

# Education, Health and Care Transitional Committee

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**Thursday 7 October 2021 at 3.00 pm**

**To be held at the Town Hall,  
Pinstone Street, 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  
7 OCTOBER 2021**

**Order of Business**

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- 1. Welcome and Housekeeping Arrangements**  
**PLEASE NOTE: DUE TO TECHNICAL DIFFICULTIES  
THIS MEETING HAS BEEN DEFERRED TO A DATE TO  
BE ARRANGED**
  
- 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 - 10)  
To approve the minutes of the meeting of the Committee  
held on 7<sup>th</sup> July 2021.
  
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the  
public
  
- 7. Introduction to Transitional Committees** (Pages 11 - 16)  
Report of the Policy and Improvement Officer.
  
- 8. Our Approach to Future Priority Budgeting**  
Verbal update and discussion with Executive Member for  
Finance and Resources and Head of Policy and  
Partnerships.
  
- 9. Home Care Transformation** (Pages 17 - 28)  
Report of the Executive Director, People Portfolio.
  
- 10. Work Plan and Ways of Working** (Pages 29 - 30)  
Report of the Policy and Improvement Officer.

**NOTE: The next meeting of Education, Health and Care  
Transitional Committee will be held on Thursday 4  
November 2021 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 7 July 2021**

**PRESENT:** Councillors Sue Alston, Alexi Dimond, Jayne Dunn, Mary Lea, George Lindars-Hammond, Mohammed Mahroof, Kevin Oxley, Martin Phipps, Jack Scott and Richard Williams

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**1. APOLOGIES FOR ABSENCE**

1.1 There were no apologies for absence received from members of the Committee.

**2. APPOINTMENT OF CHAIR AND DEPUTY CHAIR**

2.1 RESOLVED: That Councillor Mohammed Mahroof be appointed as Chair and Councillor Jack Scott be appointed as Deputy Chair of the Committee for the Municipal Year 2021/22.

**3. DATES AND TIMES OF FUTURE MEETINGS**

3.1 RESOLVED That meetings of the Committee be held as and when required on dates and times to be determined by the Chair.

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## Report to Education, Health and Care Transitional Committee 7<sup>th</sup> October 2021

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**Report of:** Policy & Improvement Officer

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**Subject:** Introduction to Transitional Committees

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**Author of Report:** [Emily.Standbrook-Shaw@sheffield.gov.uk](mailto:Emily.Standbrook-Shaw@sheffield.gov.uk)

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At its Full Council meeting in May 2021, Sheffield City Council established 4 Transitional Committees on a politically proportionate basis, including representation from Executive Members; to help the Council begin to work within a system where all parties' views are taken into consideration when making decisions or setting policy, as we move towards implementing a Committee System in May 2022.

As Transitional Committees are now beginning their first round of formal meetings, it's a helpful introduction and starting point to set out the role and purpose of Transitional Committees, to ensure a shared understanding as the Committees begin their work.

The attached briefing sets out what Transitional Committees are, how they are intended to work and how they relate to other structures within the Council for the Committee to discuss, note and draw on as it starts to develop work plans and ways of working.

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**The Committee is being asked to:**

Note the Transitional Committees Briefing.

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## Transitional Committees Briefing

### What are Transitional Committees (and what are they not)?

Transitional Committees (TCs) are being introduced to provide an early opportunity for Members to work on a cross-party basis in advance of decisions being made. This is the way decisions will be taken once Sheffield's Committee system is introduced (May 2022).

The TCs are somewhat different to the committees within a Committee system as they are purely advisory, not decision-making. This is not an organisational choice, it's the way the law works. Whilst we are operating within a Strong Leader model of governance, decisions can only be taken by the Executive Members and they can total no more than 10.

Transitional Committees are

- advisory
- temporary
- not a shadow committee
- a space to improve how cross-party engagement works in decision-making
- a conduit for consideration of local issues arising via Local Area Committees (LACs)
- a space to pilot new ways of working

Some councils going through this transition convene their future decision-making committees ahead of the formal change of governance but call them 'shadow' committees. They typically continue their work with similar membership once the new arrangements come into place. *Sheffield's TCs are not shadow committees.* They serve a particular and temporary purpose, as above (from September 2021 to May 2022).

### New ways of working

The TCs can decide how they will work together, and how they work with partners and communities. They may therefore end up working in quite different ways to each other. Testing or piloting new ways of working will have to be fast and focused. Each TC only has time to meet about half a dozen times before they are disbanded.

Some of the sorts of ideas which could be tested include

- Co-opting non-councillors onto committees
- Applying best practice for policy development from Scrutiny practitioners eg single-day multi-stakeholder workshops, Task and Finish groups, commissioning research, site visits, public calls for evidence.
- Deliberative participation techniques e.g. short-term or long-term advisory groups of stakeholders, or citizens assemblies.

