SHEFFIELD CITY COUNCIL

Education, Health and Care Transitional Committee

Meeting held 2 December 2021

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

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1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

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 Committee held on 7th November, 2021, were approved as a correct record.

4.2 *Matters Arising*

The Policy and Improvement Officer (Emily Standbrook-Shaw), stated that in relation to (a) Item 8 – Our Approach to Future Priority Budgeting – she had so far been unable to rearrange a date for this item to be considered, but she would be circulating an email to Members shortly providing an update and (b) the resolution in Item 7 – SEND Transition to Adulthood – she was in the process of arranging for some young people to attend a meeting of the Committee to share their experiences, and it was proposed that they would attend the meeting to be held in January, 2022, at a slightly earlier time to fit in with the school day.

5. PUBLIC QUESTIONS AND PETITIONS

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

6. TRANSFORMING HOMECARE IN SHEFFIELD

6.1 The Committee received a report setting out the vision, the drivers for change, the

governance in place to drive the transformation and the key milestones for delivering Home Care in Sheffield and seeking the views of the Committee and they wished to be kept informed of progress.

6.2 Present for this item were Alexis Chappell, Director of Adult Health and Social Care and Joe Horobin, Head of Commissioning Adult Social Care.

6.3 Alexis Chappell started by thanking all those who worked in the social care sector in the city for all their hard work carried out every day and especially throughout the pandemic. She stated that the Transformation Programme was two years into a four-year change programme, which was the cornerstone to delivering the systemic changes needed to ensure that excellent quality and sustainable home care was provided to the people of Sheffield and, at the same time, improving workforce terms and conditions in the independent care sector. She stated that at present, the Adult Health and Social Care Team arranged for some 42,000 hours of home care support for people to enable them to live more independently and well in their own home. She added the Team was ensuring that the voices of those people were heard and were reflected in the Programme.

6.4 Joe Horobin stated that the Homecare Transformation Programme was a top priority for Sheffield to be able to deliver a strong, resilient workforce and better outcomes to enable people to live independently at home. She stated that the Adult Health and Social Care Team was two years into the four-year Transformation Model of Care, having made huge progress towards its procurement, and the Programme should start in 12 to 18 months' time. The Programme was multi-disciplined, and the whole approach to the delivery of home care and what mattered to those receiving that care would be achieved by working alongside a whole range of partners, including primary care, the hospital trusts, clinical commissioners, voluntary and community sectors, and working with communities themselves.

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

- In terms of the change model, and following on from the weaknesses that were highlighted in the report of Healthwatch, Sheffield in January 2019, the Adult Health and Social Team had continued to work closely with Healthwatch and other providers and has continued to be involved in more recent work carried out by Healthwatch and with the Sheffield and District African Caribbean Community Association (SADACCA) to make sure that the Council provided diverse and appropriate care for all communities. The Team had taken on board views from all other providers, and these views had had an input into the design and tweaking of the model, and it was now ready to test out the model to see if it addressed those challenges, and the change model should match that. The Team would continue to develop the outcomes, the learning wouldn't stop on the day the model went out to procure the new contract.

- One of things that was important in the design of new models of care was to improve and develop new training tools and approaches. The Team was

developing new recruitment and retention tools, and a lot of work had been carried out with the existing provider market to help them better understand delivery of care. Work had been carried out with Localities Social Work and Care Managers to enable them to write care programmes which could then be translated to the care provider. The Team had also been developing practices, and had a number of test sites, such as the care at night scheme and other extra care schemes and learning projects and was in the process of procuring a scheme within a discreet area of the city.

- There had been issues around the provision of social care for about 15 years, and the gap between demand and available resources had widened so it was important to see how we improved the lives of people, to enable them to live and age well.

- Given the scale of what the Team was trying to do, and the systemic change required, there were huge benefits in making sure we get things right and learn from what was not working so well. The University of Sheffield was working with the Council, through the controlled implementation of the project, to ensure that the Council was measuring the outcomes of the impact on people, and how the Council administers the way it works.

- At the outset, one of the Team's the biggest concerns was whether it could partner the whole health system, but Covid had enabled the Council to build different positive relationships, as well as providing momentum and a realisation that everyone was mutually dependent on the health system.

- Quality was the main driver of this Programme. A time and task approach can only go so far, but there had been improved ratings across the city. The recruitment of staff, with improved pay and conditions, was important, and the quality of care was all about the staff and how they felt valued and empowered, as currently they felt challenged in the way they were supported. It was believed that by enabling providers and care workers to feel empowered, there would be improved quality and lower turnover of staff, and also better career progression.

- The Team was developing pre-dementia training and looking into enhanced levels of training for care staff. By working more closely with other health workers to build confidence and competence of the workforce, it was thought that a combination of training and being part of a multi-disciplinary team would drive up quality and care providers in the city were keen to work in this way.

- Positive change starts with the person and their experiences of home care, and one of the key measures that was being developed was around that understanding of presenting people with positive experiences and how we determine the outcomes and demonstrate that we help people live more independently.

- One of the practical changes that could be expected was end-to-end care.

When a person comes into social care, it was often because things had got difficult for them and there was a need for them to ask for help. The work started with the initial contact and the Care and Wellbeing Model should embed the necessary foundations for excellent care and meet people's individual outcomes. Continuity and consistency of care provided by a consistent cohort of staff should be both flexible and responsive as required.

