

# Education, Health and Care Transitional Committee

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**Thursday 2 December 2021 at 3.30 pm**

**Town Hall, Sheffield, S1 2HH**

**The Press and Public are Welcome to Attend**

## **Membership**

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Councillor Mohammed Mahroof  
Councillor Jack Scott  
Councillor Sue Alston  
Councillor Alexi Dimond  
Councillor Jayne Dunn  
Councillor Mary Lea  
Councillor George Lindars-  
Hammond  
Councillor Kevin Oxley  
Councillor Martin Phipps  
Councillor Richard Williams

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## PUBLIC ACCESS TO THE MEETING

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A copy of the agenda and reports is available on the Council's website at [www.sheffield.gov.uk](http://www.sheffield.gov.uk) . You may not be allowed to see some reports because they contain confidential information. These items are usually marked \* on the agenda.

Members of the public have the right to ask questions or submit petitions to Transitional Committee meetings and recording is allowed under the direction of the Chair. Please see the [website](#) or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

PLEASE NOTE: Meetings of the Transitional Committee have to be held as physical meetings. If you would like to attend the meeting, you must register to attend by emailing [committee@sheffield.gov.uk](mailto:committee@sheffield.gov.uk) at least 2 clear days in advance of the date of the meeting. This is necessary to facilitate the management of attendance at the meeting to maintain social distancing. In order to ensure safe access and to protect all attendees, you will be asked to wear a face covering (unless you have an exemption) at all times when moving about within the venue.

It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting. You can order tests online to be delivered to your home address, or you can collect tests from a local pharmacy. Further details of these tests and how to obtain them can be accessed here - Order coronavirus (COVID-19) rapid lateral flow tests - GOV.UK ([www.gov.uk](http://www.gov.uk)). We are unable to guarantee entrance to observers, as priority will be given to registered speakers. Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website.

If you require any further information please contact Jennie Skiba email [Jennie.Skiba@sheffield.gov.uk](mailto:Jennie.Skiba@sheffield.gov.uk)

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**EDUCATION, HEALTH AND CARE TRANSITIONAL COMMITTEE AGENDA  
2 DECEMBER 2021**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**  
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 5 - 8)  
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 9 - 14)  
To approve the minutes of the meeting of the Committee held on 4<sup>th</sup> November, 2021.
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Transforming Homecare in Sheffield** (Pages 15 - 26)  
Report of the Director of Adult Health and Social Care .
- 8. Work Plan** (Pages 27 - 28)  
Report of the Policy and Improvement Officer.

**NOTE: The next meeting of Education, Health and Care Transitional Committee will be held on Thursday 6 January 2022 at 3.30 pm**

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## ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest (DPI)** relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period\* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

\*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
  - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
  - (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email [gillian.duckworth@sheffield.gov.uk](mailto:gillian.duckworth@sheffield.gov.uk).

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Education, Health and Care Transitional Committee

Meeting held 4 November 2021

**PRESENT:** Councillors Mohammed Mahroof (Chair), Sue Alston, Alexi Dimond, Jayne Dunn, Mary Lea, George Lindars-Hammond, Kevin Oxley, Martin Phipps and Simon Clement-Jones (Substitute Member)

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**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Jack Scott and Richard Williams. Councillor Simon Clement-Jones attended as substitute Member for Councillor Williams.

**2. EXCLUSION OF PUBLIC AND PRESS**

2.1 No items were identified where resolutions may be moved to exclude the public and press.

**3. DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of the Transitional Committee held on 4<sup>th</sup> October, 2021, were approved as a correct record.

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 There were no public questions or petitions received from members of the public.

