

# Education, Health and Care Transitional Committee

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**Thursday 3 March 2022 at 3.30 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.

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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  
3 MARCH 2022**

**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 2<sup>nd</sup> December, 2021.
- 6. Public Questions and Petitions**  
To receive any questions or petitions from members of the public
- 7. Independent Living** (Pages 15 - 28)  
Joint Report of the Director of Adult Health and Social Care and Director of Housing Services.
- 8. Committee Update and Work Plan** (Pages 29 - 36)  
Report of the Policy and Improvement Officer.

**NOTE: The next meeting of Education, Health and Care Transitional Committee will be held on Date Not Specified at Time Not Specified**

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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 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 7<sup>th</sup> 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 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.



## Report to Education, Health & Care Transitional Committee 3<sup>rd</sup> March, 2022

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**Report of:** Directors of Housing and Adult Social Care

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**Subject:**

Recognising that there is a shortfall in older people's housing in Sheffield, and that the Council is committed to helping people live independently at home, how can Housing and Social Care work together to promote a policy shift towards independent living?

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**Author of Report:** Dan Green, Strategic Housing Officer, [dan.green@sheffield.gov.uk](mailto:dan.green@sheffield.gov.uk)

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**Summary:**

The EHC Transitional Committee requested a report that identifies how Housing and Social Care work together to promote a policy shift towards independent living, recognising the city's large shortfall in older persons housing.

National policy and legislation stress the critical role that housing plays in supporting independent living and places a duty on local authorities to take actions that prevent or delay the development of needs for care or support amongst adults and their carers. Greater integration between Housing and Social Care is recognised as a priority for supporting independent living and delaying or removing the need to move into care homes.

Good quality specialist older persons independent living (OPIL) housing provides considerable benefits that include improvements in individual's personal physical health and mental wellbeing and savings to the NHS and reductions to social care spending. In Sheffield, there is a shortfall in this type of housing which the Council cannot meet alone. Enabling suitable housing for older people also has the benefit of freeing up larger/family homes.

The current OPIL Housing offer is also relatively narrow and heavily skewed towards social rented sheltered schemes. There is a shortfall across all tenures.

Sheffield's older population is increasing in diversity. The circumstances and housing preferences of people in later life are varied and more choices are required to best support independent living.

OPIL housing is expensive to deliver and requires grant to make it viable for the Council to deliver. To get the most out of specialist OPIL housing it needs to be planned and delivered in an integrated way by Health, Housing, Social Care and housing providers/developers, utilising the funding sources and expertise of these partners.

This discussion is timely as the current OPIL Strategy that was agreed in 2017 to promote more and appropriate housing choices and support for independent living is currently being reviewed.

The report provides background and contextual information to inform the discussion on promoting OPIL housing and joint working across care, housing and health partners to support developing policies and strategies towards more independent living options.

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**The Committee is being asked to:**

Consider the contents of the report and provide comments. A number of questions are contained at the end of the report to promote discussion

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**Background Papers:**

<https://www.sheffield.gov.uk/home/housing/developing-older-peoples-accommodation>

