We will invest in 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 and directing their support, with more people being supported to have Direct Payments wherever this is possible and wanted.

- 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 & Stability

- ✓ There is diverse range of good quality provision in the City.
- ✓ There is sufficiency of services to ensure personalised care to meet the diverse needs of Sheffield's population
- ✓ People experience timely provision.
- ✓ 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.
- ✓ Staff retention is high, with low agency, vacancy and turnover rates.
- ✓ Providers promote a workforce which reflects the diversity of our communities across Sheffield.
- ✓ There is innovation and service diversity, evolving to meet changing needs.
- ✓ Sheffield is attractive to new market entrants and able to manage the impact of future market changes.

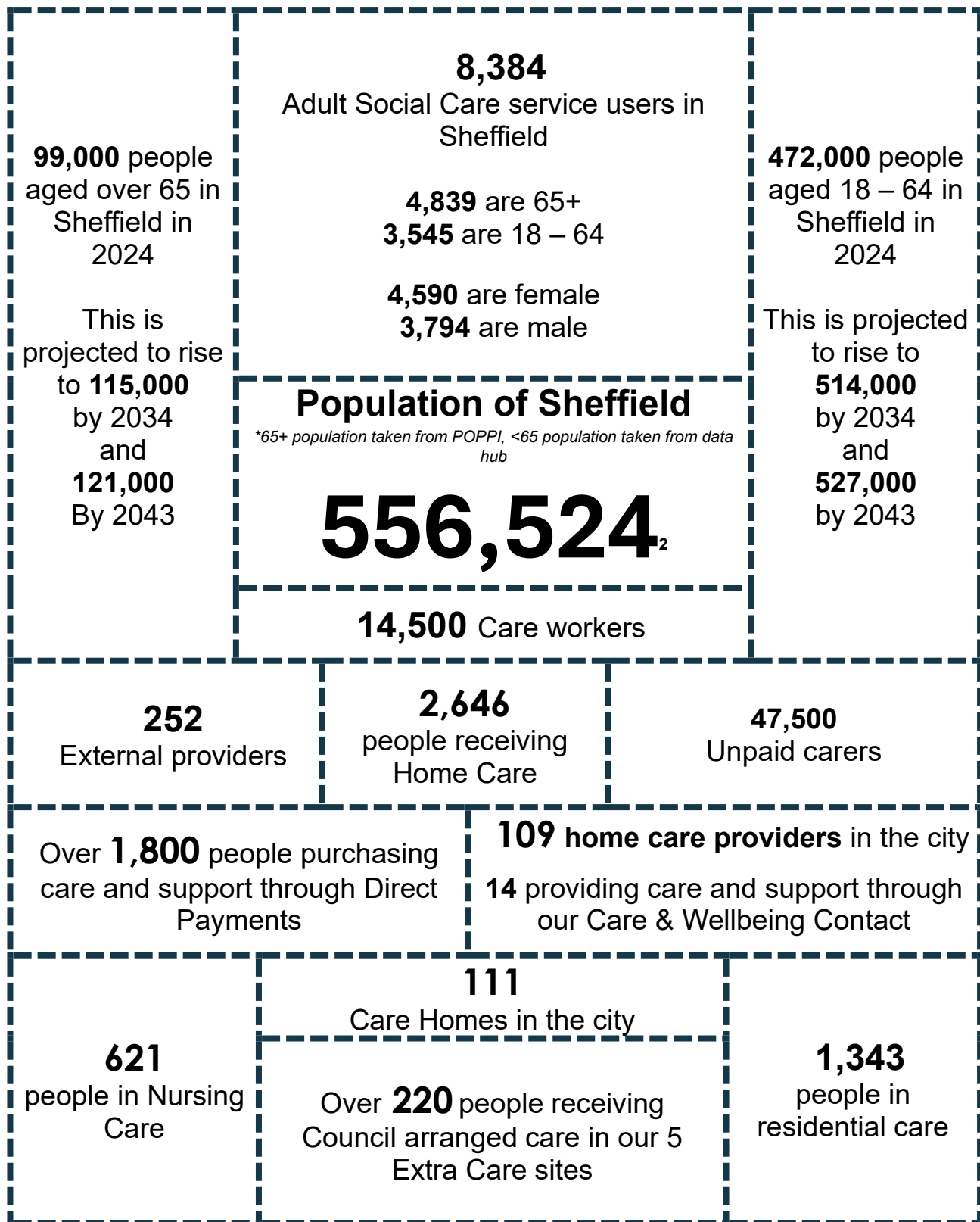
Quality & Outcomes

- ✓ Services will provide care and support that meets the standards we would expect: effective, safe, and well-led, where people have a positive experience and say that their personal outcomes are met
- ✓ All care provision is rated as 'Good' or better (by people with lived experience, their families, and carers, by the CQC and by SCC)
- ✓ Care provision reflects and meets the needs of people in Sheffield, and reflects the cultural diversity in the City
- ✓ Providers of care prioritise independence, using a strength based and personalised approach to maintain connections to communities and networks
- ✓ Disproportionality in access, experience and outcomes is understood and actions to address are collectively owned and monitored.
- ✓ The workforce is valued and supported by fair rates of pay and high-quality training and development.

Value for Money

- ✓ We will have the right balance in cost and impact of service delivery, managing our resources effectively to respond to changing demands.
- ✓ Rates of care are sustainable and 'fair', covering costs and delivering best value for public money whilst supporting quality, investment, and innovation.
- ✓ Care is affordable to the Council, and to those purchasing and self-directing their own support.

A picture of Adult Care and Wellbeing in Sheffield



² Sheffield according to the census of 2021 population of 51% being female



People with a Learning Disability receiving support

1,901

1,592 people in Supported Living

905 People receiving Mental Health support in the community

750+ people using Day services

Approximately **60** providers delivering these services

79 providers on our Supported Living Framework

250 individuals in mental health specialist supported accommodation

Adult social care service users' primary assessed support need:

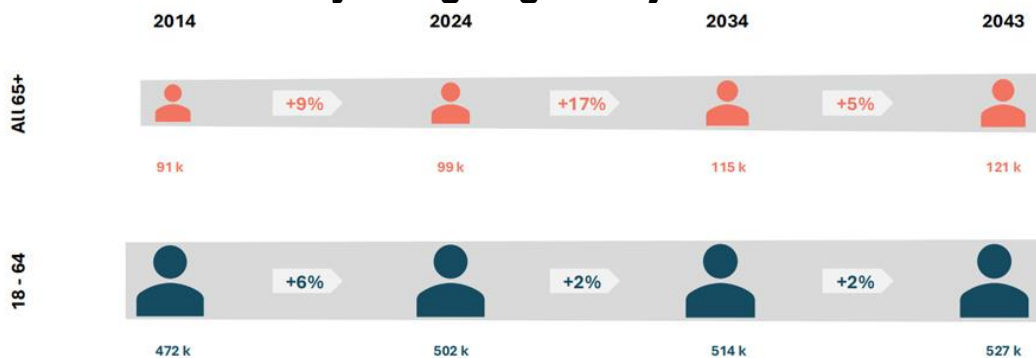
- Learning Disability Support - **1,902**
- Mental Health Support - **1,110**
- Physical Support - **4,566**
- Sensory Support - **99**
- Social Support - **249**
- Support with Memory - **458** and Cognition

3,415

Care home beds in the city

- Dementia Nursing – **575**
- Dementia Residential – **1080**
- General Nursing - **740**
- General Residential - **1020**

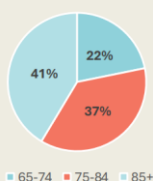
Sheffield's future adult population: are the next ten years going to be just like the last ten?



The over 65 population is growing much more quickly than the 18 - 64 population, but at first glance the growth appears to be on par with that recorded during the previous decade

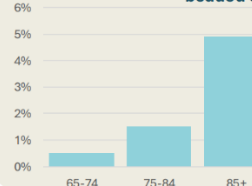
Note: of the 18-25-year-old population, the percentage of those who had been supported through an EHCP in younger years will increase and potentially reflect a higher need level per younger adult.

Breakdown of Older People in Care by Age Group



Over 85s represent 14% of the over 65 population but already account for over 40% of older people we support in Sheffield

Proportion of Sheffield population in Council Brokered bedded care



A Sheffield resident over 85 is **10x more likely to be in residential or nursing care** than someone 65-74

The Cost of Care in Sheffield

During 2024/25, the Council spent £293m on services for adults in Sheffield, of which £233m (79.5%) relates to spend on direct care provision.

The Adult Care and Wellbeing budget has increased as set out below:

Income Sources	2023/ 2024		2024/2025		2025/26		% change since 23/24
	(£,000s)	%	(£000s)	%	(£000s)	%	
Sheffield City Council (Cash Limit)	£134.06m	46%	£142.68m	43%	£152.92m	43%	14%
Fees and Charges for cost of care	£44.12m	15%	£51.23m	16%	£56.11m	16%	27%
Improved Better Care Fund	£29.29m	10%	£29.29m	9%	£29.29m	8%	0%
S75 Agreement with ICB	£38.65m	13%	£42.37m	13%	£46.43m	13%	20%
Grants & Other Income	£45.69m	16%	£62.38m	19%	£69.25m	19%	52%
Recharges to Other Services	£1.64m	1%	£1.55m	0%	£1.39m	0%	-15%
TOTAL	£293.45m		£329.5m		£355.4m		

Resource Allocation

Third Party Spend, i.e., the budget for purchasing care and support services to deliver care to people across the city, is approximately 79.5% of the total ASC budget: **£257m 2025/26**

This is allocated as follows:

2025/26 Purchasing Budgets	Gross Expenditure (£000's)				
	Older People	Learning Disabilities	Physical Disabilities	Mental Health	Total
Home Support	£38,295	£1,274	£7,658	£375	£47,602
Direct Payments	£7,007	£27,219	£12,649	£4,230	£51,105
Residential and Nursing	£52,568	£20,754	£5,964	£8,902	£88,188
Short Term Care	£2,555	£972	£683	£53	£4,263
Supported Living	£9,594	£32,841	£4,783	£3,030	£50,247
Day Care	£235	£7,764	£665	£33	£8,697
Other	£3,405	£2,740	£228	£518	£6,891
TOTAL	£113,659	£93,564	£32,630	£17,141	
3 rd party spend outside these services					£256,993

Budgeted Income against Spend (£000s) 2025/26

	Older People	Learning Disabilities	Physical Disabilities	Mental Health	Total
Gross Expenditure	115,883	104,728	35,535	17,285	273,431
Individual Contributions	42,718	4,881	1,863	831	50,292
NHS Contributions	9,565	17,812	996	3,623	31,996
Grant Income	40,538	43,830	8,926	4,400	97,693
Total Income	92,820	66,522	11,785	8,854	179,981
Net Expenditure	23,062	38,206	23,750	8,431	93,450
% from Cash Limit	20%	36%	67%	49%	34%

Social Care funding 2025/26

- £5.9 billion will be provided nationally through the Social Care Grant, for both Adult and Children's social care. This is an overall increase of £880 million compared to 2024/25.
- The Financial Settlement for Sheffield City Council confirmed an increase in Social Care Grant of £11.2m from 24/25. This brings the total available funding up to £73.9m.

Benchmarking

23/24 benchmarking of SCC's spend on adult social care indicates:

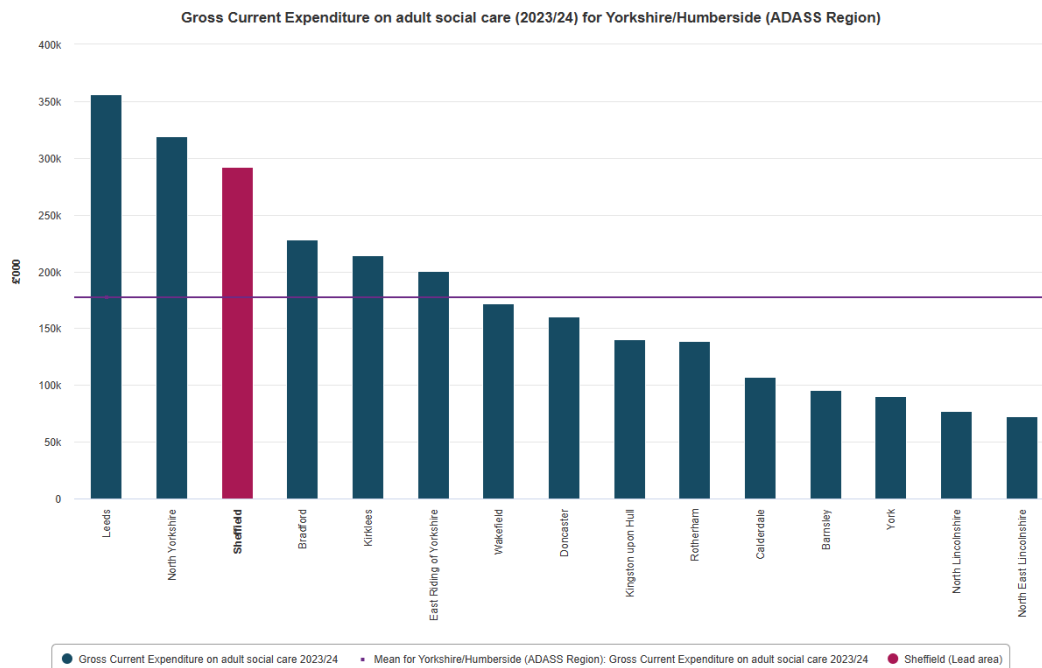
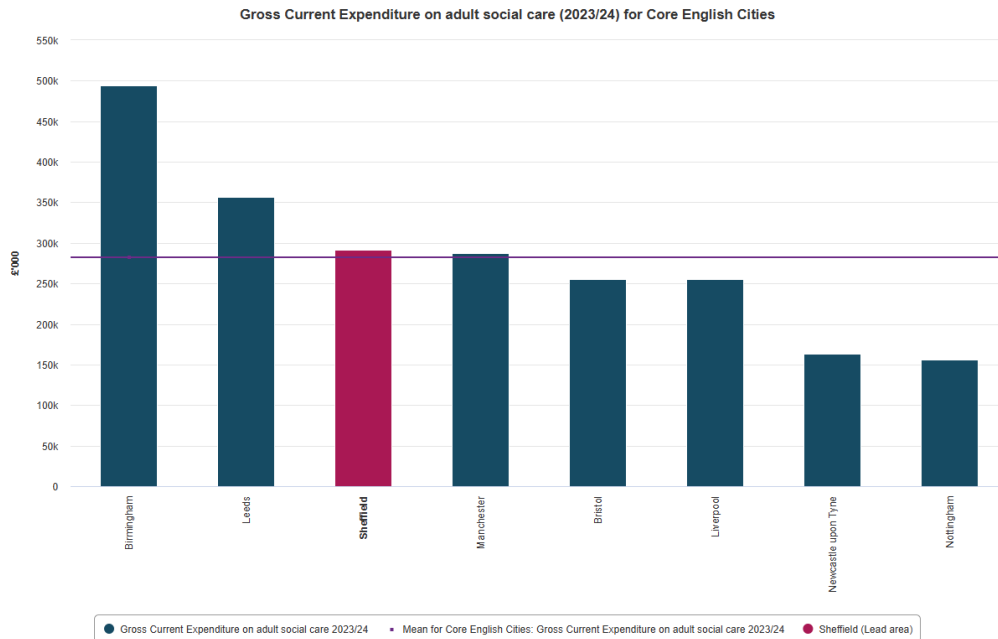
- In 23/24 Sheffield spent £600 per 1000 people aged 18+ on adult social care (net revenue expenditure). This is very high in the context of Core Cities (Average £560)

Age-Based Spending:

- Younger adults (18-64): £338.11 per adult, 11.3% higher than the England average (£303.81).
- Older adults (65+): £1,118.16 per adult, 2.3% above the England average (£1,092.54).
- Sheffield has a greater number of adults receiving long term support compared to core cities contributing to our higher costs. A high number of people in long term support could suggest opportunities for improved prevention work. In 23/24 Sheffield provided long term support to 22.4 adults per 1,000 (18+) vs an average of 19.4 for core cities
-
- In 23/24 adult social care represented 52% of Sheffield's net revenue expenditure a rise from 41% since 19/20. Sheffield's rise is greater than comparators Yorkshire and

Humberside average 47%, English Unitaries average 46%, only County Councils average higher 56%.