**6. INTRODUCTION TO TRANSITIONAL COMMITTEES**

6.1 Emily Standbrook-Shaw, Policy and Improvement Officer, submitted a briefing paper setting out the role and purpose of Transitional Committees (TCs) and how it was intended they are to work and how they relate to other structures within the Council, and to start to develop work plans and ways of working. She said the key points were that TCs were temporary, advisory Committees, and not, as some other local authorities who were similarly going through transition to a Committee system, considered to be shadow Committees which would continue to work with similar memberships once the new arrangements were in place. She said that it was acknowledged that education and health were a large remit and would need to be given much consideration when forming the new Committees. Emily Standbrook-Shaw said that the Scrutiny Committees were still in place, and it was felt that the TCs would act as a conduit for consideration of issues that might arise out of Local Area Committees. She said that TCs would decide new ways of working and how to work with partners and communities, and that these ways of

working would provide valuable evidence and feedback to the Governance Committee when deciding the final structure under the new committee model of governance.

6.2 The Committee noted the information now reported.

## **7. SEND TRANSITIONS TO ADULTHOOD**

7.1 The Committee received a report providing an update regarding Special Educational Needs and Disability (SEND) Services in Sheffield and also an update on Post-16 transition to adulthood.

7.2 Present for this item were Louise Goddard (Post 16 SEND Officer) Kevin Straughan (Head of Lifelong Learning, Skills and Employment), and Rose Ward (Interim Head of Service, SEND).

7.3 Kevin Straughan said that, as a preamble to the report, the SEND Team was a relatively new team and had only been in existence for the past five months and as such was gathering momentum and traction. He said the implementation of the Post-16 Officer had been deemed to be essential to address issues that had arisen during an inspection of Joint Local Area SEND carried out in 2018. The remit of the role was to establish clarity around the pathways to adulthood by making the picture clearer, wider and brighter for young people with SEND and also for their families/carers in an attempt to reduce the number of post-16 young people not in education, employment or training (NEET) and having nothing meaningful to move into. Kevin Straughan said that, at present, the transition into adulthood commenced too late and caused confusion for many and there was still a lot of work to be done on this. He felt that there was a need for strong leadership and support for families, a clear mandate to work with young people and their families to get the pathway right as they transition into adulthood.

7.4 Louise Goddard stated that she had been in post since May 2021, and had established links with child and adult social care Heads of Service, the Youth Service, Sheffield Parent Carer Forum, the Pupil Referral Unit and some voluntary and community organisations and she had gathered data centred around the number of children with an Education, Health and Care Plan (EHCP), the school or education provider they sit with and the national curriculum year group they were in. She said from the findings it was clear that the pathways to adulthood were not set out early enough and were not clear. Louise Goddard stated that there was a misconception about young people with SEN that they had nothing to offer except to work either in horticulture or charity shops and this was not the case, they had and deserved a right to further education and employment if they so wished. She then referred to the development of the Pathway to Employment Working Group which met monthly and had a very clear focus upon engagement with employers and a range of supportive stakeholders to ensure that a pathway into work was available for young people with SEND, and to explore mechanisms to engage employers, families and young people and prepare young people for working life. She said that employment at Post-16 was not for everyone with SEND, some wanted to develop independent living skills before gaining employment.

7.5 Louise Goddard stated that the team needed to produce EHC plans that were clearer, however in many cases, social workers were not appointed to assist children and their families and therefore not in attendance at EHCP annual reviews. She said there was a need to redesign the Local Offer website to make it user-friendly as currently it didn't take account of the fact that not everyone had the necessary digital skills and equipment to access the information. She said that she was developing SEND Surgeries around the city with representatives from health and social care, and transport, with the aim of taking over a family centre for young people and families to attend and talk about things that matter to them when reaching adulthood. She said that she was in the process of setting up Youth Forums so that young people could have a voice as the Service doesn't always hear from them, but instead just the views of the parents and the professionals who write the EHCPs. Louise Goddard then referred to those young people who were not receiving education in a special school setting, stating that there needed to be a five-day offer to them as post-16 providers offer a three-day study programme, however a pilot scheme was being rolled out to find out how to fill the other two days with activities and interests for those young people. She said that work on the transition booklet which was available on the parent/carer forum website was needed to include a tick list for actions to aid young people and their families with 'next steps' and 'what to expect'.