**Category of Report:** OPEN (please specify)

Most reports to Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**



## **1. Executive Summary**

- 1.1 Sheffield's older population is growing and becoming increasingly diverse.
- 1.2 There is a range of OPIL housing models, which provide varying levels of support and care.
- 1.3 Studies have shown that OPIL housing provides significant health and wellbeing benefits and can reduce pressures on social care and health services.
- 1.4 Sheffield has a relatively narrow OPIL housing offer which is dominated by social-rented sheltered schemes. Demand for current sheltered, age-designated and current Extra Care housing in the schemes provided by Registered Providers is high.
- 1.5 Various modelling exercises show Sheffield to have a large and growing shortfall of OPIL housing. There are no current plans for new OPIL schemes to be delivered by Registered Providers. There are a number of private sector retirement living schemes recently been delivered and being planned.
- 1.6 Housing aspirations in later life vary greatly and it should be recognised that specialist OPIL housing is not for everyone, and a range of housing choices and support need to be provided across the city.
- 1.7 The national policy context emphasises the need for local authorities and their partners to work together to provide housing and support that enables independent living in later life.
- 1.8 The Council is delivering new OPIL with care schemes, but these types of schemes are more costly to deliver than general needs housing and require higher levels of gap funding to make them viable. The grant provided by Homes England is not sufficient to cover the funding gap, which requires the Council to find other funding sources. Consideration needs to be given to how social housing with care, sheltered and Extra Care housing is allocated to ensure it is utilised fairly and meets individuals needs and strategic objectives.
- 1.9 The cost of OPIL housing to the customer varies greatly by type but Extra Care housing provided by the private sector for ownership is likely to be unaffordable to many older homeowners in Sheffield. Older owners of lower value properties face particular problems in accessing OPIL housing.
- 1.10 A wide body of research shows OPIL housing can provide significant financial benefits for the NHS and local authorities. One national study found postponing entry into residential care for one year saves the local authority £28,020. Another study found that for someone living in Extra Care housing rather than general needs housing, health and social care cost savings of £2,441 per annum are generated. .
- 1.11 The Council's new OPIL with care schemes will use an integrated care model that involves Housing, Health and Social Care partners working together.
- 1.12 Significant inequalities in the take-up of OPIL housing exist, and further work is needed to address these.

- 1.13 The lack of suitable sites for new OPIL housing and competition from general needs housing presents a significant barrier to addressing the shortfalls.
- 1.14 The OPIL Housing Strategy is currently being reviewed so it is timely to consider what approaches need to be taken to ensure a better range of options are available in future across all tenure and to help meet different needs and aspirations.
- 1.15 There is a wealth of data and reports for example by the Social Care Institute for Excellence (SCIE) and the Housing LIN which provide excellent recommendations and information about how to address the issues identified in the report. These are being considered by officers to inform strategy and policy developments. Recent recommendations by SCIE are included in Appendix 3.
- 1.16 Adopting a clear and updated OPIL Housing Strategy and action plan that is fully integrated with health and social care strategies will assist the Council to deliver more suitable housing and set out a clear vision and strategic position in enabling provision by other housing providers/developers across tenure.

## 2. Housing Options

- 2.1 There are a number of different housing options for people in later life and specific specialist schemes are just one of them. The majority of people will continue to live in general needs housing.
- 2.2 OPIL housing is the term used by the Council to refer to specialist housing designed and/or occupied solely by older people where care and support are available on site. It excludes care homes and mainstream housing.
- 2.3 OPIL housing includes 'Housing with Care' models such as Extra Care (assisted living), retirement villages and Close Care, and 'Housing with support' models such as sheltered and co-housing schemes for multi-generation and older households.

Age-friendly Mainstream Housing	<b>OPIL Housing</b>	Care Homes
<ul style="list-style-type: none"> <li>• Age restricted housing</li> <li>• Wheelchair user dwellings</li> <li>• Lifetime Homes / accessible &amp; adaptable dwellings</li> <li>• Adapted homes</li> </ul>	<ul style="list-style-type: none"> <li>• Extra Care Housing</li> <li>• Enhanced Sheltered</li> <li>• Sheltered</li> <li>• Close Care</li> <li>• Retirement Villages</li> <li>• Cohousing / co-living</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Care Home</li> <li>• Residential Care Home</li> </ul>

2.4 OPIL housing can play an important role in sustaining independent living and there is a robust evidence base that shows its benefits to individuals' physical and mental health and wellbeing, pressures on the NHS, and reductions to social care spending. It can also enable a more efficient use of the housing stock by providing rightsizing/downsizing options and freeing up family housing

### **3. Health and wellbeing benefits of OPIL housing**

3.1 Studies have shown that OPIL housing can provide significant health and wellbeing benefits for its residents which include:

- Reduced GP and community nurse visits
- Positive impacts on social wellbeing
- Reduced number of ambulance callouts
- Reduced length of unplanned hospital stays and the frequency of unplanned admissions
- Reduced likelihood of entering long-term care, compared to people living in general needs housing and in receipt of home
- Improved quality of life

### **4. Demand**

4.1 Older households are diverse, with many different needs and aspirations, and their housing requirements are similarly varied. When considering these, life stages rather than actual age can often be more helpful in understanding aspirations and reasons for moving.