- Fewer young adults with learning disabilities live independently or with family in Sheffield (68.9%) compared to England mean (80.5%). Suggesting there are opportunities for enablement in the transitions cohort
- Between 18/19 and 23/24 costs have risen significantly and above inflation:
 - Learning Disability Support 18-64, 78% increase from £42.8m to £76.2m
 - Physical Support , 65+, 78% increase from £36.5m to £64.9m



Advocacy Services Market Position Statement

Overview

Sheffield Advocacy Hub have been commissioned to delivery advocacy support in Sheffield. The advocacy hub is a partnership between a number of local Voluntary Community and Social Enterprise (VCSE) organisations, Disability Sheffield, Cloverleaf Advocacy, Sheffield African Caribbean Mental Health Association (SACMHA) and Citizens Advice Sheffield who also act as the lead responsible partner.

Statutory Advocacy

The Council have statutory duties under the Care Act 2014, the Mental Capacity Act 2005, the Health and Social Care Act 2012 and the Mental Health Act 2007 to provide an independent advocate for adults, where needed as part of assessment and care management including safeguarding enquiries. The following statutory advocacy is commissioned by The Council:

- Independent Mental Health Advocacy (IMHA)
- Independent Mental Capacity Advocacy (IMCA)
- Independent Mental Capacity Advocacy (IMCA) including Deprivation of Liberty Safeguards (DoLS) and Trained Relevant Persons Representatives (RPR) where the Individual has no family/friends to represent them
- Care Act 2014 Advocacy
- Independent Health Complaints Advocacy Service (IHCAS) also known as NHS Complaints Advocacy

Statutory advocacy demand is consistently increasing, which indicates robust practice from health and social care professionals in the city. The average monthly demand evidences this:

Column1	Care Act	DoLS RPR	-DoLS IMCA	-IMHA	IMCA	NHS Complaints
Number of referrals	47	46	15	38	21	10
Advocacy hours delivered	1,030	708	113	507	330	190

More information regarding statutory advocacy can be found [here](#).

Non- Statutory Advocacy

Alongside statutory responsibilities, The Council values the important role advocacy services play in health and social care prevention. Providing early interventions with individuals to support issues they are facing and preventing an escalation in needs. As part the preventive approach the Council commission a number of non-statutory advocacy services and a self-peer advocacy network:

- Parental advocacy – Advocacy support for parents of children currently under Child Protection procedure and Care Proceedings, who have a substantial difficulty in participating in the process.

- Learning Disabilities & Deaf advocacy – Advocacy support to meet the needs of adults from the deaf and learning disability communities who experiencing difficulties or hardship in areas that do not meet the criteria of any statutory advocacy, such as debt, housing, education, employment and others.
- Self & peer advocacy networks - Advocacy services provide a platform for individuals to come together, share experiences, support each other and collectively advocate for their rights and needs.

Non-statutory advocacy has experienced fluctuating demand over the last number of years as the understanding of statutory vs non statutory advocacy has increased. In June 2024 additional new areas were added to the contract and are likely to further embed over the next 18 month as further training is delivered professionals and awareness of these services is raised.

Commissioning Intentions and Co-Production/Engagement

Commissioning have completed a retendering process in June 2024, awarding the advocacy delivery contract to Sheffield Advocacy Hub for a period of 7 year.

The intention in the latest tender was to engage with existing partners to re-design the current advocacy offer in Sheffield. We heard through co-production/engagement sessions, about the importance of self and peer advocacy networks in the community and the need to strengthen these, about current advocacy gaps in the city and the impact of these, the need to increase advocacy accessibility for marginalised communities, increase overall capacity of advocacy to ensure access in a timely manner, modernise the approach to communication with increased presence on social media and an improved website, increase capacity for skill building and advancement within advocacy service and improve awareness and training for professionals in the city.

On the back of what we heard, we reached out to partners to support joint commissioning approaches and in particular working in partnership with children services to expand the current remit of advocacy services in the city and provide a robust long term service specification which is committed to improving the advocacy offer in the city.

Over the next 12 months we envisage increased advocacy capacity, embedding of new areas of advocacy, focused work to improve access to advocacy for marginalised communities, establishing self and peer advocacy networks in the city, development of a robust training offer for professionals and modernisation of communication.

Carers Services Market Position Statement

Who is a carer?

A carer is someone, of any age, who looks after a person (a family member, partner, or friend) who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

The term 'carer' is used in policies, strategies, service specifications and by those working in the health and social care systems; however, people who are caring do not necessarily identify with this term. They see themselves as a husband, wife, partner, parent, child, or friend. We know that this, along with reasons such as lack of awareness around support available and the stigma of coming forward for help, can result in many carers being unknown to the services available which are designed to support them. We need to be proactive and respond to carers' needs, or we risk compromising the health and wellbeing of carers and in turn the health and wellbeing of the person for whom they care.

Context

There were 49,010 carers in Sheffield according to the Census 2021. The actual number of carers is most likely higher with approximately one in ten people in Sheffield being a carer. Research in 2015 by Carers UK and the University of York found that the caring population changes regularly; it is not static. In Sheffield, this means around 20,000 people starting caring and 19,000 stopping caring per year.

NHS England's Commitment to Carers (2014) states that 'It takes carers an average of two years to acknowledge their role as a carer. It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care whether that relationship is as a parent, a son or daughter, or a friend.'

It is therefore vital to engage with carers as quickly as possible to link them into support and prevent, reduce and delay their needs from developing.

In 2008, the Government published 'Carers at the heart of 21st century families and communities.' This 10-year strategy built on the first national carers strategy from 1999, 'Caring about Carers.' In 2010 'Recognized, valued and supported: next steps for the Carers' Strategy' was reviewed and a revised action plan was produced. The 'Carers Action Plan 2018-2020 – Supporting carers today,' set out the Government's short-term programme of action to support unpaid carers. There has been no official confirmation on a new national carers strategy, following the change of Government in July 2024; until national policy is updated, the existing 2010 carers strategy aims, and outcomes remain in place.

In Sheffield, we have our 'Young Carer, Parent and Adult Carer Strategy' and the corresponding Carers Delivery Plan, which helps make the strategy vision a reality.

The carers strategy says that Sheffield is a 'City where Carers are valued and have the right support to continue to care for as long as they want to.' This vision is echoed in 'Living the life you want to live', (our adult social care strategy) which says, 'Unpaid carers are recognised for their expertise and supported to make the right choices for them and their family.'

The vision is centered around delivery of six Carer Principles; these provide the guidance our multi-agency partnership follows to improve the lives of carers in our city. The delivery plan aligns with Commitment five of 'Living the life you want to live' which states we will 'Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city'.

The identification and support of carers is the responsibility of all partners in the health, education, and social care systems.

Central to our strategy and delivery plan is increasing the number of carers we identify and support. For more information on the strategy please see our webpage [here](#).

Current Services

The Sheffield Carers Centre delivers the contract that supports unpaid carers who are 18 years old and over. The Carers Centre have trained staff with the required knowledge and expertise to understand the pressures of caring; they can help with any aspect of being a carer and offer the following services:

- a dedicated Carer Advice Line, which there is an interpretation service for.
- information and resources covering over 20 topics on the Carers Centre's website.
- Time for a Break Grant, which offers short breaks from caring or activities for carers.
- Discounts on services, products and activities from local and national businesses with 'Carer Card'.
- Legal Advice Clinic, which is a monthly, free 30-minute advice session.
- Community Connect telephone support, which connects carers and reduces social isolation.
- emergency planning for times when carers are unable to care.
- Delivery of carer's assessments and support plans that focus on the impact caring is having, plus any support needed in the caring role.
- Carer Cafés and support groups with other carers, with virtual and in-person options.
- carer activities and carer workshops to help carers share experiences and learn new skills.

Carer's Assessments

Sheffield City council outsourced our Care Act (2014) duties relating to carer's assessments. The Sheffield Carers Centre completes assessments to understand what the needs of unpaid carers are, to both prevent, reduce and delay needs from developing and identify any eligible needs the carer has.

Needs Analysis

Being a carer for someone can be extremely rewarding but Caring can also have a negative impact on mental and physical health, employment status, potential earnings/pension accrual, life chances, perceptions of social status etc. We know that the Coronavirus had a negative impact on many carers and following the pandemic, we have been in a cost-of-living crisis, with many carers feeling financial pressures. Sheffield's Survey of Adult Carers in England (SACE)



responses for the 2023/24 Adult Social Care Outcome Framework results, indicates that caring is impacting carers' health:

- Compared with the 21/22 survey there has been an increase across all categories of carer health' being impacted by their carer's role. The biggest increases are disturbed sleep, feeling depressed and having to see their GP.
- 29% of carers state they have a long-standing illness of their own, with 60% having some form of long-term health condition. We know there is a connection between impact on health and the number of hours spent caring so it is not surprising that 24% of survey respondents spend more than 100 hours per week helping the person they care for.
- In response to a question about if carers have enough time to take care of themselves, 28.9% responded that sometimes they can't look after themselves and 21.5% of respondents feel they neglect themselves.

Financial Pressures

Carers UK conducts a national survey of carers every year and their findings give an indicator to what things are like in Sheffield. The Sheffield Carers Centre have also noted that cost of living is a real issue for carers locally. In 2024 Carers UK's findings were that:

- 28% of carers are cutting back on essentials like food and heating
- 47% of carers aged 18-64 who are looking after dependents, unemployed, in education, or unable to work due to poor health are struggling to make ends meet, and just under a quarter (24%) are in debt as a result of caring.
- 76% of carers aged 18-64 in paid employment are worried about their ability to save for the future (e.g. retirement).
- 62% of carers who had experienced issues whilst being in paid employment and claiming Carer's Allowance said they had been unable to work more hours or take on higher paid work.
- 20% had an overpayment of Carer's Allowance.
- 41% said that they left their paid employment as a result of the earnings limit.
- 42% of carers in receipt of Carer's Allowance are struggling to make ends meet, and 71% are worried about living costs and whether they can manage in the future.
- 67% would like more information and advice about what benefits they are entitled to and 57% would like more support with understanding the rules for certain benefits.

The survey findings reinforce previous research done by Carers UK which found that 'The poverty rate for unpaid carers is 50% higher than for those who do not provide care (27% vs 18%). Furthermore women, from ethnic minority groups, are caring for more than 35 hours a week, or are caring for more than one person are also more likely to be in poverty.'

For more information on Carers UK's 'State of caring' report please look [here](#).

Challenges & Gaps

1. Identifying carers

As of December 2024, there are 10,791 carers on the Sheffield carers register. When using the Census 2021 figure of 49,010 this means that we are supporting around 22% of the carer population. The caring population is constantly changing, so identifying carers is always a



challenge for the health and social care systems. Identifying more carers is a key strand of our Carers Delivery Plan but how we meet increasing demand with the cost pressures the council faces is an ongoing challenge.

2. Supporting ethnic minority communities

Sheffield is vibrant and diverse; it is therefore vital that we make sure that our carer support services are accessible to all. In the 2011 census, 80.8% identified themselves as white, English, Welsh, Scottish, Northern Irish or British, this percentage dropped to 74.5% in the 2021 census. We need to be proactive in engaging our under-reached communities and this is a focus area in our Carers Delivery Plan.

3. Carers in transition

Supporting young carers as they transition to adult services is an area of service we are actively looking to improve. Sheffield City Council and the Sheffield Integrated Care Board have committed to signing up to 'No Wrong Doors for Young Carers and are working in partnership to embed a whole system, whole council, whole family approach to supporting young carers.

Commissioning Aspirations, Intentions & Opportunities

Our existing 'Commissioning Strategy for Carers 2021-2025' can be found [here](#). The process of refreshing our commissioning strategy will begin in 2025 and it will be released in 2026. The Sheffield Carers Support Service will be recommissioned, commencing in January 2027.

We will work with carers and partners to develop our service specification; it will also be informed by the market following a soft market test. Below are some requirements that are likely to be fundamental in any specification that is produced.

Any future commissioned carers service will:

- Work proactively and collaboratively across Sheffield to ensure that carers feel recognised, valued and supported. In particular, partnership working with health services to identify carers will be essential. This is underlined by NHS England's Commitment to Carers (2014) which states that '70% of carers come into contact with health professionals, yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%.'
- Be prevention focused, working to prevent, reduce or delay carers' support needs from developing. Central to any future approach will be a focus on the wellbeing and independence of the carer. It will also be important to identify carers as soon as possible, before they are feeling unable to cope with their caring role.

Provide information and advice to carers. This will potentially include information and advice on:

- Breaks from caring.
- The health and wellbeing of carers themselves.
- The rights of carers.



- Health and social care processes.
- The cared for person's condition.
- Caring and advice on wider family relationships.
- Carers financial and legal issues.
- Caring and employment, including the right to flexible working and unpaid leave.
- Caring and education; and.
- A carer's need for advocacy

Customer Voice

The quotations below are from carers who responded to our questionnaire in April 2021 and set the tone for the multiagency work that we do to support carers in Sheffield.

'Carers need all kinds of different support from lots of different agencies, including the health services. The health services and social services should know about and look after carers, as well as the person who has the care.'

'Some people can shout and make others understand what they need. Others find that hard. None of us ever thought we would be carers. That's our job. Just make sure you are all doing yours right for people like me.'

'...Please make carers feel valued & respected, including hidden carers...'

Day Opportunities Market Position Statement

Our overarching aims are to:

- Enable adults with disabilities to participate in activities outside the home.
- Ensure everyone has equitable access to care and support shaped around them with the level of meaningful social contact that they want.

Services for Adults with Disabilities include:

- Learning disabilities
- Autism
- Physical disabilities
- Sensory impairments, including those with dual sensory impairments

CURRENT SERVICES

- In Sheffield there are over 70 Day Service providers supporting Adults with Disabilities
- In 2022/23 over 650 adults with disabilities were reported as spending their Direct Payment budgets on “activity” related services.
- As of April 2025, 40 providers were commissioned to provide Day Activities (Opportunities Outside the Home) through the Adults with Disabilities Framework
-

The Adults with Disabilities Framework was commissioned in March 2023 as a Dynamic Purchasing Framework open for 7 years with an option to extend up to a further 3 years.

Lot 2 of this Framework specifically commissions a broad range of Day Activities (**opportunities delivered outside the home**) that are about empowering and enabling people to have a choice and be able to participate in activities based around their needs.

Support purchased through the Framework is on a direct award basis and there is no guarantee of work for providers; services an individual accesses is down to their choice.