7.6 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- It was recognised that personalisation was important for young people and their families. What was clear from an ombudsman complaint, was that if more personalised contact had been made, and personalised the process more, the complaint wouldn't have been so strong. It was felt that the process could be followed more closely by having better contact and communication with families.
- With regard to a person-centred approach, it was accepted that the pathways needed to be put in place sooner rather than later. Aiming to have the pathway identified in Year 9, talking to parents and young people about what the pathway looks like, to give them an idea of the direction of travel and to have a true partnership with the parent/carer and young person. It was felt too late for young people at the age of 16 to arrive at Sheffield College without an idea of what was on offer. There were often some very intelligent people not knowing exactly what was on offer and what they could achieve and be successful.
- A meeting had been held with representatives of Sheffield Hallam University about their civic university concept and asked if those with SEND might be supported by the University to have a route into the University. Also, a partnership had been created with Northern College who were looking at creating a bespoke higher education course which directs young people to Huddersfield University who have created a pre-access course into higher education and will take young people who don't have a qualification for English or Maths and will take them in at the age of 19 or above to get them started.

- Contact has been made with the High Sheriff in the hope of bringing in a high bank of employers to open the door across a wide range of organisations in his capacity not only as High Sheriff but also as a businessman and someone who works alongside the voluntary sector. It was appreciated that there was a need for smaller employers as well that can personalise support and some good, positive responses had been received. One small restaurant had agreed to offer work experience opportunities. The South Yorkshire Jobs Fund starts next year, and it was anticipated to engage with the employers through them.
- Funding and strong support had been given by the City Council. It was important for better engagement with partners, and much more could be done with the partnership across the city, i.e. with the Universities, Sheffield College, parent/carer forums etc.
- Covid stopped things moving forward, but the Service held its first young persons' voice event organisation called "KIDS" and brought young people from all over the city and they told us what they wanted, they said we want to work and there's a need to get that moving more.
- With regard to apprenticeships, there was a need to engage more with supported internship apprenticeships scheme and change the way it was recruited to. There was need a create a more generic apprenticeship scheme for 16- and 17-year-olds so that young people could come into the Council and create a barrier-less approach to help them to develop skills to have a career with the Council.

7.7 It was recommended that:

- the voice of young people needed to be present to work with service receivers
- with regard to the question around employment – there was a large unit around the Authority which is around regeneration and employment and there is something that can be done to join up Departments around the Council.

7.8 Rose Ward provided an update regarding SEND Services. She said that a review of high need funding was to be undertaken and that a three-year plan had been agreed to ensure that Education, Health and Care Plans (EHCP) for children were adequately funded and delivered to allow them the best chance of success. She briefly outlined the statutory assessment process and stated that it was essential to extract the correct information from annual reviews to ensure that young voices were heard. Ms Ward stated that a review of frontline staff had been carried out in May 2021 and due to a decreased number of Inclusion Officers for a number of reasons, a business case had been put forward to have a rolling programme of recruitment to allow for sufficient staffing to bring down case loads from 320 to 150. In context there are around 3,800 children with EHCPs, 1,200 were within post 16 and there were 336 children without a base and work needs to be done to

ensure that everyone was on the right pathway.