4.2 Most people in later life express a wish to continue living in their own home with a large degree of independence. This was reflected in Sheffield's Strategic Housing Market Assessment (SHMA), which found the majority of those needing to move for additional support wished to stay in general needs accommodation, most commonly with adaptations to the home they already lived in.

4.3 Local research shows that Extra Care housing, although popular, is not seen as a desirable choice by some older households

### **5. Demographics**

5.1 Between 2020 and 2040 the number of people aged 65 and over is expected to increase by around 27% but by 44% among people aged 85 and above. Sheffield's older population is also becoming increasingly diverse; people are now living longer with a range of health conditions, including learning disabilities and autism.

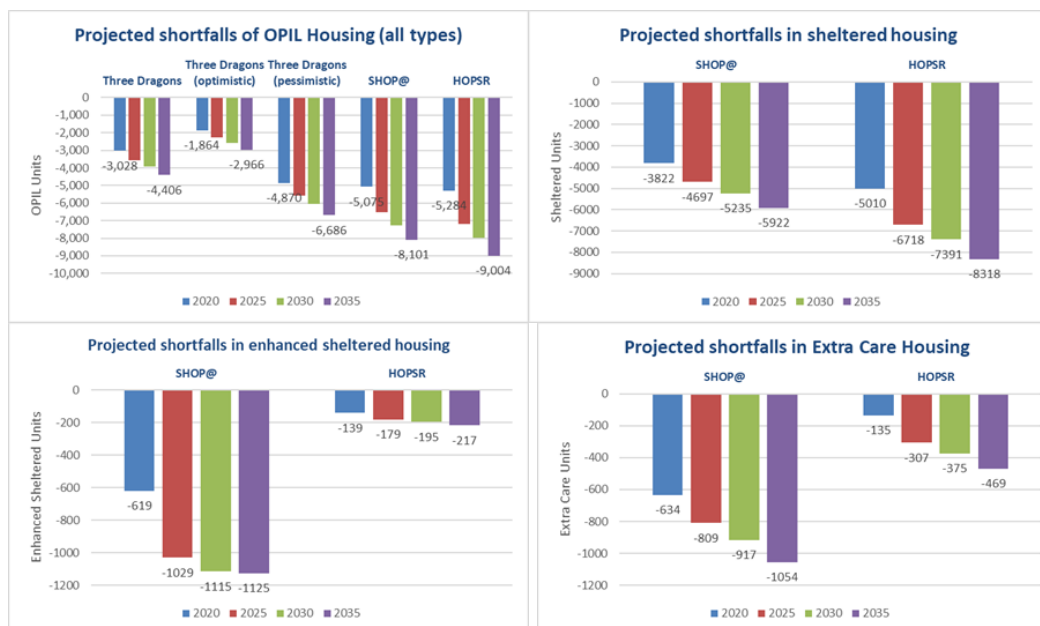
### **6. Supply**

Current OPIL housing provision

6.1 Sheffield has a relatively narrow OPIL housing offer which is dominated by social-rented sheltered schemes. There are around 2,800 OPIL properties in Sheffield, spread across more than 70 schemes. The majority (78%) of Sheffield’s OPIL housing is sheltered housing and is mainly provided by social landlords as rented accommodation (80%) (Appendix 1).

### Shortfalls in Sheffield’s OPIL Housing Provision

6.2 Several projection models identify Sheffield as having a large shortfall of this type of housing which will grow significantly in the future.



6.3 Not-for-profit Registered Providers are not coming forward to deliver new schemes in Sheffield. Sheffield’s Council Housing Service is developing 354 sheltered with care units but cannot afford without considerable other investments being made to commit to more schemes currently. A variety of specialist housing, age-friendly general needs housing and housing-related support is therefore required to sit alongside Extra Care housing to support independent living in later life.