40 Day Activity providers are commissioned to deliver services through the Adults with Disabilities Framework, and they offer a wide range of activities and services that are set in various settings:

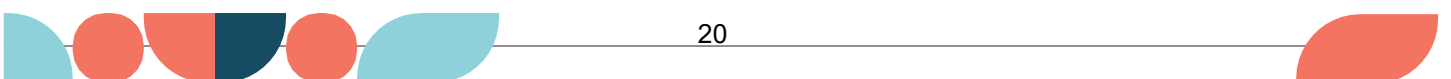
- building-based day centres
- community spaces and facilities
- alternative settings e.g farms, allotments, canal
- outreach - accessing local community amenities.

28 providers are delivering support to individuals that has been purchased through the framework:

- more than **500** individuals receive a service from a framework provider
- more than **750** individual packages of support

12 providers deliver community access / outreach only

36 providers are based within the Sheffield boundary or the immediate surrounding area.



20 Day Activity providers are registered with CQC – **Note:** Day Activities (services delivered outside the Home in a community setting) do not always need to be registered with CQC.

Services are delivered mainly to people who are over 18, however some of the commissioned services can support people from the age of 16.

RANGE OF SERVICES & ACTIVITIES OFFERED

Day Activity providers, each offer a range and variety of activities and services to meet the diverse needs of adults with disabilities and activities.

- Creative Art & Craft - film, photography, animation, woodworking, ceramics, painting, sewing
- Outdoor Adventure – sports, horse riding, bike riding, hiking
- Indoor sporting activities - badminton, basketball, boccia, table tennis, gym sessions
- Volunteer & Paid Placements preparation
- Life & Social skills - cooking, budgeting, travel training, shopping, being safe in the community, Emotional, cognitive, and social well-being.
- Community based social, befriending & leisure activities - trips - shopping, cinema, pubs
- Performing art, music, dance and theatre.
- Environmental, Gardening & outdoor activities, animal welfare, recycling etc.
- Sensory Stimulation - Music & Sensory Therapy
- Conductive Education & physical activity interventions - Rebound, Hydrotherapy
- Community navigators and key workers
- Education & learning – IT/computers, writing, sign language, maths, accredited awards

HAS THERE BEEN ANY CONSULTATION?

Disability Sheffield/Healthwatch were commissioned to assist the Council in developing a sustainable co-production model for engaging with people with a learning disability. A project was established, named 'Chance to Choose', which involved reaching out to people who access all services, and family carers, capturing their feedback in a variety of creative ways – via drama, art, music and writing

A 'Golden Threads' document was produced which has highlighted key aspirations that people want from services in the future. This document was used to set out the scope for the Specifications in the Adult with Disabilities Framework.

A few of the things that people told us:

- I want to do work/volunteering/studying and meaningful activities with my days.
- I want a job that is not just retail or a charity shop but work in hospitals or healthcare settings; particularly when it comes to talking to our peers and advocating for them because we 'Know what it's like to not be listened to.'
- I want more things to do in the evening. This could be activities set up just for adults with LD / Autistic adults, or places like nightclubs opening earlier, but more accessible spaces need to be available.

- I want more options and more choice; I don't know about alternatives or what is out there.

PROVIDER FEEDBACK

- Transitions: consider how to make the process work better for young adults and families, and making the communication / information transfer more effective between children and adult services.
- How can we as service providers can we support with the development and offer for services, to meet disabled people's aspirations – employment, volunteering, and evening & weekend placements and services.
- How can we link our out of core hours services that sit outside commissioned activity and new initiatives in development.
- Clarity on how the Council is going to help sustain market stability when cost pressures are going to continue and increase, for services and transport.

KEY CHALLENGES

- Lack of appropriate, affordable transport to services – how can we ensure the price people pay is equitable and transparent.
- Insufficient funding in future years may have **serious** implications for the continuity of services
- Providers being able to gear up to accept more referrals with more complex needs.
- Sufficient number of referrals going into Framework contracted services. This would not undermine “choice” for people wanting a Council arranged service, but it would ensure quality and assurance.
- Fee increases not keeping pace with the actual cost of delivery:
- Impact on people/family resilience – who have support from unpaid carers
- Staff loss
- Quality of care
- Provider Exit

COMMISSIONING ASPIRATIONS, INTENTIONS AND OPPORTUNITIES

Our plans for 2024 are part of the Sheffield's Learning Disabilities Strategy 2023-2030 (Hear our Voice) & the Sheffield Learning Disabilities Partnership Board will check to see we are doing what we said we would do. We want to work with our communities to:

- Support people with lived experience to work in partnership with services as quality checkers.
- Engage with and support a wider variety of businesses to provide volunteering opportunities, ensuring they provide the right accessibility support.
- Look into more socialising activities (just) for adults with learning disabilities such as nightclubs or bars.
- Look at how organisations could join up to run weekend or evening activities.
- Explore ways people with a learning disability work with organisations to write processes/policies in day opportunities.
- Better use of digital and technology solutions

Our Adults with a Disability Framework for Lot 2: Opportunities Outside the Home is open throughout the life of the Framework, and applications are evaluated on an annual basis.

Public quote/tender - Adults with a Disability DPS ([eu-supply.com](https://uk.eu-supply.com)).

Link to our ITT in Merzell: <https://uk.eu-supply.com/ctm/Supplier/PublicPurchase/56239/0/0?returnUrl=ctm/Supplier/PublicTenders&b=UK>

Dementia Services Market Position Statement

Context and needs analysis

There are estimated to be between 6,360¹ and 7,333² people aged over 65 currently living with dementia in Sheffield. This is between 6.7% and 7.7% of the 94,820 people aged 65 years and over in the city³. Data suggests that the number of people aged over 65 years in Sheffield could rise to about 7,940 by 2030⁴. There are also approximately 140 people aged under 65 in Sheffield with young onset dementia⁵.

The recently launched cross-organisational Sheffield Dementia Strategy 2025-2030 describes Sheffield’s strategic vision for all our organisations to work together to make sure people with dementia in Sheffield are supported to live life to their full potential. People with lived experience of dementia will be key partners in this work.

Commitment 4 of the Sheffield Dementia Strategy states that ‘For people living with dementia in the early stages of their dementia journey, support in Sheffield will be personalised, local and accessible, to help them to remain independent for as long as possible’⁶.

The Adult Social Care Strategy 2022-2030 notes that ‘Prevention is a key responsibility under the Care Act’⁷. Our dementia commissioning supports the ‘Connected and Engaged’ Outcome of the Adult Social Care Strategy including its ‘Early Help and Prevention’ Priority.

Prevention is about actively promoting independence and wellbeing⁸ and of relevance to community dementia support, the Adult Social Care Strategy describes how this could include:

- Supporting people to live as healthily as possible, both mentally and physically
- Preventing or reducing the escalation of health issues
- Combating isolation and loneliness
- Supporting people to stay as independent as possible
- Living a fulfilling life
- Realise an individual’s potential
- Helping them to contribute to their communities

Current offer

The current services commissioned by Sheffield City Council which support the delivery of The Adult Social Care Strategy and the Sheffield Dementia Strategy are set out in the table below.

Table 1

Service	Contract / Grant	Need	Support Provided	Further Information
Dementia Specialist Advice Service	Contract	<ul style="list-style-type: none"> • Non-clinical Dementia information and advice. • One-stop shop for non-clinical dementia advice. 	<ul style="list-style-type: none"> • Dementia information and advice. • Dementia training for professionals. • A link into PKW Dementia Support 	Age UK Sheffield Dementia Services for customers

(Dementia Advice Sheffield)		<ul style="list-style-type: none"> 	(incl direct from Memory Service).	
People Keeping Well (PKW) Dementia Support	Grants with 10 organisations for the 18 PKW Partnership areas which cover the whole city.	<ul style="list-style-type: none"> Dementia support from trained workers. Social connection. Dementia-friendly activities. Peer support. 	<ul style="list-style-type: none"> 6-monthly check-in call. Memory Cafes and dementia-friendly groups in the local area. A few hours a week / fortnight / month. 	Searchable map and list of organisations: Dementia Support in Sheffield
Young Onset Dementia Hub	Contract	<ul style="list-style-type: none"> Young Onset Dementia support from trained workers. Social connection Young Onset Dementia-friendly activities. Peer support. 	<ul style="list-style-type: none"> 6-monthly check-in call. Young Onset Dementia-friendly groups A few hours a week / fortnight/ month. 	Young Onset Dementia Hub
Dementia Day Activities Over 65s (Self-referrals)	Contract with 1 organisation in 3 venues covering the whole city.	<ul style="list-style-type: none"> Age 65 and over, with dementia. No eligible care needs. A break for the unpaid carer. 	<ul style="list-style-type: none"> Activities tailored to suit the individual. A whole day a week. 	Dementia Day Activities Sheffield
Dementia Day Activities Over 65s (Adult Social Care referrals)	Contracts with 3 organisations in 3 venues covering the whole city.	<ul style="list-style-type: none"> Age 65 and over, with dementia. Eligible care needs. A break for the unpaid carer. Social connection and physical stimulation. 	<ul style="list-style-type: none"> Activities tailored to suit the individual. A whole day a week. Transport to and from the venue. Personal care delivered according to individual care plan. 	Dementia Day Activities Sheffield
Young Onset Dementia Day Activities Under 65s	Contracts with 2 organisations in 3 venues covering the whole city.	<ul style="list-style-type: none"> Age under 65, with Young Onset Dementia. A break for the unpaid carer. Social connection and physical stimulation. 	<ul style="list-style-type: none"> Activities tailored to suit the individual. A whole day a week. Support to ensure physical, wellbeing and Young Onset Dementia needs are met. 	Dementia Day Activities Sheffield
SHINDIG	Grant	<ul style="list-style-type: none"> Voice of people with dementia and their family and carers 	<ul style="list-style-type: none"> City-wide forum Share ideas, views and opinions on local services and developments. 	Sheffield Dementia Involvement Group (SHINDIG)

		<ul style="list-style-type: none"> • Shape and influence local health and care services. 		Sheffield Health and Social Care
Our Dementia Commitments (Sheffield Dementia Action Alliance)	1 Grant	<ul style="list-style-type: none"> • Support for Sheffield becoming a Dementia Friendly City. 	<ul style="list-style-type: none"> • Resources and support to help any organisation or business in Sheffield to become more Dementia Friendly. 	Our Dementia Commitments - Sheffield

Diagrams illustrating this support are available on www.sheffielddirectory.org.uk/dementia:

Challenges and gaps

The majority of the services listed in Table 1 were commissioned during the Covid pandemic years. During the intervening years some of the needs of people with dementia have changed and are now expressed differently.

Delays in dementia diagnosis due to the pandemic have meant that many people are waiting longer to access community dementia support, so are presenting at later stages of their dementia.

However, anecdotal evidence suggests that those who are supported by the community dementia services listed are generally able to live independently at home for longer before requiring formal care and support from adult social care.

Some gaps have been identified in ensuring the appropriate levels of support are available for individuals under 65 years old with Young Onset Dementia as their dementia progresses.

It continues to be a challenge to ensure that those who need these services are aware of them and referred into them. Despite extensive, varied and ongoing publicity, some of the services have struggled to receive the anticipated number of referrals and ‘brand’ recognition.

Some of the services, particularly People Keeping Well Dementia Support, have been hugely successful. However, with the expectation of ongoing 6-monthly calls for all those receiving a diagnosis, this has created a challenging workload for the dementia workers within the current funding arrangement.

There are also financial challenges across all services, relating to cost of living, increases in National Insurance and changes to anticipated funding uplift. Fluctuations between waiting lists and vacancies for some dementia day activities services has been challenging.

Whilst the current 5-year contracts have offered stability of services and encouraged a level of promotion, publicity and service recognition, potential new providers have entered Sheffield for some of the services, but cannot be considered until the re-commissioning in 2027.



Provider and customer voice

Past consultation: Sheffield Dementia Survey

The [Sheffield Dementia Survey](#) carried out in Summer 2023 in preparation for the Sheffield Dementia Survey 2025-2030 provided helpful insights into the view of customers, and those supporting and working with them.

People said that what was *helping* them to live as well as possible with dementia in Sheffield was:

- Availability of dementia information, advice and resources
- Community voluntary services, e.g. People Keeping Well / Dementia Advice Sheffield
- Dementia friendly groups
- Peer support (including from the above)
- Dementia Day Centres
- Support from Dementia Link Workers
- Community involvement
- Support from family and friends
- Dementia awareness and understanding
- Support for those from diverse backgrounds
- Brain simulation
- Exercise and getting outdoors.

In contrast, others also explained that what was making it more *difficult* to live as well as possible with dementia in Sheffield was:

- Lack of dementia information
- Poor links into support after diagnosis
- Not enough dementia groups
- Transport barriers
- Lack of dementia awareness and understanding
- Not enough culturally appropriate support
- Lack of one-to-one support
- Poor links between services and organisations

What was working well for some people was not working well for others.

Past consultation: SHINDIG

In 2023 and 2024 two of the meetings held by [Sheffield Dementia Involvement Group \(SHINDIG\)](#) were devoted to hearing the voice of people with dementia and their carers regarding the new Sheffield Dementia Strategy. Their reports [Influencing the Sheffield Dementia Strategy](#) and [Further Influencing the Sheffield Dementia Strategy](#) highlight how community dementia support is key to supporting an individual with dementia from as early as possible.



Future consultation

During 2025 and 2026 commissioners will be undertaking a range of listening exercises, consultation and co-design, to hear further from people with dementia, their carers and family members, the professionals working with them, and providers current and prospective.

These will then help to develop a robust commissioning plan for the community dementia support services for 2027 and beyond. This in turn will then support the recommissioning for services to start in April 2027.

The opportunities to get involved will be advertised through (including but not limited to) [Sheffield Dementia News](#), the [People Keeping Well newsletter](#)¹⁰, [SHINDIG](#), [Sheffield Carers Centre Newsletter for carers](#), [Sheffield Carers Centre Newsletter for professionals](#), [YORtender](#), and current providers. Providers and members of the public are encouraged to sign up to the relevant mailing lists and newsletters if they have not already done so.

Commissioning aspirations, intentions, and opportunities (including services needed in the future)

Sheffield's Adult Social Care Strategy describes the role of Adult Social Care as including:

- Promoting wellbeing
- Preventing the need for care and support
- Providing information and advice.¹¹

Community dementia support services play a key role in this.

All of the contracts and grants listed in the Table 1 are due to end in March 2027, although some have the possibility of contract extensions at that point.

The anticipated aim is for similar services to be re-commissioned to start in April 2027. At this stage it is not possible to give further details, as these services will be based on:

- The further commissioning analysis of the needs of people with dementia, their unpaid carers, and the professionals working with them (as described in the previous section)
- Increasing the awareness of services and referral routes
- The changing needs of people with dementia
- The funding available
- Procurement regulations and procedures.

During 2025-26 the Council will continue to work with existing providers to ensure that the needs of people with Dementia and Young Onset Dementia are met within the current contracts and grants.

Direct Payments Market Position Statement

Context

“Personalised care and support services should be flexible so as to ensure people have choices over what they are supported with, when and how their support is provided and wherever possible, by whom.” Care Act (2014) Statutory Guidance: 4.46

Sheffield’s Personalisation and Direct Payments Strategy was approved in December 2022. It sets out the Council’s ambition for personalisation and describes how we ensure people accessing social care achieve personalised support with good outcomes through support planning and personal budgets. By personal budgets we mean the money people need to meet their eligible care and support needs to self-direct their own support, which includes Direct Payments and Individual Service Funds (ISFs).

What are the definitions around personalised support?