- There will be a much clearer, more straight forward charging system in place where people contribute to their care and enable them and their families to plan better financially, to build on their strengths and their interests rather than focus on things they were not able to do. This was still work in progress but there will be significant changes for the better.

- The Team was looking into how to develop and deliver sustainability in social care. In the Model, built into the wider change programme, there was a need to focus on the integrity of the programme and improving the lives of the people of Sheffield.

- Technology can help, and the Service was looking at mapping resources to see what was available to enable co-ordination between all areas. In the South-West area of the city, Age UK was carrying out work around community mapping, and it was felt that its findings could be shared with this Committee, and whether it was viable to be shared around the rest of the city.

- With regard to the issue of cultural care, it was accepted that toilets were not always culturally appropriate. Discussions were held with Occupational Therapy Teams who look at ways of making more culturally appropriate adaptations as part of the delivery of care, as there were a number adaptations available, as well as the use of technology across the board. An online platform had been developed and used over many years, and officers had been asked to look into the possibility of the alignment of services with Local Area Committees.

- One of the challenges for care workers and the people they care for, was that currently an app on the worker's phone dictated a time to arrive and leave a person's home and, for some reason this was not possible. This could be be stressful for both the carer and the person receiving care. The new model would mean that care was delivered on a more person-centred basis, enabling carers to be more empowered and self-managed. The care workers would be able to liaise with their colleagues to be able to cover care better. The carers would get to know the person better, be able to make any changes to be more compatible to their lives as necessary, such as changing their eating plan . If someone was frail and had an additional health crisis, a review of their needs might be required so a multi-disciplinary team meeting would be held with GPs, district nurses, a voluntary sector organisation if available, and a social worker to address the needs of the person quickly and offer the additional support and needs required.

- Whilst acknowledging that pay was important, the right terms and conditions of staff was equally important, if not more so. Recently, all care providers within the city had been paying for travel as well as contact time, with some paying differing amounts, but it was felt that this was uncertain and unpredictable, and so the foundation living wage was key. Research was being carried out nationally, regionally and with other local authorities into the impact of paying the foundation living wage to social care workers and how the terms and conditions were having effect on morale.

- Career pathways link into the one-year plan. The retention of staff was key, to keep someone on the job and be motivated to stay long term. One aim was to offer apprenticeships, attract young people into working in social care, to develop their skills and offer a career for life.

- In terms of all-age disability, we have looked at range of different services and how we help young people towards transition into adulthood. There were a range of options to enable young people to have a seamless approach towards improving their lives and experiences. It was acknowledged that not only elderly people required home care.

- The new model will include young people as well as the elderly. The team was looking for improvements to the direct payments scheme which would enable young people to have more control over their level of care and ensure that improvements and steps forward translate across all sections, not just in home care.

- It was acknowledged that any change would encounter resistance, however during the pandemic, a huge amount of resistance had fallen away due to better dialogue and this had gone a long way towards tackling resistance because people have had to listen more and take stock, and the pandemic had promoted a different way of working together. There was a substantial communications programme linked into this.

- There was need to support people and help them to live well. All regional networks were looking at the challenge and one key issue was how much choice and control people had and how they were treated by the whole system. Many people were employed within the health and care profession, and they had a significant impact of people's lives.

- Some home care services were already joint commissioned with the NHS, such as the care at night service, which was a joint collaborative contract that has been ongoing for the past three years and proved to be a really fascinating process. Whilst not the biggest service, it has been a really good test site for sharing systems, information and looking at outcomes and also, looking at how the NHS and the local authority work in different ways.

6.6 The Chair summarised by stating that he felt it was important to get this right, to build on this and create policy. He stated that a tremendous amount of work had been done in this area as people needed more care because they were living

longer. Sheffield was right at the beginning as it developed extra care housing villages for people who needed a sliding scale of care, a mix of tenures. The Brunswick Village at Woodhouse proved exceptionally popular, and it was realised that housing was a wider issue. Planning needed to be a large part of how we provided care, particularly extra care, whilst not taking away land designated as residential land. He stated that the key issues arising from the meeting were:-

- Cultural awareness – different minorities and culture.
- Importance of choice and role of extra care villages and independent living options.
- Connection between Adult Social Care and LACs is key.
- Finance was a big issue, where do we choose to spend, what are the options, what do we spend it on. Key importance – public want services from the City Council when they were most in need. Important to consider alternative approaches such as a wellbeing economy.
- Recruitment and retention – successful delivery of the Transformation Programme depends on this. People don't always start their careers in social care but once they do, find it very rewarding.
- Technology will be a way forward.
- Link between care homes and home care.

6.7 RESOLVED: That the Committee:

(a) thanks Alexi Chappell and Joe Horobin for attending the meeting;

(b) notes the contents of the report and responses to questions raised

(c) notes that the Policy and Improvement Officer will bring together all views made and submit a report to a future meeting of the Committee; and

(d) notes that the Policy and Improvement Officer will arrange for a meeting with the Sheffield Care Association.

7. WORK PROGRAMME 2021-22

7.1 The Policy and Improvement Officer (Emily Standbrook-Shaw), submitted a report containing the Committee's draft work programme for 2021/22.

7.2 Members indicated that they wished to continue to receive updates on how the programme was developing.

7.3 RESOLVED: That the Committee approves the draft Work Programme for 2021/22 now submitted, taking the comments now made into consideration.