## **7. Current approaches to understanding and addressing needs**

### 7.1 New Housing and OPIL Strategy

The current Housing Strategy expires in 2023 and sets out the Council’s high-level priorities for housing and housing-related support across all tenures and part of the city. Developing a new strategy is identified as a one year plan priority. Alongside this the specific section of the strategy – the OPIL Housing Strategy is being reviewed and updated. This provides a key opportunity to work together to ensure an integrated and coherent approach across housing, health and care with our partners in the public and private sectors. The current strategy does not include targets for delivering different types and tenures of OPIL housing and where this housing fits within the Council’s wider approach to supporting independent living in later life.

The OPIL Strategy could include:

- The types, tenures, and locations for new OPIL housing
- Clarity on what the Council will deliver and what is required from partners
- An investment strategy for delivering new OPIL housing
- Clarification on support for partners and key messages for the market
- Actions to address inequalities in access to OPIL housing

## 7.2 Specialist Accommodation Assessment

A Specialist Accommodation Assessment is currently being drafted by the Strategic Housing Service which identifies the scale of additional supported accommodation required in the city. Colleagues in health and care are contributing expertise and data to inform this. This is a key document that will underpin the Housing Strategy.

## 7.3 Stock Increase Programme

The Housing Service has an ambitious stock increase programme which will deliver new affordable housing in Sheffield. Key opportunities include working with the Housing Growth Service to agree the priorities for specialist accommodation within the programme. The programme already includes 354 units of Sheltered with Care and the first scheme will open in Summer 2022.

## 7.4 Housing, Health & Care Reference Group

The Housing, Health and Care Reference Group has recently been re-established to ensure better and more effective joined-up working across Housing, Health and Social Care teams on key programmes, projects and activities. Key opportunities include working with the group to agree the group's work programme so that it supports the policy shift towards independent living.

## **8. Policy Context**

8.1 National policy and legislation emphasise the critical role that housing can play in supporting independent living and places a duty on local authorities to take actions that prevent or delay the development of needs for care or support amongst adults and their carers.

8.2 The need for housing that supports older people to live independently living is clearly set out in national strategies and guidance across Health, Social Care and Planning services, and there is an increasing push to have joined-up strategic approaches and ways of working.

8.3 At both a national and local level, increasing the delivery of age-friendly general and specialist housing, and widening the housing and care options for people in later life have been recognised as priorities.

## **9. Financial Costs and Benefits of OPIL Housing**

*Financial costs of OPIL housing*

- 9.1 OPIL housing is generally more expensive to deliver than general needs housing, for example because of large communal areas and often higher (more accessible) design standards.
- 9.2 Direct cost comparisons can be difficult because of differences between sites and other factors but the Council's Housing Growth Service suggested that a reasonable comparison would be the OPIL scheme being planned at the Newstead site (Birley) compared with general needs housing being planned at Berners and Daresbury (Arbourthorne).
- 9.3 The total cost per unit for the OPIL scheme at Newstead is estimated at £209k and requires £63k grant per unit to make it viable. In comparison, the general needs housing at Berners and Daresbury is estimated to cost £173k per unit and requires £52k grant per unit.
- 9.4 Although Homes England will provide some grant funding for these schemes it will not cover all of the grant funding required and the Council's Housing Service will need to find additional funding sources to cover the funding gaps.
- 9.5 Economies of scale can be achieved on large OPIL housing schemes to help keep the cost per unit down, but these economies are likely to be reduced on smaller schemes. However, large schemes are not suitable for everyone and delivering smaller schemes is therefore likely to require greater levels of gap funding per unit and will be less viable for the Council to deliver unless additional funding sources or more innovative delivery models can be found.
- 9.6 OPIL housing for rent is generally provided by Registered Providers of social housing (mainly housing associations) as a form of affordable housing. The basic rent in sheltered schemes is usually similar to rent levels for general needs housing and average service charges are around £16 per week in the Council's current sheltered schemes. The total rent and charges will need to be at higher levels in new schemes to cover the costs and greater number of facilities and amenities.
- 9.7 The cost of Extra Care Housing in schemes operated by Registered Providers are generally significantly higher than in general needs housing. One of the main reasons for this is the level of service charges. The average weekly service charge in the four RP-managed extra care schemes we received feedback from in 2021 ranged from £52 per week to £86.
- 9.8 People have different income levels and so what they can afford is dictated by their financial circumstances. In schemes provided by councils and Registered Providers the majority of housing costs can be met by benefits for eligible residents. The help for older people in meeting their housing costs can be complicated however, and varies according to circumstances, most notably regarding income, savings levels and tenure.
- 9.9 Sheltered (retirement) housing for ownership is in scarce supply in Sheffield but prices are generally affordable to older owners of average-priced homes. The price of Extra Care (assisted living) homes for ownership are generally well above the city's average house price however, and ground rent and service charges can be substantial. For many if not most older homeowners in Sheffield, Extra Care housing for ownership is therefore likely to be an unaffordable option.
- 9.10 Overall, those owner occupiers in lower and middle-income groups within lower value housing market areas are most likely to struggle to afford OPIL housing. This group is