7.9 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Regular meetings were held with parents/carers of young people with SEND and the comments from the Committee will be taken forward to facilitate such meetings.
- Earlier on in the year, there were only six Inclusion Officers in the Team, so to enable the Service to sustain the number of plans to be written and reduce the backlog, a recruitment drive meant that that number had now increased to 18, with eight of those officers being brought in through monetary buy-ins. However, recruitment was a rolling programme so it was hoped to increase staff which would alleviate parents' concerns that their children were not receiving the proper help and support they required.
- Following on from the Quality Assurance Audit and Quality Standards Audit, weekly meetings were held to help social care and education representatives see how plans were written and to help them understand how to close the loop to see what works and what requires improvement.
- With regard to conflict resolution, every EHCP includes a covering letter giving information of how to approach mediation, an email address for contact and outlining the right to an appeal and tribunal.
- There was a rolling programme in place for recruitment and the Service was also looking to introduce an internal training programme to develop and upskill existing staff. There was an induction programme of three months for those coming into the Service.
- It was anticipated that 18 Inclusion Officers would be needed to be able to carry out between 120 and 150 EHCPs. By having a good level of officers, they get to know the individuals and their families and are able to have a relationship with the family and able to provide a better plan.
- It was acknowledged that there was a shortfall in the number of special school places available, not only in Sheffield but nationally. Work was being carried out with Sector and Corporate colleagues to look at expanding opportunities to ensure the most effective and efficient use of space within mainstream schools.
- Although recent appeals that had gone to tribunal had been found in favour of the local authority, it was hoped that these could be prevented as these were highly stressful and an inefficient use of resource. Meetings had been held with a number of parents who had gone through the appeals process and lessons have been learned by listening to parents and trying to understand their experiences and changes would be made. A Conflict Resolution Model was to be carried out to hopefully reduce mediation and tribunals without removing the parents' rights of appeal.

- A new special school will open in September, 2022 with some pupils attending with a new EHCP in place and it was felt that this would alleviate some of the pressures. The Service was also looking to develop hubs and integrated resources in mainstream sites as every child has the right to mainstream education and we are looking into how to keep children in mainstream education. There was a plan for a further special school to open in 2023.
- With regard to a dedicated telephone line, we would have to look at the funding for this, but it was felt that this would be beneficial. The Autism Team does have a dedicated phonenumber.

7.10 The Chair summarised the key issues arising from the meeting as follows:-

- School places
- If there were additional schools, would we still be short of numbers
- The need for a dedicated phone line, is this something we should be doing
- To meet with parent forums
- Parents do struggle to get through the system, should it be clearer
- Tribunals, very expensive route, was there any mileage in speaking with those who have been there to see what can be done to avoid going to hearings.

7.11 RESOLVED: That the Committee:-

- (a) thanked the officers for providing the information and answering the Committee's questions; and
- (b) agreed that arrangements should be made for Committee members to hear from young people and parents and carers about their experience of SEND Transitions to Adulthood in order to help develop policy recommendations on this issue.

## **8. OUR APPROACH TO FUTURE PRIORITY BUDGETING**

8.1 The Chair recommended that this item be withdrawn due to the absence of the Executive Member for Finance and Resources and the Head of Policy and Partnerships as there had been a bereavement in the service area.

8.2 RESOLVED: That this item be brought to a future meeting of the Committee.

## **9. WORK PLAN AND WAYS OF WORKING**

9.1 Emily Standbrook-Shaw stated that should the next meeting be cancelled, the Home Care item would be put on the agenda, along with the item on the budget, at its meeting to be held on 4<sup>th</sup> December, 2021.



## Report to Education, Health and Care Transitional Committee

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**Report of:** Alexis Chappell Director of Adult Health and Social Care

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**Subject:** Transforming Home Care in Sheffield

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**Author of Report:** Joe Horobin, Head of Commissioning Adult Social Care

[Joe.horobin@sheffield.gov.uk](mailto:Joe.horobin@sheffield.gov.uk)

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### Summary:

Sheffield City Council arranges over 42,000 hours of home care and reablement to around 3,000 people in Sheffield every week. It is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital.

The Council is working with people who receive care and those who support them, capturing customer voice and engaging with representation groups and colleagues across the health system and in communities, to deliver a clear vision for home care that is fit for the future.

The Council is two years into a four-year change programme that will deliver the systemic changes needed to ensure excellent quality and sustainable home care that supports people across the city to maximise their independence, at the same time as improving workforce terms and conditions in the independent care sector.

The report sets out the vision, the drivers for change, the governance in place to drive the transformation and the key milestones for delivery.

**The Committee is being asked to:**

The Committee is being asked to note the vision and direction for transforming home care in Sheffield; provide views, comments and recommendations; and consider how it would like to be involved in this work going forwards.

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**Background Papers:**

September 2021 Coop Exec Report for Framework Extension – agreed.