Personalisation is recognising people as individuals who have strengths and preferences. It is where people are at the centre of their own care and support and are in control of their lives.

Independence is the right to choose the way you live your life. It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can live the life you want and participate in your community as you wish.

Personal Budget is money that is made available through the local council to pay for care and/or support to meet eligible needs. The money comes solely from adult social care and there are different ways that personal budgets can be received.

Direct Payment is money paid to you (or someone acting on your behalf) from your local council so you can arrange your own support to meet your eligible needs. They are not available for residential care.

Individual Service Fund (ISF) is when a personal budget is managed by a care provider on a person’s behalf. The provider works with the person to arrange care and/or support that meets their needs. ISFs may suit people who want flexible support without them taking on the responsibilities that come with managing a Direct Payment.

Council Arranged Services is when care and/or support that is arranged by your local council on behalf of people with eligible needs. The local councils may provide some services themselves, or they may buy services from care providers to meet the needs of their community.

Needs Analysis

At the end of March 2025, 1858 adults were in receipt of Direct Payments in Sheffield. Between April 2024 – March 2025, the number of people taking a Direct Payment has increased by 61. Direct Payments are not static, therefore over the year we have seen 397 people taking a Direct Payment and 337 people coming off Direct Payments.



Adults use their Direct Payment to arrange and purchase a variety support options (often in combination) as categorised below:

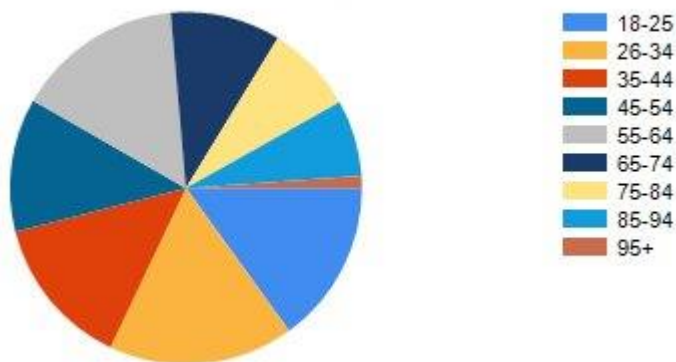
- Activities - 584
- Carers - 34
- Contingency - 613
- Equipment and Technology - 8
- Financial Fees (e.g. payroll and managed account services) - 1205
- Home Support - 509
- Personal Assistants (PAs) - 846
- Short Breaks - 12
- Supported Living - 92
- Transport - 114
- Other – 47

Direct Payments are accessed by people funded by each of the different service areas as below:

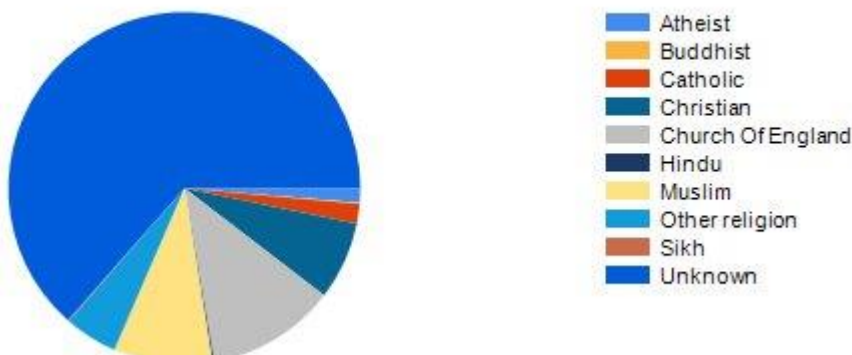
- Learning Disabilities – 683
- Older People – 543
- Physical Disabilities – 371
- Mental Health – 203
- 18-25 years – 150
- Continuing Healthcare fully funded – 43

A breakdown of people using Direct Payments by age, ethnicity and religion can be seen below:

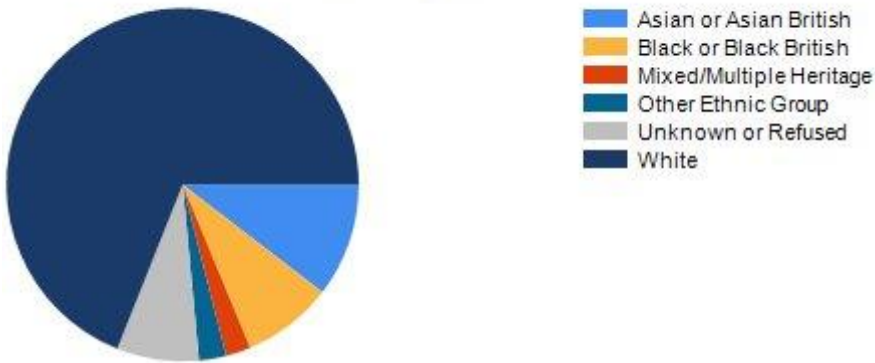
Age Range



Religion



Ethnicity Groupings



The annual gross cost of Direct Payments in Sheffield is £51million.

The way people are spending their Direct Payment budget can be broadly broken down by service type:

DP Service Type	Total weekly cost March 2025
Activities	£152,591
Carers	£1,814
Equipment & Technology (ongoing)	£312
Financial Fees	£17,571
Home Support	£272,565
Personal Assistants	£437,195
Short Breaks	£865
Supported Living	£91,158
Transport	£9,663
Other	£14,291

The spend for Direct Payments is split against the following service areas:

DPs by Service Area	Total weekly cost March 2025
Learning Disabilities	£376,390
Older People	£199,656
Physical Disability	£185,233
Mental Health	£62,191
18-25 years	£71,063
CHC Fully Funded	£54,127

Customer Voice - Challenges and Gaps

- Individual employers can find it difficult to attract, recruit and retain Personal Assistants (PAs).
- Individual employers can experience difficulty finding PAs to cover other PA holidays and/or sickness.
- It can be difficult for people to have information and/or be aware of the full market and the wide variety of creative support options available in and around Sheffield.
- Direct Payment recipients can experience difficulties in identifying providers/agencies who are able to offer them flexible support based around their needs and wishes.
- When support is arranged and support via a person's Direct Payment, the 'specification' is directed by the person (and therefore is bespoke, tailor-made requirements) and is not the same specification for council arranged/contracted services. This can cause some confusion when providers deliver both Council contracted and support to people that have arranged and purchased support through a Direct Payment.
- Difficulty for people to arrange and purchase one-off or short-term support from providers/agencies e.g. in an emergency or whilst PAs are being recruited.

People find it challenging to find providers/agencies who are able to work alongside and collaboratively with the person's PAs.

Work is currently underway to gather people's views, experience of the current market for self-directed support and generate an ongoing insight into the gaps and challenges people experience and the ways they hope to see this addressed.

Commissioning Aspirations, Intentions and Opportunities

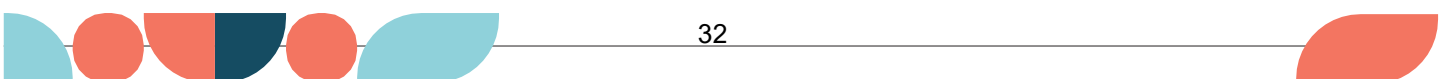
Peer-support, coaching and mentoring services to be developed and contracted to compliment the Council's in-house Direct Payment Support offer.

Focus for further PA Workforce Development, ongoing development of the Sheffield PA Register. Future options being explored for PA Champions Project – promoting and raising awareness of PA role as an exciting career prospect in Sheffield, support, rewards and recognition for PAs.

Development of a Direct Payment Provider Forum to support market shaping, improve communications and to share key messages, wants and needs from people who self-direct their own support with the market.

Commissioning are continuing to gather greater intelligence and build a better picture about the current market for people who self-direct their own support. Providers/agencies are able to join our network and mailing list which enables Commissioning to keep the self-directed market informed and updated about any news, opportunities and updates including the Direct Payment Provider Forum.

Scoping of plans to develop, grow and promote hyper-localised micro-providers and micro-enterprises.



Commitment to develop Individual Service Funds (ISFs) in Sheffield. Small testing pilot now underway. Future model for ISFs to be developed and roll-out in future.

Terms and conditions and model for managed account services to be refreshed and updated to further improve quality.

Exploring the retirement of the legacy 'Recognised Provider List (RPL)' and plans to co-produce future model for assurance and quality of provision in the open market – matches what people are looking for e.g. reviews akin to trust pilot, google reviews.



Extra Care Market Position Statement

Context and Needs Analysis

Extra Care Housing (ECH) is retirement/independent living for people aged 55 and over, which combines accommodation with communal facilities, and onsite care and support services.

The benefits of living in ECH are well documented with evidence, for example from Extra Care Charitable Trust¹ and HousingLin² on the improvements in people's health, wellbeing and independence.

As our population ages, the need for quality, age-friendly housing that provides onsite care and support for older people is growing. Extra Care is regarded as an important response to the diverse needs of a growing older population, plus providing them with peace of mind.

Current Services

Sheffield currently has a total of 844 units (properties) of Housing with care across the city, including privately managed schemes. Most is provided by social landlords but the majority of homes for ownership are provided by the private sector. Most of Sheffield's Extra Care provision is provided by Registered Provider's (RP's) such as the Council and Housing Associations.

Sheffield City Council supports six Extra Care Housing Schemes across the city, five of which are contracted schemes developed in partnership with the Council and housing providers, plus an Older People's Independent Living Scheme (OPIL) with Care developed by SCC Housing & Neighbourhood's Service.

Details of the Extra Care and Older People's Independent Living Scheme's Supported by Sheffield City Council.

Scheme Name	Location	Housing Provider	Number of Apartments
White Willows	Jordanthorpe	South Yorkshire Housing Association	60 - 2 beds
Roman Ridge	Wincobank	Sanctuary	80 – 1 or 2 beds
Guildford Grange	Norfolk Park	Places for People	40 - 2 beds
The Meadows	Shirecliffe	South Yorkshire Housing Association	39 – 1 or 2 beds
Brunswick Gardens	Woodhouse	Your Housing Group	217 – 1 or 2 beds and bungalows
Buchanan Green OPIL	Parsons Cross	Sheffield City Council	132 - 1 or 2 bed apartments and bungalows

SCC is responsible for contracting onsite care provision at the six ECH schemes. In the financial year 2024-25, the annual expenditure for the care element amounted to £2.5million, while the income generated from care charges totaled £650,000.



Challenges and Gaps in Service

Sheffield currently (2025), has an estimated shortfall of 1,649 units of Extra Care housing, including 712 affordable units provided by RP's etc and 937 market/private owned units. Without an increase in supply these shortfalls are projected to increase significantly, in line with the projected increase in Sheffield's older people's population. Sheffield's over 65 population is estimated at 98,900 people, and this is forecast to increase to 115,227 by 2034.

There is also a disproportionate geographical distribution of Extra Care Housing provision across the city. For example, the East has the lowest level of supply in relation to its older people's population, with some of the highest levels of income deprivation, minority ethnic populations and poor housing quality.

Low supply in the Peak District Fringe and Rural Upper Don Valley may reflect market providers' reluctance to develop in low density areas and also the challenge of acquiring suitable sites and planning restrictions in these areas. Areas in the North of the city such as Stocksbridge & Deepcar, Chapeltown and Ecclesfield, plus the City Center do not have any Extra Care provision. Therefore, older people in some areas with support and care needs are likely to face challenges in accessing suitable homes that meet their needs in later life.

The majority of the Extra Care market in Sheffield is affordable housing and is largely provided by Housing Associations and SCC, which limits choices for many older households who prefer 'owner' type of accommodation. Therefore, there needs to be a greater range of Extra Care / housing with care options to accommodate different budgets.

Extra Care Housing schemes are managed with a view to maintaining a balance of need; *"To ensure they remain a vibrant independent living environment"*.

This is a key feature that distinguishes them from care homes and is key to attracting people. Research shows most people moving into extra care are people aged over 70, who are more likely to have higher care or health needs. To maintain the balance of needs and increase people's independence for longer, people need to be attracted to access Extra Care Living earlier.

Customer Voice

As part of the care provider contract monitoring Sheffield City Council regularly captures the Customer Voice from feedback about their experience of the Care and Support element. Tenants that were approached in the last monitoring cycle confirmed they felt very well supported and were happy with the service rating Carewatch (contracted care provider) overall an 'excellent' provider.

Recent consultation with residents at Brunswick Gardens Retirement Village has highlighted the importance of the onsite services, such as consistent care and support staff and the continued availability of the communal facilities, in this case the continued provision of the onsite restaurant and pub. The threat to these services left many residents worried and anxious about their future standards of living in the scheme.

We intend to undertake more market engagement through onsite activities, such as attending resident's meetings to collect feedback from residents and experts by experience to help

develop future service models. As part of our ongoing Extra Care promotion activities, we will gather the general public's understanding and perception of Extra Care Service.

Commissioning Aspirations, Intentions and Opportunities

Sheffield City Council aspires to support developers and providers to:

- Plan and design Extra Care provision fit to meet current and future demand, with a variety of models, in the right locations.
- Support developers entering the Extra Care market in Sheffield.
- Develop innovative housing with care models that provide more options for people with long-term conditions, for example people living with Dementia and intergenerational living.
- Develop Extra Care Plus/Care Suites at both existing schemes and exploring as part of new provision.
- Explore opportunities to develop schemes on the sites of, or located close to, existing care homes with the potential to provide 'Close Care' or 'Lifetime Neighborhoods' - an integrated model with a range of living options that meet the needs of our older population as their needs change over time. Plus, opportunities to develop urban city centre living schemes to meet the City Centre Strategic Vision. Reaching out to housing associations and specialist housing providers to explore new delivery opportunities.
- Explore opportunities to increase the provision of retirement housing for a range of tenures to meet the city's older people's housing needs, address geographical gaps in provision in areas of high need.
- Explore developing Extra Care schemes into integrated Community Hubs offering health, care and housing services and facilities available to both tenants and local community.

We will promote the benefits of Extra Care by improving guidance and knowledge through workforce development and wider marketing. By increasing the understanding of what Extra Care Housing can offer they will become places people aspire to live, encourage people to consider living in schemes earlier and encourage more diversity within schemes.

To ensure we meet the needs and aspirations, improve health and reduce costs for people accessing the services in the future we need to embrace technology that actively assist aging tenants to remain independent. Adopt innovations for better living using smart integrated technology to boost accessibility, safety and convenience.

The current Extra Care onsite care and support contracts are due to end in 2027. We will review the current service to develop our future service model as part of the recommissioning process.