less likely to receive state help/benefits to assist with housing costs than those in low and middle-income groups in social housing, and less likely to be able to purchase OPIL housing that provides onsite care. OPIL housing for shared ownership provides one option for these older households but generally this group is likely to face limited housing choices when they require support to remain independent.

### *Financial benefits of OPIL housing*

- 9.11 A wide body of research has found significant potential financial benefits for the NHS and local authorities generated from improved health and wellbeing levels in OPIL housing and by delaying or avoiding the need to move into care homes.
- 9.12 Buck et al<sup>1</sup> found that, on average, postponing entry into residential care for one year, for older people eligible for local authority care funding, saves the local authority £28,020.
- 9.13 Research by Housing LIN<sup>2</sup> suggested that one older person living in Extra Care housing as opposed to general needs housing generates health and social care cost-benefits of £2,441 per annum, including from fewer GP visits, less input from Community Nurses, fewer non-elective hospital admissions, faster hospital discharge, smaller home care packages etc.
- 9.14 Although OPIL housing can provide substantial savings to Health and Social Care budgets the Council's Housing Service will generally not benefit directly from these savings. The main benefit to the Housing Service will arguably be through enabling it to make better use of its housing stock by providing more housing options to older tenants who are under-occupying larger properties for which there is considerable demand.

## **10. SCC's new OPIL schemes and integrated care model**

- 10.1 The Council's new OPIL with care schemes currently in development and being planned are designed to meet modern aspirations and will provide much better support for independent living. They will provide:
- a. A personalised service, with a generous staff-to-resident ratio
  - b. Tailored support from staff on site to support independence and tenancy sustainment
  - c. Social activities and events to enable people to live and age well
  - d. Communal facilities for resident and local people, with the potential to act as community hubs
  - e. Larger than average apartments that reflect HAPPI design principles
  - f. Outdoor spaces that are cared for and well maintained
- 10.2 The schemes will operate an integrated care model, entailing closer working with Social Care and Health partners The new model would be delivered through a multi-disciplinary team.
- 10.3 The new model will stimulate joint working between Housing, Health and Social Care and may help to identify additional opportunities for working in partnership to support independent living.

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<sup>1</sup> Buck et al (2016); The economics of housing and health: The role of housing associations; The King's Fund

<sup>2</sup> Housing LIN (2019): The health and social care cost benefits of housing for older people; A report for Mears Group

## **11. Improving access to OPIL housing for under-represented groups**

- 11.1 People from BAME communities comprise approximately 3.5% of the residents in the Council's sheltered schemes and the reasons for this relatively low take-up need to be better understood. An action to review this in the current OPIL Housing Strategy has not been progressed due to limited resources will be a priority for the new strategy due to be developed this year.
- 11.2 A review in 2021 by the Adult Social Care service found a very low proportion of the places it allocates to the Extra Care schemes it has contracts with were going to members of the BAME community and work was therefore planned to address this, including working with BAME groups to identify the most effective strategies.
- 11.3 There is very little evidence of how popular Sheffield's OPIL housing is with LGBT+ communities but national research suggests traditional schemes are often unpopular. For example, research by the University of Surrey found that older lesbians, bisexual women and gay men mainly preferred more LGBT+ specific types of housing with care and often expressed concerns about discrimination in mainstream retirement housing. A small number of LGBT+ specific OPIL schemes are starting to be delivered in some parts of the country, and the House Proud Pledge Scheme is an accreditation scheme that can help members of the LGBT+ community feel more comfortable in mainstream OPIL housing and help them to maintain social interactions with the wider community.