These ways of working will provide valuable evidence and feedback, particularly regarding ways of working, to help the Governance Committee decide on the final model. Recommendations will be made to Full Council prior to the transition to the Committee system of governance in May 2022.

The Scrutiny team have been working with the Executive Members and the chairs and deputy chairs of the TCs to finalise their work plans (based on the Council's One Year Plan). This has been happening in advance of the first public meetings, taking place towards the end of September.

### Transitional Committees and the public

TCs provide an opportunity to demonstrate to the people and communities of Sheffield that we are committed to trialling new ways of working to inform the design of the new Committee model. They will be of particular interest to our informed and engaged stakeholders who will be keen to see how they work in practice, what opportunities they create for public involvement and how the learning will inform the next steps.

A commitment to openness and transparency will therefore be vitally important, particularly in how the TCs work will with the Co-operative Members individually and collectively.

### Transitional Committees and the Co-operative Executive

The relationship between TCs and individual members of the Co-operative Executive will be key. As the TCs are advisory, they should operate hand-in-hand with the Co-operative Executive and expect them to be present at most meetings.

In order to add value to real decisions, the TCs work plans will need to be largely aligned with the Co-operative Executive's forward plan, along with items arising from LACs for example (see below). However TCs remain autonomous and can decide how to prioritise their time between these various issues and how to approach each one.

### Transitional Committees and Local Area Committees

The new LACs are decision-making committees, where each Elected Member of a LAC has a say in the decisions it makes. Powers have been devolved to the LACs, and officers assigned to support them, to ensure that they can begin to operate with some autonomy from September 2021.

The LACs will have a relationship with the TCs as they can refer matters that they consider to be more of a city-wide issue to the relevant TC. As the TCs are advisory, they will not be able to take a decision on the issue, but they may decide to commission work to consider whether this is a city-wide issue or if they receive enough referrals they may just move directly to advising the Co-operative Executive of the issue arising.

### Transitional Committees and Scrutiny Committees

Scrutiny is a required part of the executive model of governance and therefore Scrutiny Committees will continue during this year. However, there will only be three Scrutiny Committees this year as opposed to the five that we have had in previous years.

These will be focused on scrutinising the performance and delivery of council services and undertaking statutory responsibilities on topics such as health service changes and community safety. They will not generally undertake policy development activity as they would have in previous years – this space is expected to be occupied by the TCs. To use the relevant jargon: Scrutiny committees will undertake 'scrutiny' or 'post-decision' work but TCs will primarily cover the 'overview' or 'pre-decision' work.

Scrutiny is not a required part of the future Committee system, but it can be included. The Governance Committee will make recommendations to Full Council about whether or how scrutiny and call-in functions should be part of our new Committee system.

It is likely that TCs will find themselves wanting to do work which feels like scrutiny activity. In order for TCs to stay focused, this type of thing should probably be referred to the relevant Scrutiny Committee. This ought to be considered on a case-by-case basis in case there is value in piloting the work in a different setting.

Each of the Scrutiny Committees will also continue to have the ability to call-in decisions made by the Co-operative Executive, Individual Executive Members or LACs

### Senior officers and Transitional Committees

It is expected that there will be a formalised and strong relationship between specific senior officers and each TC. Work is underway to define which senior officer or officers should be the lead contacts for each TC and on what basis to align them with TCs.

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## Report to Education, Health and Care Transitional Committee

7<sup>th</sup> October 2021

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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**

<b>1 Care &amp; Wellbeing test of change 'controlled implementation'</b>	
<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

<b>2 Transformational Contract Development for Commissioned Home Care</b>	
<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

<b>3 Technology in Operational Care Service Delivery</b>	
<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

<b>4 Tech Enabled Care</b>	
<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

7<sup>th</sup> October 2021

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**Report of:** Policy & Improvement Officer

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**Subject:** Work Plan & Ways of Working

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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.

Each Committee will decide how to work together, and with partners and the Community. The Chair of the EHC Transitional Committee is proposing to trial an approach that is structured around the scheduled, formal Committee meetings (rather than through member working groups or sub-committees) and commissions officers to gather evidence through working groups/focus groups, drawing heavily on expertise and experience from service users and their representatives, providers, and other relevant stakeholders to bring back to the Transitional Committee to inform its advice to the Executive.

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

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

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<p><b>Transitional Committee 4 – Education, Health and Care</b>  <b>Meetings 2021: 7<sup>th</sup> October, 4<sup>th</sup> November, 2<sup>nd</sup> December</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></p>		
<p><b>Draft Work Plan</b></p>		
Our Future Approach to Priority Budgeting	Discussion on longer term priorities that will inform priority based budgets.	Discussion with Executive Member for Finance & Resources and Head of Policy & Partnerships.  <b>October 7<sup>th</sup> meeting.</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>October 7<sup>th</sup></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. Committee to determine focus and approach of further work.