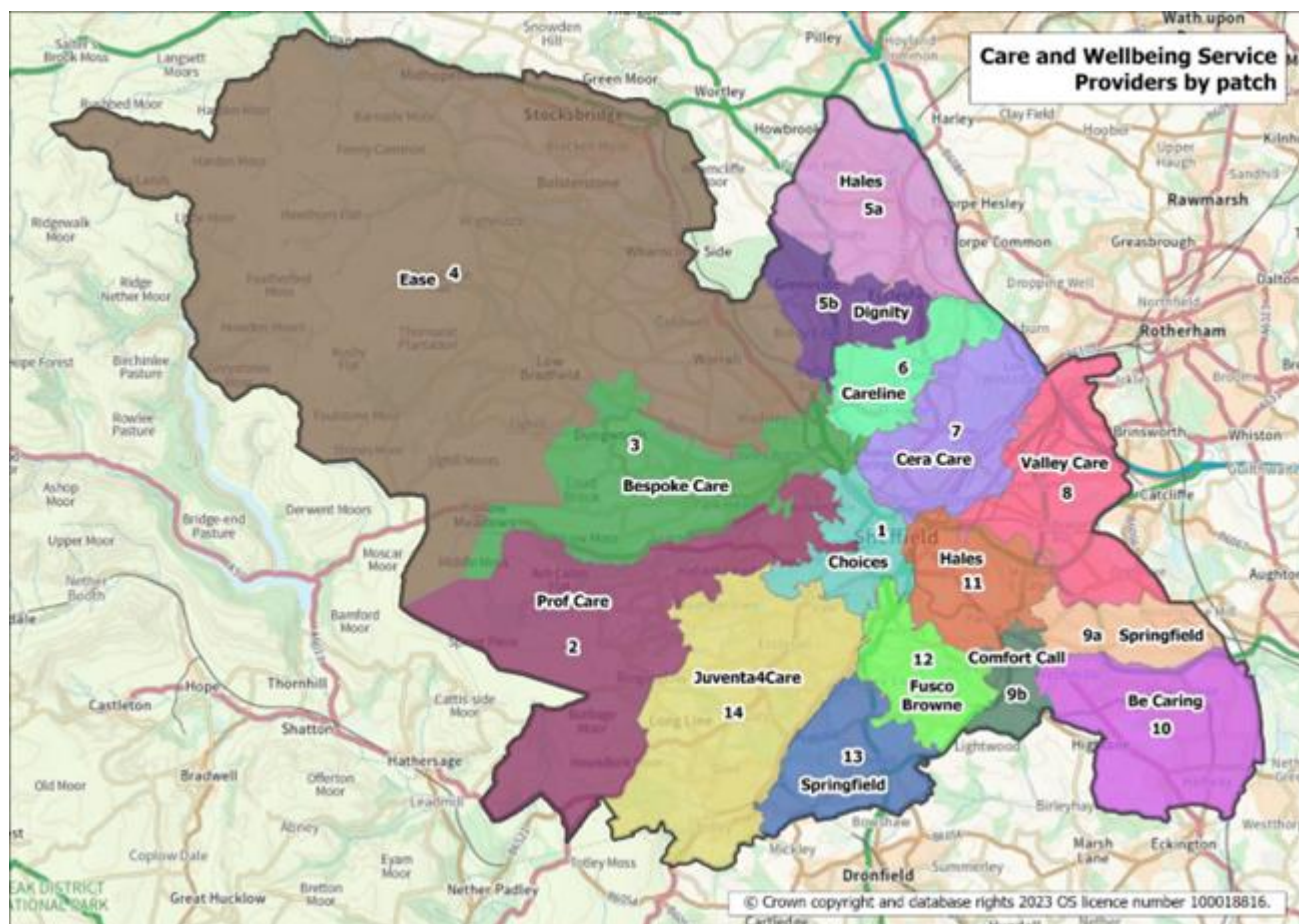
Home Care Market Position Statement

Context and Needs Analysis

Home care services have undertaken a significant overhaul in the last 12 months in Sheffield. From June 3rd 2024, the Care and Wellbeing Service was implemented, with a change in the way we contract home care services.

We have moved from a framework arrangement with 35 contracted providers, with no contractual obligations to procure individual packages of care with, to a service contract with 14 providers, all of whom are contractually responsible for their patch area.

Each patch is based on a similar geography to that of the Primary Care Networks within Sheffield, to support with alignment and consistency for Multi-Disciplinary working. The below map shows the patches and allocated providers for these:



This change in model was in response to difficulties within the market that arose during Covid and other times of high demand for home care services, such as the winter months, where the number of people waiting for home care services could reach well over 100.

As of the week ending 14/03/25, only 17 people were waiting for a home care service, 6 of whom had only been referred onto service within the last 4 hours.



Current Services and Demand

As of the week ending 14/03, we had 2,243 people receiving care through the Care and Wellbeing Service, equating to 29,852 commissioned hours of care and an average care package size of 13.3 hours.

Additionally, we have a further 418 people receiving care through Direct Award arrangements, equating to 10,053 commissioned hours of care and an average care package size of 24.1 hours.

Finally, 509 people purchase home care services through a Direct Payment. Further detail on this can be found in the Direct Payment Market Position Statement.

A number of initiatives have taken place over the last 12 months to support with a strength based approach to providing care, which has had a positive impact on the number of people requiring long term services, and the amount of care required for those who do receive home care.

The below table shows the difference in service requirements as of the end of March 2025, compared to the same time in 2024. As can be seen below, there has been reductions across all areas in the demand for care, demonstrating the effectiveness of these initiatives. The cause for an increase in cost per person is attributed to the increase of the hourly cost of care per hour, which is done so in line with inflation and statutory minimum wage changes:

Table 1

	2024	2025	% difference
Average number of people in receipt of home care (all services)	2761	2631	-4.94%
Average number of hours of home care provided per week (all services)	43,262	36,272	-19.27%
Average package of care size per person	15.67	13.79	-13.63%
Average cost of care per person	£339.54	£347.30	2.23%

Challenges and Gaps in Service

The transition to the Care and Wellbeing Service, and with it the redistribution of care packages and staff amongst providers within the city, has generated unforeseen challenges for the home care market.

Historical and ongoing challenges in the recruitment of care staff continue to be barrier to the recruitment of local people. Competition for staff with other employment sectors, such as hospitality and entertainment, in addition to the economic challenges of small margin profits within the sector, results in a home care market that struggles to offer competitive wages.

This challenge in the recruitment of staff plays a key role in the other challenges facing the market, as described below.

Cultural provision of care

Following a change in the requirements in central government policy to include care workers as a role in which a Certificate of Sponsorship can be provided to, there has been a significant increase in the number of care workers that are recruited internationally. This has generally been regarded to have had a positive impact on the home care market, providing increased stability in the workforce with a reduction in the turnover of staff, an increase in the diversity of the workforce, and the ability to recruit more male care staff.

However, cultural differences in the approach to providing care, as well as misunderstandings of British norms and meals, has had a negative impact upon the experience of care for both those in receipt of services and the workers providing them.

Joint efforts between care providers, Sheffield City Council and external specialist providers have been undertaken to identify where there are gaps in staff understanding of the cultural needs of those they support, and bespoke training provided. Joint events have also been hosted where providers can share best practice and identify future developments that could be of benefit to staff.

Distribution of male care workers

There is a substantially larger proportion of male care workers in Sheffield compared to the national average, with 29% of the care workforce in the Care and Wellbeing Service being male, compared to a national average of 13%.

Whilst the increase of men within the sector is a positive indicator in the changes of the perception of care as an inclusive vocation and has supported men in receipt of care to be able to have support from people of their own gender, the male workforce is not split equally amongst providers.

This is predominantly due to the changes of staff during the TUPE process, and some providers have more than half of their workforce as male. This has proven to be a challenge in the logistical provision of care, where there is a preference for female care workers for both female clients and during the provision of intimate personal care.

This has been somewhat mitigated by the use of male/female care worker pairings during double handed care, where the preferred gender can provide personal care whilst the other exits for privacy. However, this will continue to prove a challenge whilst providers recruit to redress this balance.

Hours of care

As previously described, we have seen a reduction in the demand for home care services through council arranged services.

During the transition process from the previous contracting arrangements to the Care and Wellbeing service, significant consultation was made with any persons who were identified as impacted by the transition, to discuss their support options.



As a result of these consultations, a large number of people in receipt of care (around 25% of the care market, approximating 9,000 hours of care each week) did not transfer onto the Care and Wellbeing service.

This has proven to be a challenge particular for new entrants into the Sheffield market, who had financially planned and staffed for much higher hours of care. Whilst we are seeing recovery within the market due to the natural turnover and new demand for services, this is ultimately a slow process that is resulting in the need to re-evaluate the size of the contracted market at present.

Legislative changes

With the introduction of a Labour government in July 2024, there has been a shift in policy regarding public financing and taxation. From April 2025, there will be a change in the regulations regarding National Income Contributions for employers, with a reduction in the minimum threshold down to £8000 per year.

This has a particularly hard impact upon the care sector, in which there is a significant proportion of staff who are part time workers who had previously earned below the current threshold (£16,000) but earn above the new threshold (£8000).

Combined with the annual increase to the National Minimum Wage, it has been projected that the costs to providers will be an increase of between 9% to 13% of their current staffing costs.

Given the small margins of profit that most providers work within, this is a potentially business closing increase, especially for small enterprises.

In addition, the proposed Employment's Rights Bill, and with it the Adult Social Care Negotiating Body, has the potential to overhaul the entire structure of services in relation to workers. Whilst this is a welcomed and much needed change for the sector that is anticipated to have numerous benefits, the lack of clarity of the funding of these changes is proving to be a challenge for the market to plan for.

Customer Voice

The primary cohort of users of home care services are older adults with a deterioration in their physical and/or mental capabilities. There is a large turnover in the people who receive care services, with an average of 40% of the people on service changing annually and being on service for an average of 18 months.

As a result of the above factors, the customers of home care services have traditionally been a difficult market to engage with in relation to the care provided, and to ascertain their opinions on services and developments.

This is because in person events are generally difficult for them to physically attend, and remote engagement, such as events and surveys online or through postal services, have also had a historically low engagement either due to a lack of digital access or the capacity to complete and return any information sent.

This means that the best way in which we are able to engage with the people in receipt of care services is to conduct telephone interviews. Officers within the Quality and Performance team conduct telephone interviews with 20 randomly selected people (or their appropriate representative) for each care provider, each quarter. Annually, this allows the department to speak to up to 50% of the customer base for each care provider.

During these interviews, the officer discusses the care the person has received, ensuring that the standards for care are met, and to identify any concerns or feedback the person has in relation to the service provided. This is then used as part of the performance monitoring of the provider, where good practice can be promoted and opportunities for improvement identified and implemented.

Commissioning aspirations, intentions, and opportunities

The Care and Wellbeing Service is a transformational contract, with ambitions to make significant changes and improvements to the way home care services are delivered. The ambition is to move away from the traditional “time and task” model of care, to one that is outcome focused and person centred.

To achieve these transformational aims, we are approaching the changes in a stepped manner; with each new development continuing upon the successes and learnings from the previous.

The first step of change in our ambitions is to jointly work with Living and Ageing Well teams to support new ways of working in relation to Outcome Focused Care Planning. This will allow us to be more person centred with our care, and to support home care providers with better identification of which outcomes to meet for a person and how.

Once we have embedded these ways of working successfully, this will provide the foundation for us to upskill care workers and providers in the enablement mindset and provision of care, using outcome focused assessments and approach to care to have long term benefits to people’s support needs and experience of care.

Currently, work is being undertaken to optimise home care delivery through the upskilling of care workers and the implementation of new techniques and equipment in relation to double handed care.

The Optimised Care project is a regional initiative to change the approach to the prescription of double handed care, taking a person centred approach to assessing an individual’s ability to mobilise and the equipment used, rather than a policy of which equipment requires two care workers. Currently, the project is focussing on people who have recently been discharged from hospital with double handed care, who had only required single handed care prior to admission.

To date, this project has successfully upskilled the provider in house trainers to be able to train frontline staff in these techniques and equipment usage, with the assessment of their suitability remaining within SCC. This is supporting people who have recently been discharged home to regain independence, increase confidence, and prevent deterioration from reduced mobility, as well as reducing costs and demand.



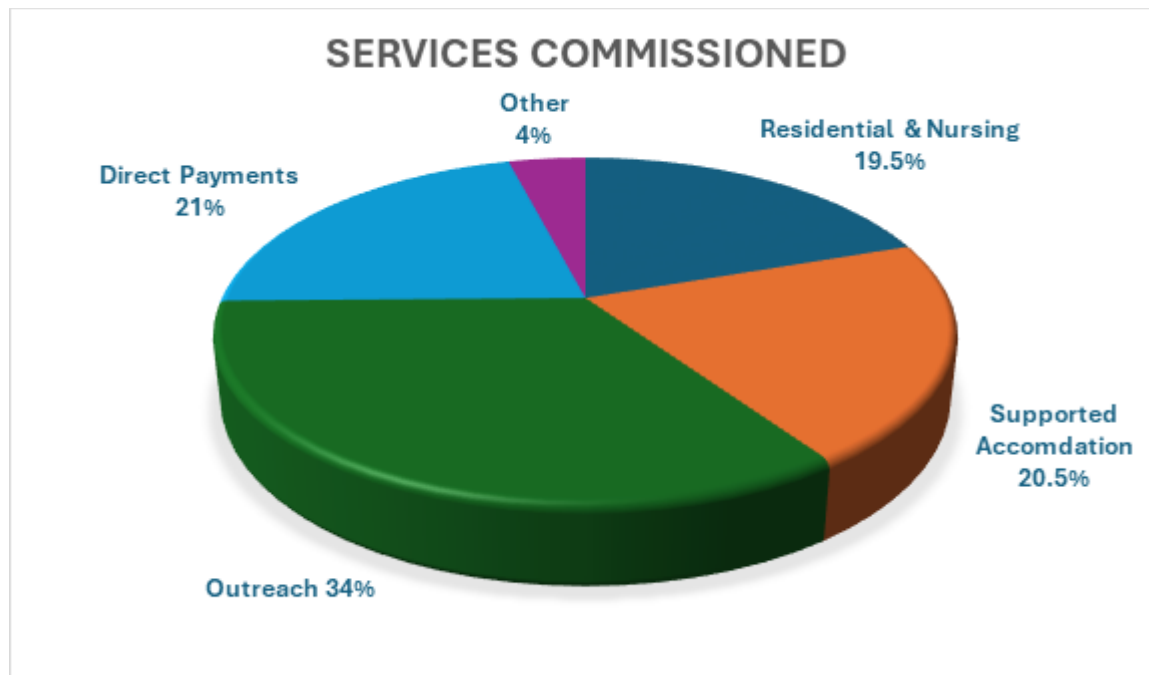
We have also upskilled Care and Wellbeing Service providers by purchasing and supplying Optimised Care train the trainer qualifications for each provider's Moving and Handling trainer, which will allow this skillset to be passed on to front line care staff, further supporting the wider project.

Further ambitions in relation to the support of discharging people home from hospital, including potential 24 hour at home enhanced care offers, discharge to assess models, and independent sector reablement support, will continue to be explored.



Mental Health Services Market Position Statement

The council commissions a range of services for individuals with a serious mental illness (SMI), in some cases jointly commissioned with the ICB, to support approx. 850 individuals in managing their mental health, wellbeing and increase their resilience. There is a variety of services commissioned which includes, outreach support, supported accommodation, residential services, mental health support guide and other services.



Market Overview

Mental Health Outreach

We commission support for approx. 289 individuals as part of the Mental Health Independence framework. This is a recovery and enablement focused framework which supports individuals in their own homes to maintain their wellbeing, develop skills, routines, and supports positive mental health outcomes.

Mental Health Supported Accommodation

We currently have approx. 250 individuals in mental health specialist supported accommodation. This includes 145 individuals supported by our Mental Health Independence framework providers and approx. 105 individuals who purchase their support via a sport purchase (direct award) or a direct payment.

Mental Health Residential and Nursing

There are currently 12 specialist mental residential providers in Sheffield with 16 residential and nursing homes. There are also a number of dementia specialist residential and neighbouring authority provisions which are accessed by individuals with a serious mental illness. Approx 164 individuals with a serious mental health illness are supported across both out of city and Sheffield residential and nursing homes.