**Category of Report:** OPEN



<p><b>1</b></p>	<p><b><u>Executive Summary: Home Care Transformation</u></b></p> <p>Sheffield City Council arranges over 42,000 hours of home care and reablement to around 3,000 people in Sheffield every week. It is one of the foundations of our approach to supporting people to live independently and well in their home and to return home from hospital.</p> <p>The Council is working with people who receive care and those who support them, capturing customer voice and engaging with representation groups and colleagues across the health system and in communities, to deliver a clear vision for home care that is fit for the future.</p> <p>The Council is two years into a four-year change programme that will deliver the systemic changes needed to ensure excellent quality and sustainable home care that supports people across the city to maximise their independence, at the same time as improving workforce terms and conditions in the independent care sector.</p> <p>The report sets out the vision, the drivers for change, the governance in place to drive the transformation and the key milestones for delivery.</p>
<p><b>2</b></p>	<p><b><u>Purpose</u></b></p> <ul style="list-style-type: none"> <li>• To share the vision for transforming home care in Sheffield in the context of the emerging Adult Social Care Strategy</li> <li>• To set out the governance and key milestones for the transformation programme</li> <li>• To seek the views of the Education, Health and Care Committee including how the Committee wishes to be kept informed of progress</li> </ul>
<p><b>3</b></p>	<p><b><u>Strategic Context in Adult Social Care</u></b></p> <p>Adult Social Care is currently working with citizens and with a diverse range of stakeholders in the city to develop a 10 year strategy for Adult Health and Social Care. The work undertaken so far has highlighted that the strategy needs to ensure that we:</p> <ul style="list-style-type: none"> <li>• Build relationships and ownership across the system</li> <li>• Focus more on what matters to people – a focus on experiences and wellbeing outcomes ('Our Outcomes')</li> </ul>

- Set out a plan we can all work to, working on what will really make a difference and strengthen our commitment to prevention and proactive care ('Our Commitments')
- Highlight what everyone can expect from all adult health and social care – 'Our Values'
- Provide clear vision for the long term - 'Our Vision' - The vision should focus on building choice, control and independence – things we've heard that we need to work on improving through our strategy.

Our future home care model is therefore committed to delivering on these key elements of the strategy as well as addressing challenges that the current model faces.

Adult Social Care in Sheffield has a number of key challenges to address over the next two years including the following:

- Responding to the national trend of increasing in acuity and complexity of care needs.
- Ensuring we can fulfil our obligation as care provider of last resort and develop our organisational resilience, especially around hospital discharge.
- Supporting people to live independently and embedding community support by maximising the impact and utility of our in-house and provider markets
- Delivering much needed improvements in our quality of care and the customer journey through care and financial assessment, support planning, reviews and customer charging that are key to delivering a long term financially sustainable adult social care service.

#### **4 Drivers for Change in Home Care**

Home care is a vital service which supports, and directly impacts, over 3000 people across the city, many of whom are among our most vulnerable citizens. Despite being one of the most inexpensive elements of the health and social care system, home care is crucial in enabling people to remain at home, leave hospital quickly and avoid or delay moving to permanent residential care where appropriate.

However, it often does not function well for people, their families and carers, nor the workers providing the service, while demand, and consequentially costs, continues to increase.

Furthermore, there are significant systemic constraints and inefficiencies which hinder the efforts of care workers and other professionals, deliver negative outcomes for people and ensure already limited funding is spent in the wrong places.

We need to ensure care and support people receive at home is person-centred, reliable, and responsive, delivering the best possible outcomes for all. It is also essential services

represent the best possible value for money and are fit for the future, meeting the changing needs, demographics, and desired outcomes of the citizens of Sheffield.

The Council faces a number of challenges in relation to home care, which are reflective of the broader issues faced by Adult Social Care, and by many local authorities across the country:

- **Increasing, and changing demand:** There has been an ongoing trend for several years of home care and reablement services successfully responding to ever increasing demand, with the volume of council arranged home care provided by independent sector care providers nearly doubling in the past five years.