## **12. Challenges to delivering new OPIL schemes**

- 12.1 In addition to the high costs and requirement for subsidy discussed previously, there are also significant challenges to finding and acquiring suitable sites for new OPIL housing.
- 12.2 The greater build costs of OPIL housing compared to general needs housing makes it more difficult for OPIL housing developers to compete with developers of general needs housing for available sites.
- 12.3 The Council's housing service has a limited and reducing number of sites for developing housing on and there are considerable competing requirements for these sites from general needs housing and other types of supported housing. Working with Health and Social Care partners to release and re-purpose public sector land could be one option to enable the delivery of new OPIL housing.

## **13. Delivery partners**

- 13.1 The Council does not have all the resources to meet the shortfall in OPIL housing and working with partners in the public and private sectors will therefore be necessary if the required scale of new OPIL housing is to be delivered.
- 13.2 Institutional investment for retirement housing has grown in recent years and the Council recently met with Preferred Homes, a 'for profit' registered provider of social housing who were interested in delivering an affordable Extra Care scheme in Sheffield though they ultimately decided not to progress their plans.



13.3 Supporting partners to deliver OPIL schemes is made more difficult by the lack of a clear market position statement on OPIL housing and clarity on what support OPIL housing developers can expect from the Council.

#### **14. Questions for discussion**

14.1 What do you think the benefits will be for having more specialist housing for older people?

14.2 What would be the benefits of having specific policies and strategies on integrated housing, health and care services?

14.3 Should there be targets for the delivery of older people's housing? How could these be achieved?

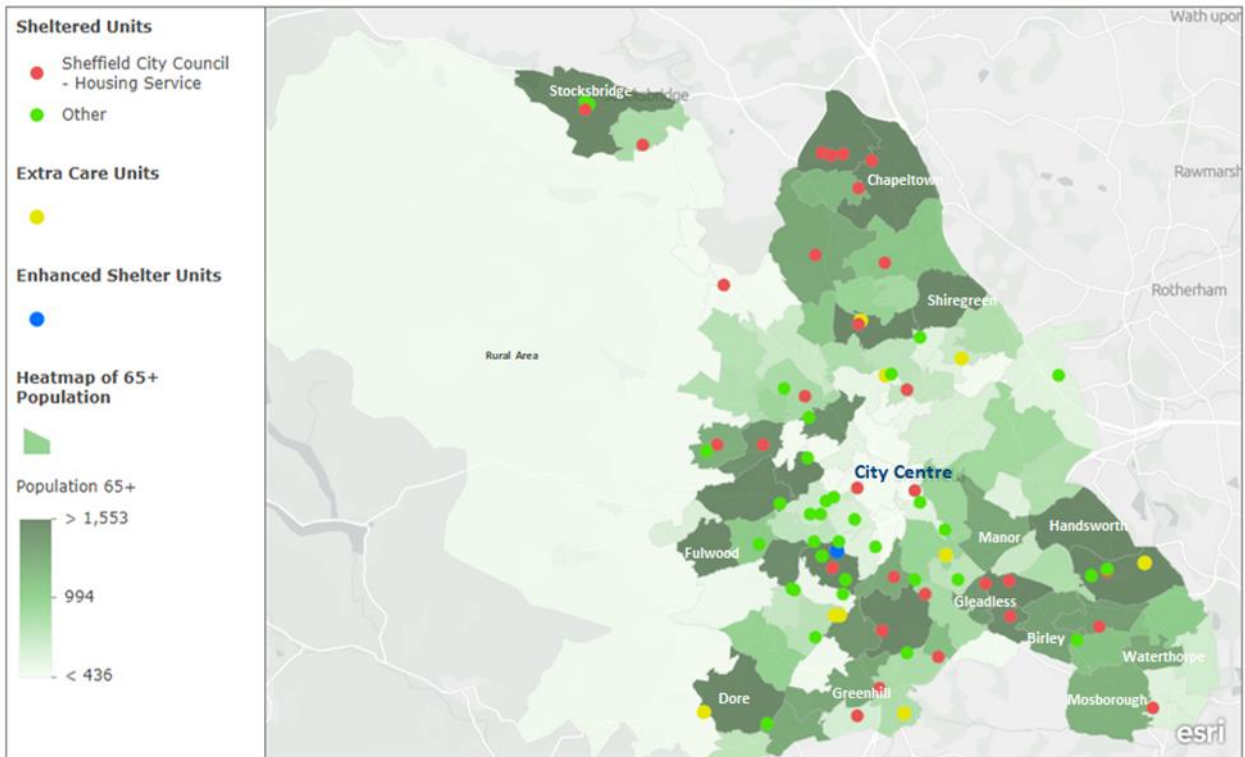
14.4 How can our OPIL housing be made accessible for all communities and residents of Sheffield?