Promoting Independence Project

The Promoting Independence Project (PIP) have successfully worked with over 65 individuals residing in long term residential settings and have supported them to transition successfully to community provisions. The support model is recovery focussed, using personal outcomes and a strength- based approach to support people with their daily living skills, build confidence and access to the community.

Direct Payments

There are currently 184 individuals who experience serious mental illness who access direct payments to purchase their support. Individuals use their direct payment to pay for services such as personal assistants, day activities, supported accommodation, short breaks and other services which support them to maintain positive mental health and wellbeing.

Commissioning Intentions and Collaborations

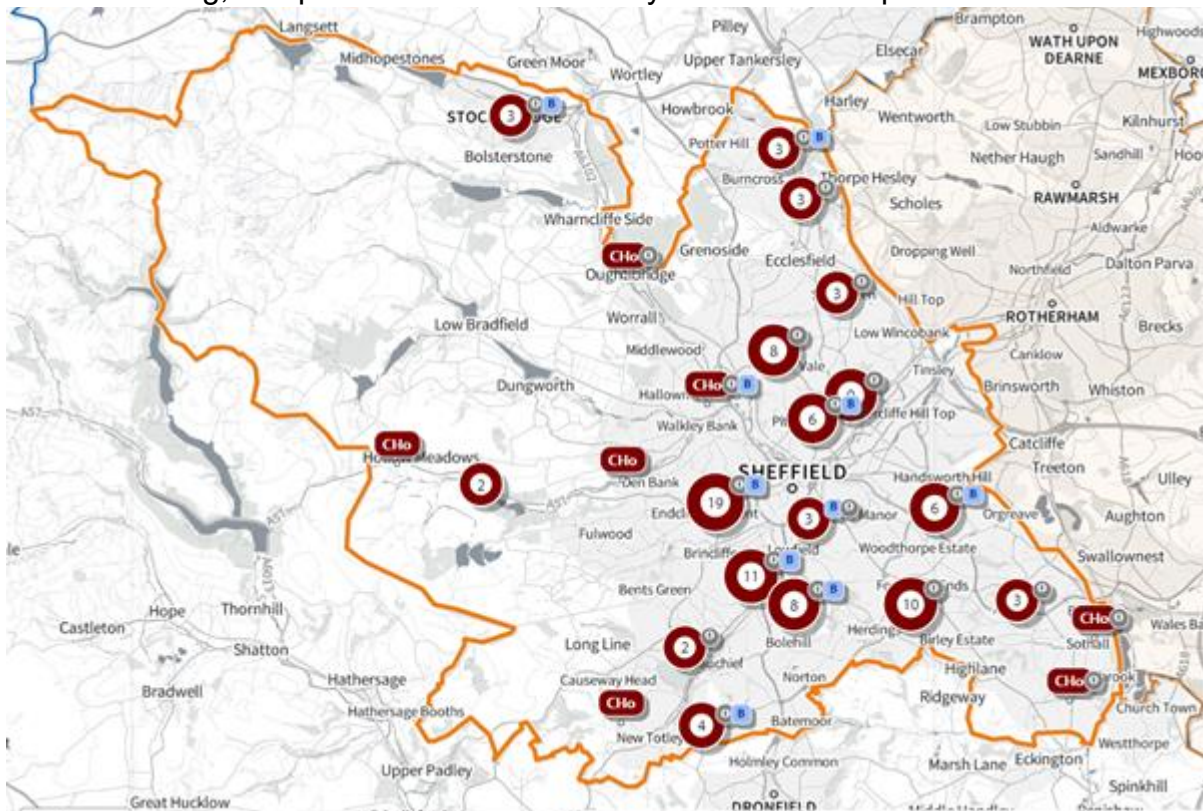
We have recognised a number of gaps in the mental health specialist support and accommodation in the marketplace and are working with partners to begin to address these. We also recognise the high use of residential services in mental health support and the difficulty in supporting timely hospital discharge. We are working with our partners to create more community support options and discharge pathways which cater for a wider range of need. We are currently in the development of pilots for new types of enhanced supported accommodation and are building on the strengths of the Promoting Independence Project to develop an enablement offer which supports individuals into independent living.

We work collaboratively through various boards and programmes with community and health partners such as Sheffield Flourish, Mental Health Partnership Board, Synergy Sheffield Mental Health Alliance, Sheffield Health and Social Care (SHSC) & South Yorkshire Integrated Care Board (ICB).

Residential and Nursing Care Homes 65+ Market Position Statement

Context

- Total expenditure on residential and nursing care in Sheffield, £57 million per annum, one of the most significant areas of spend for the council.
- In December 2024, there were 68 older person care homes registered in Sheffield.
- 48 Care Homes have signed the Council's Care Home Contract and are on the Council Care Home Framework. These homes are the Council's preferred providers for placements to ensure compliance with agreed standards; and an established fee rate of £737 (per person per week)
- Services are spread evenly throughout the city.
- Number of people in permanent placements is 1405 (17/12/2024)
- Most placements are in residential care. However, as people's needs increase the demand for dementia/EMI nursing care is increasing.
- The national 'capacity tracker', which measures availability in all care homes across the city, indicates there are circa 3,467 beds in Sheffield, and about 87% are occupied. However, not all unoccupied beds are available - the spare capacity in the market is typically about 300 beds, some 9% of the overall capacity.
- There is a self-funder market in Sheffield, and the challenge is the cost, as many beds are only available at a fee more than the Council's fee rate of £737 per person per week, paid by the Council. This is particularly the case in relation to nursing placements and residential with some form of additionality
- Analysis of CQC ratings as of October 2024, indicates the quality of provision in care homes in Sheffield is slightly above the national average with 87% of care homes rated as good or outstanding, compared with 85% nationally. Sheffield compares well with other core cities.



Market & Need Analysis

Care home providers in Sheffield range from small, long-established operators with a single care home in a converted property, to large national organisations that run many purpose-built care homes – typically focused on areas of the city where land costs are lower.

There are 68 care homes in Sheffield that have older people as their main specialism and not run by the NHS. 57 of these homes are operated by groups with more than one home either at a local, regional or national level, these homes are split between 34 different providers, the remaining 11 homes are one-offs with the company owning just a single home.

Compared to the national average Sheffield's Older Peoples care homes are likely to be larger and nursing and residential care is more likely to be co-located in the same dual registered home. Whilst homes are more likely to be purpose built, they are also more likely to be older with older purpose-built homes dominating the market. A larger proportion of the Sheffield Market is run by not-for-profit companies with more than half of the not-for-profit market being run by Sheffcare who took over the running of some council run homes in 2002.

The Councils standardised weekly fee rate for (2025/6) is £737 per person per week (excluding NHS-funded nursing care) paid to all residential and nursing care homes, including dementia /EMI homes. The fee rate is reviewed annually through a formal consultation process with providers to ensure sustainability and reflect cost pressures.

Appendix 1 Market Oversight Report 2425 Q3 v011224.pdf

Quality

Analysis of CQC ratings as of October 2024, indicates the quality of provision in care homes in Sheffield is slightly above the national average with 87% of care homes rated as good or outstanding, compared with 85% nationally. Sheffield compares well with other core cities.

Occupancy

Occupancy rates have improved, though there is still an oversupply of residential beds. There is a growing need to encourage more homes that can support more enhanced needs.

Waiting times

For long term care home placements there continues to be nil waits, as there is vacancy in the market to accommodate this.

Waits may occur from assessment to taking up a permanent placement due to personal choice, and funding/fee rates that people can, or are willing to pay. Operationally there is a difference between sourcing residential and nursing placements.

There is more pressure in nursing but placements remain available. However, there is a challenge with access to planned and emergency respite provision.

Admissions

The data shows most admissions are to residential care for physical support and support with memory and cognition, between the ages of 85-94. The average age is 84.3.

On average 90% of cases mention 'dementia' or 'receiving dementia services' when looking for records with 'dementia' and support with 'memory and cognition' as a primary support reason.

Growth

The number of people in care homes reduces each winter period slightly, but overall numbers are growing over time at about 2-3% a year.

In the last two years there has been an increase of 63 people in standard care home placements (1423 people in September 22 to 1495 people in September 24). This is an increase of 4.4% over the two-year period.

Based on this trajectory, the growth for the next 5-10 years for standard care homes would increase from 1495 to 1667 after 5 years and 1858 after 10 years.

This however is dependent on a number of factors like cold winters and flu and with the shift towards home first principles, prevention, early help and living independently at home means that it is unlikely that demand and growth for standard residential and nursing care home placements will outstrip current supply as most people will see their needs met in other settings and possibly new models of care.

Enhanced care home growth has seen a growth from 77 people in October 2018 to 124 in September 2024. This is an increase of 47 people, a 61% increase over the 6-year period

Based on this trajectory, the growth over the next 5-10 years for enhanced care is expected to increase from 125 to 185 after 5 years and 275 at 10 years

However, it is important to note that most of this growth started during the COVID pandemic and reflects the increase acuity and enhanced needs of individuals post pandemic

The snapshot of 124 people with enhanced care needs in care homes is not a high number, the costs are significant at over £10m per annum, almost 20% of the total living and ageing well care homes budget.

To better understand market dynamics, the Council will include data on care home closures and exits over the past five years to establish a net market position. This will help assess whether the sector is in decline and how that trend aligns with projected demand increases of 2-3% annually. Understanding this trajectory is essential for planning sustainable capacity and investment.

Challenges & Gaps

People are entering care homes at lot later in life and often in crisis, the number of people requiring enhanced care has nearly doubled over six years.

Emergency placement provision is often difficult to secure at short notice as these situations are largely at points of crisis, with limited information on which for providers to make immediate placement decisions. The Council currently operates a block contract for three beds in the city, at the standard fee rate plus £50 per acceptance of a person, with the contract expiring in September 2026.

Planned respite provision is often difficult to secure due to the lack of bookable options. The Council currently operates a block contract to provide four residential EMI beds across the city at the standard fee rate. This contract expires in September 2026 and it is intended that this will be remodelled and reprocured.

Those with enhanced needs are placed weekly in placements through spot purchases, sometimes out of area, which often are excessive cost and do not have the robust contractual rigour.

Many older people are placed in care homes through the discharge to assess model (Somewhere Else to Assess or S2A). To support this, the Council currently operates a block contract to purchase forty beds of mixed registration across several homes, along with a framework contract, allowing for additional placement to be made. This current contract has been retendered with a view to being implemented in 2025.

Often the cost of beds for self-funders are only available at a fee more than the rates paid by the Council. This is particularly the case in relation to nursing placements and residential with some form of additionality. As self-funder fee rates increase it is likely that more people will come to the Council for financial assistance due to their depleted resources.

Providers report that current fee levels are approximately 40% below the median Fair Cost of Care (FCoC), which significantly limits their ability to deliver anything beyond basic safe care. This underfunding affects staffing levels, wage competitiveness, and the ability to meet increasing acuity. The Council acknowledges this challenge and will explore a phased approach over the next three years to move closer to FCoC benchmarks. This will support provider sustainability, investment, and innovation.

Many care homes, particularly those in older buildings, face escalating costs for repairs and maintenance. Current fee levels make it difficult to invest in proactive refurbishment, leading to inefficiencies and reactive maintenance. The Council will explore opportunities to support capital investment and modernisation, particularly for smaller providers.

Providers have highlighted the impact of historical “Requires Improvement” ratings on their ability to secure insurance, banking, and maintain reputation. The rollout of the Single Assessment Framework and Quality Statements represents a significant shift. The Council will work with CQC and providers to explore opportunities for announced inspections during the transition and provide practical support for meeting the new standards.

Low occupancy levels increase the risk of poorer quality provision and unsafe practices as the financial impact affects staffing, morale, and the risk of accepting residents whose needs cannot be met to increase income.

Commissioning aspirations, intentions & opportunities

The Council will be reducing over reliance on emergency, out of area placements and use of direct awards so financial stability is improved. There will be tighter controls over costs and provision supported by Care Home contractual arrangements.

The establishment of a care home brokerage /placement function will represent a critical enhancement to the placement process for older people. This service plays a pivotal role in supporting older people and their families to identify suitable care home placements, with a clear emphasis on prioritising providers who are part of the Council’s approved framework and have signed the Older People’s Care Home Contract. The Brokerage Team will operate as an



intermediary between social care professionals and care providers so that each placement aligns with the older persons assessed needs.

The Council will continue work with providers in Sheffield to join the Care Homes Framework. The Council encourages all older people's care homes (residential and nursing) to complete the application for the Framework. It is the Council's intention to seek providers on this Framework when procuring placements. This is to ensure that current and any future placements funded by the Council and Health (funded nursing care, FNC) continue to deliver the standards of care as set out in the required contract and service specification.

The Council is developing a clearer process for supporting people with enhanced needs which will set out what's expected from care homes in terms of quality and delivery. This will be added to the current contract and is expected to be finalised by the autumn/winter.

To ensure sufficiency the Council will also consider the needs and provision of short term and plannable respite care as part of the health and care system and supporting people and families to keep well and be able to access the right support at the right time with additional non care home options.

There is a need to expand respite care options beyond traditional care home settings. The Council will explore alternative models such as small 4-bed units in residential properties staffed by Personal Assistants. These models could offer more flexible and cost-effective respite solutions, particularly when supported by block booking arrangements. This also includes a commitment to developing out of hours provisions for emergency respite.

The Council seeks to increase occupancy rates overall, with a focus on delivering a shift from general residential beds to increasing the number of providers that can support residents with more enhanced needs – specifically nursing and those with dementia, which is affordable and at a financially sustainable level.

Provider and Customer Voice

The Care Home Contract - the Council have engaged extensively with a wide range of stakeholders including those with lived experience and their families to develop our care home contract model. **[Summary of Feedback Report Nov 22.docx](#)**

Enhanced Care - The Council has continued to build a robust understanding of the needs of older people requiring enhanced care, particularly those aged 65 and over. Many of the individuals presenting with enhanced needs are living with advanced dementia and associated behaviours that may pose risks to themselves or others. This cohort is the primary focus for enhanced residential care support, including consideration of additional funding where appropriate. Our aim is to commission settings capable of stabilising these situations and reducing distress for individuals.

Engagement Activities

Soft Market Testing was conducted with care home providers to explore the nature of enhanced care, the capabilities required within residential settings, and associated cost implications.

Stakeholder Workshops - A series of three structured workshops were delivered; each designed to build a shared understanding of enhanced care and co-produce potential solutions. These sessions brought together a wide range of stakeholders, including adult social care

professionals, health partners (including mental health and dementia specialists), care home managers, and commissioning leads.

Workshop 1 focused on defining enhanced care and identifying the characteristics of individuals most likely to require enhanced support.

Workshop 2 explored practical approaches to delivering enhanced care in residential settings, including workforce skills, environmental adaptations, and multi-agency collaboration.

Workshop 3 centred on implementation, using real-life case studies to examine what works well, what challenges exist, and what support providers need to deliver safe and effective care.

Feedback from these sessions has been instrumental in shaping our commissioning intentions and identifying areas where additional investment or support may be required.

Lived Experience Engagement

The Council commissioned Enrichment for the Elderly to facilitate two focus groups with people living with dementia, their carers, and professionals. These sessions provided valuable insights into the challenges faced and the support mechanisms needed to improve outcomes.

Benchmarking

Participated in Bristol City Council's benchmarking exercise on enhanced care provision in care homes. Learning from this work was shared across participating local authorities to inform best practice.



Supported Living Services Market Position Statement

CURRENT SERVICES

Supported Living enables people who have disabilities to live an ordinary life, and contribute to their community, by having their own place to live, with support they need.