Weekly Commissioned Hours		
May 2016	August 2021	% Change
20,500	40,610	+98%

This trend has been driven by increasingly complex needs and acuity of people requiring home care but also, in response to Covid, people remaining at home when, in the same circumstances, they may previously have moved to a care home. This is evidenced in the data showing care home occupancy in the table below:

Sheffield Care Homes			
	Nov 2019	Aug 2021	Change
Capacity	4413	4244	- 169 beds
Usage	4008	3551	- 457 people

	August 2020	August 2021	% Change
People receiving home care	2,670	2,585	-3%
Total weekly hours	36,996	40,610	+10%
Average weekly hours of care	14	16	+14%
Average new care package	15	21	+40%

- **Increasing costs:** Increasing demand due to larger care packages inevitably leads to increasing costs to the Council, as demonstrated by a year-on-year comparison. As per demand, the annual spend on home care is projected to have more than doubled in five years:

	Spend	% Change	Fee Uplift
21/22	£41.5m	+30%	4.99%
20/21	£33.9m	+29%	5.54%
19/20	£26.3m	+2.7%	4.24%
18/19	£25.6m	+28.6%	3.95%
17/18	£20.0m		8%
17-22		+107.5%	

- **Better, and more consistent, quality:** Despite improvements against some metrics<sup>1</sup> in recent years, people in receipt of home care and their carers tell us home care sometimes doesn't work well for them.

Healthwatch Sheffield's January 2019 home care report<sup>2</sup> found 'key concerns which contrast with NICE guideline recommendations on planning and delivering person-centred home care', including:

- Late, missed, and inappropriate timing of care visits
- Rushed care visits
- Lack of continuity of care
- Care plans not followed or reviewed regularly
- Lack of opportunities for family carers to give feedback and difficulty making complaints
- A perception that there is a lack of training, supervision and monitoring of home care workers and no experience or qualifications are needed to do the job

- **Meeting the needs of all our citizens:** We know that in some cases people feel home care provided through commissioned provision is unable to meet their needs, for example in relation to their cultural heritage.

#SpeakUp : A Review of Home Care – The African Caribbean Perspective (August 2021), a report by SACMHA<sup>3</sup>, in conjunction with Healthwatch Sheffield, described the following concerns in relation to 'Lack of Culturally Appropriate Care':

- Not enough time is taken to understand the cultural needs of an individual

<sup>1</sup> Reduced waiting times, improved CQC ratings, contribution by home care to reduced Delayed Transfers of Care.

<sup>2</sup> [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20190219\\_Sheffield\\_Home%20Care%20Report%20January%202019.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/reports-library/20190219_Sheffield_Home%20Care%20Report%20January%202019.pdf)

<sup>3</sup> Sheffield Afro Caribbean Mental Health Association

- *Professionals closing cases when care ‘breaks down’ instead of exploring why*
- *Culturally appropriate care being harder to access in some areas of the city*
- *Not enough carers from different cultural backgrounds*

- **Financial processes:** The home care payment and charging model, based upon the minutes the care worker spends in a person’s home, is unsustainable. Over-complexity leads to poor quality data which, in turn, can cause poor quality of customer invoices and difficulty in forecasting performance against budget.
- **Market sustainability:** Providers are currently under significant strain as we approach a post-pandemic era, reporting enduring and increasing issues, particularly in relation to staff wellbeing and burnout

*“It’s like four foot of snow, but for 18 months instead of 10 days”*

*“The worst we’ve experienced, in 25 years in home care”*

*“Recruitment is at an all time low. We contact every person in hope, but there’s nothing”*

*“More pressure now than at the height of Covid”*

- **Workforce:** Staff retention is exceptionally difficult, as other sectors, where wages and terms and conditions are superior, reopen. Staffing constraints leave providers with limited resources to expand their business to meet rising demand, and the strain upon the existing workforce impacts upon the quality of the care provided.

As providers are unable to compete financially with other sectors, they are unable to attract, retain or select staff who are the appropriately skilled for the role and can provide the best quality of care, but instead left in a position where they will employ almost any staff they can, if they are to meet the systemic demand.