14.5 How would you like to be involved in developing the new OPIL Housing Strategy and related policies and action plans?

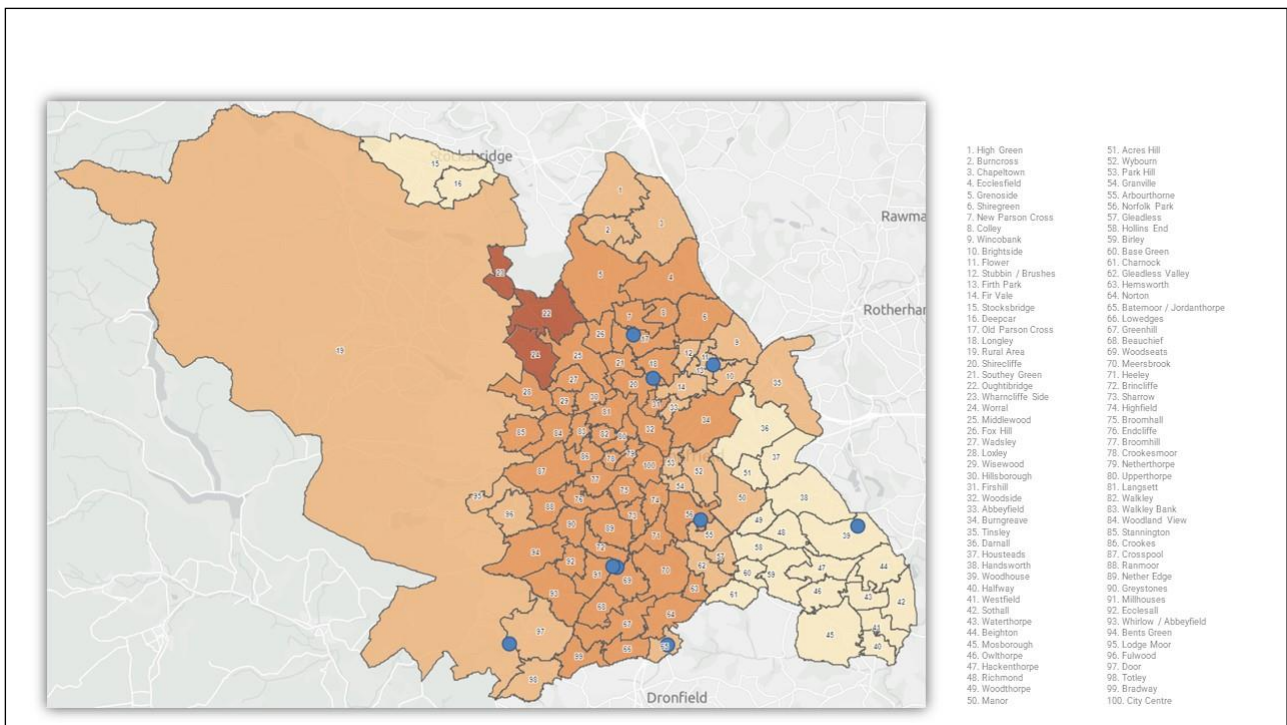
14.6 Do you think there are particular design features or amenities that should be provided in OPIL schemes?