Supported Living is delivered within supported accommodation services (where there is a formal link between the provision of the care and support and the accommodation); the landlord will be a Registered Provider of Social Housing (also known as a housing association). Supported Living providers can also support people in their own property, which could be owner occupied, privately rented or social housing (council or housing association tenancy). These are known as 'community packages'.



SHEFFIELD CITY COUNCIL'S DYNAMIC PURCHASING SYSTEM

Most supported living is commissioned via Sheffield City Council's Adults with Disabilities Dynamic Purchasing System (DPS)¹.

The DPS began in April 2023 and has been the commissioning method since then. This DPS is for 'mild-moderate' needs. The DPS consists of 3 separate Lots: Lot 1 Supported Living; Lot 2 Activities Outside the Home; Lot 3 Short Breaks. The contract term is for 7 years, with the option to extend.

The DPS provides services which will deliver outcomes-based support to individuals who are over 16, and who have a range of disabilities and health conditions. It will enable people to obtain support within the home and/or support outside the home.

The needs which people may have include:

- A Learning Disability
- A Physical Disability or condition
- Autism
- A Sensory Impairment, including those with dual sensory impairments

Individuals may have one or a number of these conditions and may also require support in managing their mental health or family commitments.

This support is based on identified social care needs following a Care Act (2014) assessment. The support will be delivered to individuals who live within the Sheffield boundary.

The DPS includes a pricing structure for these supported living services. The hourly rates for 2025/26 are:

Description	Hourly rate
Personal Hours	£24.33
Discounted rate (where more than 56 hours per week are delivered)	£22.58
Waking night	£22.58
Sleep-in night	£86.90

Lot 1 of the DPS is for providers of supported living services, and, as of October 2024, is suspended for new provider entrants as there is market sufficiency. Sheffield City Council will notify the market through the Mercell² procurement portal when this position changes.

Lot 1 will be reopened at the Council's discretion. The Commissioning team will continue to monitor the market sufficiency via the supported living brokerage performance dashboard and will review the market on an annual basis with Commercial Services.

Sheffield Commissioning operate a mini competition process for most Community packages, calling off the Framework. The DPS has a provision for a 'direct award' process. This means that providers on the DPS can be awarded packages of care directly without a mini competition, in certain circumstances.

In exceptional circumstances and where all other solutions have been exhausted, the Council will commission a package of care to a non-DPS provider.

SCC case manages packages which are jointly funded by Sheffield Integrated Care Board. This includes cases which are funded through s117 aftercare. These packages are commissioned via the Sheffield DPS, as well as through the Mental Health Independence Framework.



1. Overview of the 'community-based packages'- demand for non-accommodation-based services

For the month of March 2025, Commissioning received 32 referrals for 'Community based packages'. The average package size was 11.80 9.9 hours per week. These packages are commissioned on an hourly basis, depending on the assessed needs of the individuals.

The Commissioning team operate a 'mini-tender' approach to procure these packages. This enables the service user and their family/advocates to have choice and a role in selecting their care provider.

2. Enhanced Supported Living

Sheffield also operates an Enhanced Supported Living framework for people whose needs are considered complex, and who display behaviours of distress. This framework has been in place since January 2023, with a term of 4 years; there are 23 providers on this framework.

There is a floor-ceiling approach to pricing. For 2025/26, the range of hourly rates is between: £24.92- £30.13.

The eligibility process for this Framework is agreed with the social work team. Providers would be expected to have PBS input into the approach for the support plan for individuals who are eligible.

In terms of accommodation for people with these levels of needs, Sheffield has two core and cluster services (8 & 5 units of accommodation). Commissioning work closely with the providers and the landlords to manage new referrals into these services as well as community-based packages. Currently, there are 24 active enhanced supported living packages totalling £6,027,944 per year (not considering any joint health funding).

There are fortnightly Dynamic Support Register (DSR) meetings, which are chaired by the South Yorkshire Integrated Care System. The aim of these meetings is to discuss individuals who have complex support needs, including hospital discharges. Commissioning attend these meetings and other MDTs as required.

3. Quality Assurance

Over 50% of the providers on Lot 1 are rated as 'Good' by the CQC.

The providers are quality monitored by Adult Care's Quality and Performance team. All providers complete a desktop assessment on an annual basis and monitoring visits are scheduled via a RAG system. We are also piloting a 'Service Review' process, taking a 360degree approach to quality monitoring that includes feedback from other professionals, and quality checkers who capture the service user voice. We expect Providers to be able to evidence that they have individuals' involvement in review processes and quality monitoring of the service.

As of July 2025, there was 1 provider in enhanced quality monitoring measures.

4. Sheffield Supported Accommodation/Living services

Who lives in Sheffield's Supported Living services?

Sheffield has a range of supported accommodation/living services, the majority of these are shared services. There are around 740 'units' of accommodation, contained within 190 properties. Over 70% of the units are within shared house, the average size is 3-4 bedrooms.

Most of these properties are owned or managed by housing associations. Within each of these properties, there is a care provider who provides 'Core' or background support. This may consist of 1 or 2 members of staff in the property on a 24/7 basis. In addition to this 'Core' support, the tenants will receive additional dedicated support in the form of 1:1/2:1 hours.

Demand information

Sheffield Commissioning operates a referral process for supported accommodation services. The Commissioning team also monitor occupancy and vacancy levels in existing supported accommodation services. When an accommodation referral is received, this is sent to all the providers where there is a potential match in terms of property type required, and to meet the needs and wishes of the prospective tenant.

As of August 2025, there are 100 people who are on the referral list for accommodation. However, of these, approximately 42% have a learning disability as their primary need and are suitable for current housing stock. The greatest number of referrals is for self-contained accommodation. There is also a high demand for ground floor accommodation. However, there is still a demand for group living; more than 50% of people are still informing us that they would like to share. The caveat is that in terms of the current market, we have historical issues with larger traditional group homes where compatibility is problematic when vacancies arise. Furthermore, this model not align with the CQC recommendations in 'Right Support, Right Care, Right Culture' (CQC 2022)

The Brokerage team provide a monthly update for all providers, which includes the updated requests for accommodation for support, with or without accommodation. This update ensure transparency and means that providers can consider business development opportunities.

Case Studies of best practice

Adult Care has recently worked with a landlord and a care provider to develop a new supported accommodation service for adults who have Physical Disabilities and Learning Disabilities. The landlord refurbished a bungalow to create a 4-person shared property. The Commissioning team engaged with social workers to identify a group of tenants for the property.

The Commissioning team have continued to support the social workers and the provider throughout the process, including work on the care model to achieve the least restrictive support which ensures value for money. All the tenants moved in by July 2025.

Consultation and engagement

During 2024, the Commissioning team undertook a range of consultation and engagement events, to support with developing new services. The key messages from the consultation have been reflected in this Market Position Statement.

Pipeline of new developments

The Council is currently working with developers on these newbuild projects:

Developer-care partnership	provider	Type of property	Timescale
Care provider partnership with a developer		9 x self-contained flats. Core & cluster model	Ready by Spring/summer 2026
Care provider partnership		6 x self-contained flats. Core and cluster model 6 units of residential care	Potentially ready by Winter 26/27
Care provider partnership with a developer		11 x Self-contained flats: Core & cluster model	Ready by Winter 26/27

COMMISSIONING ASPIRATIONS, INTENTIONS AND OPPORTUNITIES

1. South Yorkshire Integrated Care system- 2022 Market Position Statement: Housing with support for People with Learning Disabilities and/or Autism³.

In terms of developing new supported accommodation for Adults with Learning Disabilities and/or autism, there is a regional Market Position Statement.

This MPS is based on a Housing needs assessment, which was carried out by Campbell Tickhill. Campbell Tickhill were commissioned by the South Yorkshire Integrated Care System.

The MPS also reflects guidance which precedes it, such as 'Building the Right Home'⁴ (LGA/ADASS/NHSE, 2016) and 'Right Care, Right support, Right culture'⁵ (CQC, 2022).

The Regional MPS was adopted by Sheffield Council as policy in September 2022.

This housing needs assessment, identified that:

- Sheffield requires 210 units of accommodation, between 2023-2033
- Sheffield has an oversupply of shared accommodation, so new accommodation services should be self-contained properties, in a 'core and cluster' model.

The oversupply of shared accommodation is reflected in local demand based on referrals for accommodation received by the Commissioning team.

This MPS sets out several key principles for how Sheffield will work with the market in developing new accommodation services.

These principles are:



- Any supported living service developed within this area should support the strategic objectives of the relevant local authority and meet the requirements of the commissioning team.
- Local authorities will only develop supported living provision in partnership with housing providers that are registered with the Regulator of Social Housing.
- Registered providers of social housing should be compliant with all the financial checks required by the Regulator of Social Housing and be not for profit.
- The local authorities will determine how the care and support is commissioned for any supported living which is developed by a Registered Provider. In Sheffield, we would prefer to work with care providers who are on one of the Council's frameworks for care providers.

These principles are adopted by the Commissioning team.

The Commissioning team consider all proposals presented to them by developers and investor-developer partnerships and have developed a scoring tool to determine which developments to support. In accordance with the Local Government Association guidance (2020), the Commissioning team will only provide Specialised Supported Housing support if there has been meaningful engagement⁶ with the developer/care provider.

2. Future requirements for accommodation-based services

These are the key gaps which Sheffield is seeking to fill:

Self-contained properties which would enable a core and cluster model of care. These properties could be apartments or bungalows & could be for a range of needs: mild-moderate needs & more complex. Ideally this accommodation model could enable some shared hours for the care.

We will prioritise locations which are close to good quality public transport links, open space and shops & other amenities. The difference in demand for areas is negligible across the city however some areas are more saturated than others in terms of supported housing (please see map)

We will also work with partners to develop schemes which will meet a range of needs. For example, we will require that developers incorporate wheelchair accessible properties (including up to Cat 3 specification) into proposals.

Sheffield Commissioning are willing to discuss 'lease based' models of finance for new supported accommodation options. However, we are also willing to discuss the use of other funding sources for the capital costs.

Sheffield City Council will not agree to enter any voids agreements on new supported living schemes. In addition, as from October 1st 2025, vacancy costs in shared accommodation will be capped after 12 weeks and void liability will transfer to the support provider.

3. Non-Accommodation based supported services

We wish to work with providers on developing the following services:

- Enabling approach- to focus on developing life skills. This is particularly for adults moving on from more intensively supported services.
- Ensure we have providers to meet a range of needs, including services for Autistic people and for people suffering the effects of an Acquired Brain Injury.
- Trauma Informed approaches to care and support

As of October 2024, Lot 1 of the Adults with Disabilities DPS is suspended for new applicants. If this position changes, providers will be updated via the Mercell portal.

- **Enhanced Care Framework**

Our intention is to tender for an Enhanced Care Framework in 2026. This Framework will be for the provision of services for young people and adults with disabilities and complex needs who require specialist support with or without accommodation. The following groups of people will be in scope:

- People with a Physical disability
- People with a Learning Disability
- People who are autistic
- People with enduring and complex mental health needs, including the need for forensic support
- People with an acquired brain injury
- People with a sensory impairment

The Lots are to be determined following further engagement and soft market testing but are likely to include:

- Residential care for adults who are 18-65, and for young people 16-25
- Overnight short breaks (planned)
- Overnight short break (emergency)
- Support within the home (with accommodation or community outreach support)

WHAT WE CAN OFFER PROVIDERS

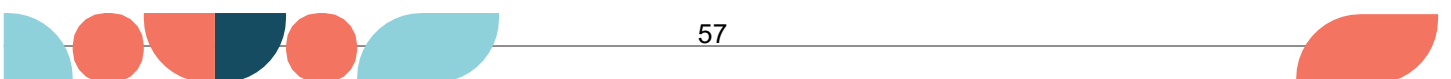
Workforce Development Team

Adult Care has established a Workforce Development team. The Workforce Development team have established the Sheffield Care Academy. This offers job advice, apprenticeships & other support to providers. Care Academies are partnerships between health and care organisations. They offer job advice, career guidance and development, specialist and leadership training to those interested in pursuing health and social care careers.

As part of the Sheffield Care Academy, there is a training awards portal, to offer discounts and rewards for care and support staff.

Sheffield's TEC Services Transformation

Adult Care is in the process of transforming the TEC offer and landscape across the health and social care partnerships.



Adult Care aims to implement a TEC first approach to support the delivery of strength-based care services. Adult Care will identify a Strategy Partner to help embed TEC across a range of care pathways.

This transformation journey has only begun, and providers will be able to be involved in the project as it develops.

Oliver McGowan Training

Sheffield offers Oliver McGowan training to contracted providers.

ECHO Training- via the ICB

Providers will be able to access ECHO training, which is organised by the ICB.



Transition to Adulthood Market Position Statement

Learning Disabilities, Autism and Transitions Commissioning Service - Developing options for young people (aged 16 to 25) transitioning from Children's to Adults Social Care Services.

This purpose of this MPS is to set out the activities happening over the next 2 years that will go towards developing more choice and opportunities for young people, with a learning disability and/or autism, who are transitioning to adulthood.

Key Commissioning Objectives:

- Stimulation and shaping of market for increased choice and better outcomes, within budget.
- Further development of DP / ISF offers to increase choice and control.
- Further development of transitions pathways and processes, with increased collaborative working, to improve experience of people coming through transitions from 14yrs+.
- Robust demand forecasting and financial planning across the system.

Supported living

A model of care designed to help people with support needs to maximise their independence in their own home - this could be someone living in a one bedroom flat within the community or in a shared property living with people who have similar support needs. It can support individuals who need a few hours of support per week to help manage daily living, as well as individuals who require support 24 hours a day to remain safe and well. People can be supported in a council or housing association tenancy, or in private rented accommodation.

Short breaks

A stay in accommodation with support, or having someone support people at home, for short periods to give the individual and the people who usually support them the opportunity to take a break and improve resilience.

Activities outside of the home

Building based or outreach support that gives people the opportunity to socialise, meet new people and make friendships; develop new interests and hobbies; get out about in the community; develop independent living skills; take part in work like activities. It can be anything that people want to do in order to realise their full potential and live the life they want to – for example, music and art, outdoor pursuits, vegetable gardening.

2 Context

2.1 Children and Families Act (2014)

The Children and Families Act (2014) fully reformed services for vulnerable children by giving them greater protection, paying special attention to those with additional needs and helping parents and the family as a whole. Part 3 of the Act relates specifically to children and young

people who have special educational needs or disabilities (SEND) – the new provisions put in place included:

- The introduction of a new Education, Health and Care Plan (EHCP) based on a single assessment process for people up to the age of 25
- Commissioning and planning of services for children, young people and families would be jointly run by health services and local authorities
- Extending the rights to a personal budget for the support to children, young people and families
- Ensuring that information about local services is clear and easy to read

Local authorities are required to involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

2.2 Care Act 2014

The Care Act 2014 places a duty on local authorities to conduct transition assessments for children, children’s carers and young carers where there is a likely need for care and support after the child in question turns 18 and a transition assessment would be of significant benefit.

2.3 Ofsted and CQC Inspection

In November 2018 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Sheffield, to determine the effectiveness in implementing the disability and special educational needs reforms set out in the Children and Families Act 2014.

While strengths were identified there was a need for improvement in 7 areas. In response to these findings a Statement of Action Plan was developed by stakeholders (including young people, parent carers, education, health and care services) in April 2019. As part of the plan a Preparation for Adulthood Team, based in Children’s Social Care Services, was established to focus on the development of Education, Health and Care Plans. The scale of the work had been underestimated and this, along with the unprecedented level of disruption caused by the Covid 19 pandemic, impacted on the team’s ability to achieve the targets required of them.