It is estimated up to 32% of the sector do not see care as long-term career, which in turn may affect dedication and receptiveness to upskilling and advancing within the service. This is particularly impactful due to the increased complexity of needs for the people at home, who require staff to be further trained to ensure that their needs are met appropriately.

## How are we transforming Home Care in Sheffield?

Commitment was made by Sheffield City Council and Sheffield Clinical Commissioning Group to transforming home care in Sheffield and funding was identified through the Better Care Fund. A change programme was fully established in April 2020 with representation from a wide range of stakeholders from across Adult Social Care, customer voice organisations and health. The programme seeks to deliver the vision for transformed home care in the city over the next two years and is a key component of the Adult Social Care Transformation Programme in delivering the Adult Social Care Strategy for the city.

The Home Care Transformation Programme is a suite of interlinked projects, with the common purpose of supporting transformative improvements in home care in Sheffield:



- **Care & Wellbeing Model:** The future model is being developed through a number of test-of-change projects, including an extra care site, 'controlled implementation\*\*', and the development of reablement and enablement service models. The Care & Wellbeing model will embed the necessary foundations for excellent care that meets people's individual outcomes, with a clear and consistent focus on *what matters to*

*them*. The Care & Wellbeing Service will also foster opportunities to increase independence.

\*\*The term 'controlled implementation' refers to the process of implementing the foundations for the model in a specific geographical area in the city, creating the opportunity for testing, learning, and building an evidence-base. The development partner (a registered home care provider, responsible for care delivery), will collaborate with the Programme Team and ScHaRR (evaluation partner, Sheffield University) to collectively develop and evaluate the new model. There will be a strong focus on listening to people in receipt of care, their carers and families, and their care workers, to support this process.

**The key foundations of the Care and Wellbeing home care model are as follows:**

- Neighbourhood-based; home care provision with close links and positive relationships with other services and the voluntary sector in the local area, as part of a collaborative multi-disciplinary approach to person-centred care.
- Strengths-based approach, to achieve outcomes, enable, re-able and increase independence.
- Greater scope for creativity to meet needs and outcomes.
- Effective voice and mechanisms for a) everyone to shape and influence their own support, and b) people to engage with ensuring effective accountability and scrutiny of adult social care, where they wish to do so.
- Block contract for commissioned home care that supports care delivery to be both flexible and responsive as required, and consistent and stable.
- Improved terms and conditions for care workers enshrined in a Sheffield Charter, including payment of the real Living Wage<sup>4</sup> and on a shift basis, not contact time.
- Increased ownership and empowerment for care workers and providers to manage local caseloads, ensuring support is preventative, responsive and flexible to changing needs.
- Ensuring collective resources are used in the most effective ways possible.

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<sup>4</sup> <https://www.livingwage.org.uk/what-real-living-wage>

## **Key Milestones for Home Care Transformation**

### **1 Care & Wellbeing test of change 'controlled implementation'**

<b>Milestone</b>	<b>Date</b>
Geographical area agreed	June 2021
Service specification signed off	July
Governance process concluded	October
Procurement process	October – January
Mobilisation	January 2022
Contract go live	March 2022
Contract end	March 2024

### **2 Transformational Contract Development for Commissioned Home Care**

<b>Milestone</b>	<b>Date</b>
Cooperative Executive approval 18 Month Contract Extension	22.9.21 - Complete
Stakeholder Mapping Communications and Engagement Plan	31.10.21
Soft Market Testing	27.02.22
Service Specification	30.06.22
Cooperative Executive Approval Procurement	31.07.22
ITT	31.08.22
Contract Award	30.12.22
Contract Mobilisation	07.04.23
Contract Go Live	10.04.23