Following further discussions in early 2022 a decision was taken to form a dedicated Transitions Team based in Adult Social Care to work with people aged 18 to 25. To complement this, dedicated Occupational Therapists and Commissioning Officers were recruited to work across both teams to ensure the best outcomes for individuals and the development of services to meet the needs of the community.

In 2024, the Progression for Adulthood team was restructured. The PfA team is part of Adult Social Care. It is made up of 2 team managers and 15 practitioners. This is a mix of Social Care Practitioners, newly qualified Social Workers, Level 1 Social Workers and Experienced Social Workers. There is also a specialist Occupational Therapist within the team to support young people who may present with behaviour that can be challenging to support.

The team work city-wide in Sheffield and occasionally across other areas of the country if one of our young people is in an out of city placement.



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The team work city-wide in Sheffield and occasionally across other areas of the country if one of our young people is in an out of city placement. The Preparation for Adulthood (PFA) team will work with young people who meet the following criteria:

- they are aged between 14 and 25; AND
- they are not already or previously known to adult social care; AND
- they have or are likely to have eligible social care needs under the Care Act 2014 when they turn(ed) 18 due to a diagnosed disability (unless their primary or presenting need is related to their mental health); AND
- they remain within a period of transition – e.g. current social care or educational support has ended or will end soon and alternative options need identifying to meet any eligible social care needs.

3 Vision

Sheffield City Council (SCC) recognises that the transition from children's to adult social services comes at a time when many other changes are taking place. We want to ensure that there are co-produced options, opportunities and support available to make decisions about the future easier and not add further pressures to an already stressful time.

3.1 Council Plan outcomes

This Market Position Statement links to the Council Plan Strategic Outcome 3:

People live in caring, engaged communities that value diversity and support wellbeing

Within this outcome the proposal links to SCC priority for: A place where all children belong, and all young people can build a successful future. People live in caring, engaged communities that value diversity and support wellbeing.

The plan recognises the need to deliver effective, person-focussed SEND services including improving the transition to adulthood for young people. There is a shift towards people taking charge of their own wellbeing, so fewer individuals reach crisis point, and enhancing the transitions pathway will help more people achieve this.

Sheffield City Goals

Sheffield City Goals are a set of shared goals developed by organisations and partners across Sheffield. They set out a vision for the kind of city we want to be, and what we want to achieve together for Sheffield by 2035.

Sheffield aspires to become a City of all Generations where:

We invest in children, young people and families, giving them a strong start to life with affordable, healthy, secure homes and inspiring places to learn, play and lead.

3.2 Adult Health and Social Care Strategy

The Adult Health and Social Care Strategy (2022-30) “Living the life you want to live” details how SCC will work together to help the people of Sheffield to live long, healthy and fulfilled lives. The vision for Adult Social Care 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 priorities independence, choice, and recovery”.

The strategy recognises the role of Adult Social Care when young people are transitioning... *“young people with additional support needs who are preparing for adulthood and their families need nuanced support during the period of change and as they move to a different kind of support”*.

3.3 Co-production charter

Sheffield Inclusion Co-Production Charter emphasises the importance of putting young people with Special Educational Needs and Disabilities (SEND) and their families central to the decision-making process. It encourages professionals to work in partnership with young people and their families taking a 4-stage approach:

- Co-production: jointly developing decisions that are made in an equal and reciprocal manner
- Participation: working together to decide what will happen
- Consultation: asking service users what they think about developments and issues
- Information: providing information about what is happening

4 Challenges

4.1 Ofsted and CQC Inspection Review

In February 2022 a review acknowledged marked improvements in 6 out of the 7 areas identified at the inspection however work was still required in respect of **“weaknesses in securing effective multi-agency transition arrangement for children and young people with SEND”**. An Accelerated Action Plan was developed to address this area of weakness which was approved by the Department of Education in May 2022. The establishment of the multidisciplinary approach around Transitions supports the work identified in the plan.

4.2 ‘Cliff edges’

The original Ofsted/CQC inspection identified that transition was poor at post-16, post-18 and beyond

- Parents and carers described post-16 and post-18 transitions as ‘cliff edges’ for their children and young people
- Information about transition was not readily and easily accessible for young people with SEND and their families
- Many felt helpless, cast adrift and desperate

Although there has been some progress in this area Ofsted/CQC felt that this was insufficient at the review.

It was noted that over time Adult Social Care had not worked with young people until their Education, Health and Care Plans had ended and that currently young people were in danger of falling through the gaps in provision.

4.3 Partners in Care & Health (ADASS/LGA) Peer Review September 2024

Following the review, recommendations included that: 'By effectively working together early you could share learning, and you could significantly change the way that young people are moving from children's to adults' services – and make sure that are supported to be visible members of their local community.'

It was also highlighted that transition pathways (hospital discharge/ preparation for adulthood) were 'poorly articulated and not well planned'

4.4 National standards for independent and semi-independent provision for looked-after children and care leavers aged 16 and 17

From Autumn 2023 no provider will be able to legally deliver supported accommodation for looked after children or care leavers aged 16 or 17 without being registered with Ofsted. Ofsted inspections set began in April 2024 and providers will be measured against 4 mandatory standards: leadership and management; child protection; accommodation; and support.

4.5 NICE guideline (NG43) – Transition from children's to adults services for young people using health or social care services

The guideline sets out how services should work with young people moving from children's to adults' services with the aim of improving their experiences before, during and after transition. It notes that:

- without proper support, young people may not engage with services leading to a loss of continuity in care which can be disruptive for young people (particularly during adolescence when they are at a higher risk of psychosocial problems).
- transition from children to adults' services takes place within the context of broader cultural and developmental changes that lead a young person into adulthood. As a result, young people may be experiencing several changes simultaneously.

Poor transitions can result in young people falling through the gaps or disengaging from services which could impact negatively on their move to adulthood, longer term outcomes for independent living and health.

5 What people are telling us

Engagement with young people in **mainstream and special schools**, who have an Education, Health and Care Plan (EHCP), identified what they would like as they moved into adulthood:

- have a job
- have friends
- opportunity to continue learning
- opportunity to undertake work experience
- be more independent

Recent work with **SEND youth groups** identified similar themes as those in schools around work, friendships and independence but in addition young people also wanted to:

- be involved in the community
- have an active and engaging life
- be involved in meaningful activities

Consultation work with the **Parent Carer Forum** around the post 16 cliff edge outlined what was required to better support transition to adulthood:

- increase of supportive living options
- supportive employment opportunities
- place based services
- increase in independent living skills
- offer of activities over five days per week
- peer support/friendship groups opportunities
- person centred thinking
- increase in supported voluntary work opportunities

An **audit of EHCPs** which looked specifically at post 16 opportunities uncovered several key themes. Young people:

- did not feel like they are prepared enough to be independent or access work
- want more social opportunities
- want to be heard
- thought there was a lack of focus on wider 'real life' issues such as employment, relationships, finance
- want access to employment opportunities and careers advice
- want greater support to have independence skills
- feel there is not enough information on education and supported internship options

Current provision and future needs

The future needs outlined below are not an exhaustive list but a starting point from which to build as co-production evolves and the needs of service users and their carers are brought to the forefront.

Supported Living

What we have

- A framework of providers offering around 700 units (ie a bedroom in a shared house or a self-contained property) of supported living accommodation available for people aged 18+. The majority of the accommodation is shared in either group homes with 24/7 staffing (49%) or a core and cluster setting (35%). There is a small amount (16%) of self-contained accommodation also provided in a core and cluster setting.
- An Enhanced Supported Living option for young adults of a transitions age in, or returning to, Sheffield.
- Two group homes that are age banded for young people in Transitions. This is interim accommodation preparing the tenants to progress to greater independence.
- A market of unregulated accommodation and support provision for people aged 16/17 that falls between the responsibilities of Ofsted and Care Quality Commission.
- Supported accommodation framework for people aged 16-25 years of age who are leaving care and are vulnerable (provision includes 24/7 semi-independent living for people with high to complex need; 24/7 independent living for people medium needs; supported tenancies; and floating support).

What we need

- A move away from the large group homes and an increased provision of self-contained accommodation to meet the demand from younger people.
- Stronger links with developers to create high specification accommodation that meets the needs of the community.
- A floating support model of accommodation to help people develop skills to prepare them for more independent living in the community.
- Increase Community Support Networks where people offer one another peer support and can take part in community hub activities if they wish to.

Short breaks

What we have

- There are two in house short breaks schemes, with a third due to open this year. Two schemes are self-contained for people with complex needs. One larger scheme is for people with mild to moderate support needs.
- In addition, there are 7 short break services in the city that offer support to adults with learning disabilities and/or autism. These range from single occupancy to shared schemes, with some that can support people with physical support needs.

What we need

- Processes in place to access services in a fair, transparent and timely way
- Increased capacity to reduce crisis and admission to hospital (40% of hospital admissions are deemed inappropriate and would be better serviced by access to short breaks accommodation).
- Innovative ways of providing short break services which may not always be building based.
- Provision for emergency overnight short breaks

Activities outside of the home

What we have

- A framework of services (40 providers) that are regulated to ensure they are delivering appropriate services in safe and secure environments, usually offering activities between the hours of 9am to 3pm on weekdays
- There are also a number of unregulated providers

What we need

- Providers who bring innovation in how support is delivered.
- Opportunities to widen friendship groups and promote independence.
- Activities that are not restricted to office hours and happen when people want them to, eg during the evenings or at weekends.
- Promotion of activities so people know what's out there and can choose what they want, when they want and not be tied to one provider.
- A focus on work-like activities that help people gain the skills to move into paid employment, apprenticeships and volunteering opportunities

Commissioning strategy development

Building a strong knowledge base will help in the development of a meaningful commissioning strategy that delivers what is needed in Sheffield. Activities over the coming 2 years will include:





- **Co-production**

The primary source material for developing the commissioning strategy will come from those directly affected – children, young people, parent carers and families. Co-production will be at the centre with a focus on professionals working alongside the community to design a model that works.

Disability Sheffield and Healthwatch Sheffield were commissioned to build a sustainable group of service users to participate in co-production. Initially the group worked on the Adults with Disabilities Framework and LD strategy – this was the Chance to Choose Project that engaged with over 500 people. This project has evolved and there are now co-production opportunities via ‘We Speak You Listen’ meetings and Big Voice conferences.

It is recognised that everyone is an individual and what works for some may not necessarily work for all – different ways will be explored to give everyone who wants to be involved in co-production the opportunity to do so. There may be those who prefer not to be too heavily involved and alternative ways to engage will be developed. It could be that co-production is accessed through social media channels or focus groups facilitated by young people for young people using different methods to express thoughts and feelings, eg art, drama, storytelling, vlogging, etc. Nothing will be ruled out and young people, and those close to them, will be encouraged to direct how the co-production process works best for them.

- **Engagement**

In addition to working closely with the Adult Social Care Transitions and Preparation for Adulthood teams to identify gaps in service, interaction with the wider stakeholder cohort (e.g. commissioned and non-commissioned providers; relevant SCC teams; Health; Education; and peer advocacy groups) will be actively encouraged.

- **Networking**

Exploring alternative models of provision in other parts of the country and looking at how these can be adapted or be used as a springboard to develop services that meet the need of the people in Sheffield.

- **Evaluation of current provision**

Identifying the provision in Sheffield across all areas and how well this is working, finding out how people using the services feel about them and looking at where the gaps are.

Framework development

- **Adults with Disabilities Framework**

In 2017 the Learning Disabilities Commissioning Team implemented the Supported Living Framework. This was replaced by the Adults with Disabilities Framework in April 2023; there are 3 lots – supported living, short breaks and activities outside the home. The providers work with people from 16 onwards.

The framework has proved to be extremely successful for service users, professionals and providers alike. It ensures quality accommodation and services that are safe and affordable regulated by SCC’s Learning Disabilities Brokerage and Quality and Performance teams.



Within these different areas there will be the opportunity for services to evolve to meet the aspirations, needs and wants of people who use them. Contracts will not be rigid, stagnant documents but ones that are open and welcoming of change. The aim is to bring a realistic approach to the everchanging needs of the community.

- **Enhanced Supported Living Framework**

We have also established an Enhanced Supported Living Framework for people over 16 years old with learning disabilities and/or autism, who display behaviour that significantly challenges, including those with a mental health condition. The framework has a particular focus on enabling complex individuals to remain living with family and prevent the need for long term residential placements. It also supports discharge from secure environments and the return of Sheffield citizens back to the city. Through this framework we are now able to plan considered post educational transitions from out of city residential environments as well as support young adults to receive highly skilled formal support in their family home.

Ongoing projects

- **High Greave**

We worked in partnership with Dimensions support and NHS England to co-design an Enhanced Supported Living option for young adults of a transitions age in/ or returning to Sheffield. The project includes five high specification purpose built self-contained flats and a highly specialised support offer. The project is designed for young adults who will be able to live in individual flats, learning the skills needed for independent living over 2-5 years, before moving on.

- **Single Occupancy Transitions Short Breaks**

Together with family carers and our in house provide servicer, we co-designed a transitions short breaks service. This is a self-contained short breaks option that can meet the needs of individuals who display behaviour that significantly challenges.

- **Transition Supported Living**

Since April 2022 we have been working with supported living providers to plan accommodation-based options specifically for young adults of a transitions age who have a learning disability/are autistic. This includes a mix of purpose built and adapted accommodation options to cater for a range of needs. The work is aimed to address the increased demand and compatibility struggles for young adults of a transitions age.

- **Related activities**

In addition to the initiatives being developed by the Learning Disabilities, Autism and Transition Commissioning Team other work is ongoing across different teams within SCC to support people transitioning to adulthood:

- **Autism hub**

The Commissioning Team worked with the ICB, Sheffield Autistic Society, Sheffield Autism Partnership Network to develop of an all age drop-in centre providing information, advice and guidance for autistic people (with or without a formal diagnosis) and their families.

- **Complex mental health and transitions**

Each year a small number of people experiencing complex emotional, mental health and behavioural difficulties are allocated placements in specialist residential care settings as they approach 18. There are insufficient placements available in Sheffield that can meet the complexity of needs these young people have so it is necessary for them to move outside of the city to receive the support they require. The Children and Young Peoples Mental Health



Commissioner is looking at how similar services, that work exclusively with people aged 16 to 25 to support the transition to adulthood, can be developed in Sheffield.

- **Employment**

Lifelong Learning and Skills are actively working to ensure that new volunteer opportunities, workplace experiences, employability programmes and supported internships are made available to those moving into adulthood. As well as working with employers to increase the availability of job opportunities SCC are also committed to developing a foundation apprenticeship for young people with SEND that acknowledges their aspirations.

Further reading

- [Joint local area SEND inspection in Sheffield](#)
- [Special Educational Needs and disabilities 2020-2025 Inclusion strategy \(sheffield.gov.uk\)](#)
- [Introducing national standards for unregulated provision - GOV.UK \(www.gov.uk\)](#)
- [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)
- [The One Year Plan \(sheffield.gov.uk\)](#)
- [Our adult social care vision and strategy \(sheffield.gov.uk\)](#)
- [inclusion co-production charter dec 2019.pdf \(openobjects.com\)](#)

How to contact SCC regarding the market position statement

Please contact the Learning Disabilities, Autism and Transitions Commissioning Team at SCAPLD@sheffield.gov.uk