### **3 Technology in Operational Care Service Delivery**

<b>Milestone</b>	<b>Date</b>
4 Month Pilot Electronic MAR Chart Authorisation commences	26 July 2021
Care Friends Recruitment 6 Month Pilot Go Live	18 October 2021
Electronic MAR Chart Authorisation Pilot Evaluation and Business Case submitted	26 October 2021
Electronic MAR Cart Authorisation Pilot concludes	26 November 2021
Care Friends Pilot Evaluation and Business Case submitted	18 March 2022
Care Friends Pilot concludes	18 April 2022

### **4 Tech Enabled Care**

<b>Milestone</b>	<b>Date</b>
Re-procurement of Monitoring Centre (Subject to approval)	31 July 2022



TEC Learning Webinars Go Live	25 October 2021
Customer Record Management Reconfigurations - System IDs reconfigured - Electronic Referral Form live in LAS - Business Intelligence Dashboard live in LAS	29 November 2021 10 January 2022 11 April 2022
Range Management	TBC
Service Promotion	
Assessments	
Charging Strategy	
<b>5 Enablement Service Development</b>	
<b>Milestone</b>	<b>Date</b>
<i>To be confirmed</i>	
<b>6 Continual Service Improvement across Home Care</b>	
<b>Milestone</b>	<b>Date</b>
Home Care Workforce Recruitment and Retention Toolkit Development	Under development
Phase 2 Implementation: 'Stars Dementia Care - Home Care Training' and Online Toolkit	Under development
New Practice Development Tackling inappropriate behaviour towards the frontline social care workforce	Under development
Package Breakdowns – Action Plan	Under development
Medication Optimisation	Under development

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## Report to Education, Health and Care Transitional Committee

2<sup>nd</sup> December 2021

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**Report of:** Policy & Improvement Officer

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**Subject:** Work Plan

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**Author of Report:** emily.standbrook-shaw@sheffield.gov.uk

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Transitional Committees are being introduced to provide an early opportunity for Members to work on a cross party basis, advising the Executive in advance of decisions being made, as we make the transition to a Committee System in 2022/23.

### **Work Plan**

Transitional Committees are advisory to the Co-operative Executive. It is therefore important that the workplans focus on key topics for the administration, aligned to the One Year Plan; and are achievable within the capacity of Transitional Committees – approximately 6 meetings during 2021/22. Transitional Committee Chairs and Executive Members have been in discussion about priorities for Transitional Committee consideration, and these are set out in the attached draft work plan. It will come to each meeting of the Transitional Committee for consideration and discussion.

### **Ways of Working**

A key role of the Transitional Committee is to trial new ways of working, and use the feedback from this to help the Governance Committee decide on the final model, including ways of working, to recommend to Full Council prior to the transition to the Committee system of governance in May 2022.

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### **The Committee is being asked to:**

Consider and comment on the draft work plan for the Education, Health and Care Transitional Committee.

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<b>Transitional Committee 4 – Education, Health and Care</b> <b>Meetings 2021/22: 7<sup>th</sup> October, 4<sup>th</sup> November, 2<sup>nd</sup> December, 6<sup>th</sup> January, 3<sup>rd</sup> February, 3<sup>rd</sup> March</b> <b>Chair: Mohammed Mahroof Vice Chair: Jack Scott</b> <b>Executive Members: Jayne Dunn, George Lindars Hammond</b> <b>Senior Lead Officer: John Macilwraith, Executive Director, People Portfolio</b>		
<b>Draft Work Plan</b>		
Home Care Transformation	To advise on how we can improve home care services to ensure that people receive the right support to enable them to live independently at home as part of our One Year Plan commitment to enable adults to live the life that they want to live .	Initial paper and discussion at <b>December 2nd</b> meeting. Committee to determine focus and approach of further work.
SEND transitions to adulthood	To advise on how we can improve the transition to adulthood for more learners, to help deliver our One Year Plan commitment to provide effective, person-centred SEND services.	Initial paper and discussion at <b>November 4<sup>th</sup></b> meeting.  Work in progress: Arranging an opportunity to hear from young people about their experiences of and aspirations for transition to adulthood; hearing from parents and carers re what they feel needs to change re transitions.  Further consideration at <b>January 6<sup>th</sup></b> meeting.