# Appendices

## Appendix 1 – OPIL Housing in Sheffield



## Appendix 2: Sheffield Hallam Extra Care Demand Assessor – darker areas indicate higher need



## Appendix 3 – SCIE Recommendations

*A place we can call home: A vision and a roadmap for providing more options for housing with care and support for older people Commission on the Role of Housing in the Future of Care and Support, (SCIE, November 2021)*

[SCIE commission housing with care and support report.pdf](#)

### Local Area Recommendations:

#### **Immediate priorities**

##### Place-based housing for older people plans

Local areas should be obliged through new legislation to produce a single place-based plan for housing with care and support for older people, which is shaped by the local authority, the NHS, local planning authorities, other local partners, and people who draw on care and support. Where responsibilities or housing are split between county councils and district councils in two-tier local authority arrangements, rare two-tier local authorities (county councils and district councils, local authorities should be encouraged to work more closely together). Each plan should include a:

- vision and action plan to support improved health, care, wellbeing and the local economy through investment in housing with care and support for older people
- robust analysis of current supply and future needs
- comprehensive evidence base on the economic and social benefits of developing additional housing with care and support
- targets for how housing demand will be met
- strategy for tackling inequalities in access
- prospectus for investors and developers (see Central Bedfordshire example)

#### **Medium-term priorities**

##### Encourage development of community care homes.

There should be increased investment in community care homes which are an active and visible part of one's community, such as those which are co-located with community services.

##### Develop local co-production arrangements

Local areas develop comprehensive arrangements for co-producing plans for housing with care and support with local people.

##### Local information and advice

Local areas should develop local information, advice and advocacy hubs for housing with care and support which enables people to plan for the future, understand housing options, and understand the finances involved.

##### Scale up and invest in shared living and co-housing models

Local authorities, working with other statutory partners including the NHS, should invest in and set ambitious targets for scaling up shared living models of housing with care and support

such as Shared Lives, homeshare, co-housing, community care homes, and innovative models of extra care.

#### Expand access to supported living options through ISFs

Local commissions should dramatically increase the level of investment in ISFs to commission supported living for older people.

#### Reconfigure local commissioning

Where possible, longer-term contracts – up to 10 years – should be introduced to encourage providers to invest in innovative models of housing with care and support. Including supported living and Shared Lives.

#### Housing at the heart of community hubs

Local authorities and their partners should develop housing-based community hubs which connect different types of housing with care and support to a broad range of community services based on a single site such as community rooms, gyms, bistros and shops, and volunteering opportunities.

### **Longer-term Priorities**

#### Scaling innovation

The Commission calls on local authorities, in partnership with other partners such as the NHS, to develop plans which set out how they will support the growth of small-scale, but promising, models of housing with care and support

As local authorities, the NHS and other statutory bodies reduce their office footprint – this land should be made available for housing with care and support developments

Local planning authorities should explore ways to redesignate land currently occupied by unused offices and retail outlets for use by housing with care and support.

#### Whole-place workforce plans

Local place-based integrated health and care partnerships should develop whole-place workforce plans which create more equitable and transparent career pathways across health, social care and housing, making it easier for people to ‘passport’ into different jobs.



## Report to Education, Health and Care Transitional Committee

3<sup>rd</sup> March 2022

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**Report of:** Policy & Improvement Officer

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**Subject:** Work Plan & Committee Update

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**Author of Report:** Emily Standbrook-Shaw, Policy & Improvement Officer  
[emily.standbrook-shaw@sheffield.gov.uk](mailto:emily.standbrook-shaw@sheffield.gov.uk)

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This report:

- Sets out the draft work plan for the remainder of the municipal year and proposes that the Committee appoint members to a working group to start to undertake the request from February's Full Council meeting "*that the Education, Health and Care Transitional Committee, and its successor under the committee system, should look into how Sheffield Council and Sheffield can support our ambition for an Inclusive Economy in the One Year Plan with the wellbeing economy model, and in order to put Sheffield's health and well-being front and centre of our aims, decision making and expenditure.*"
- Provides the Committee with an update on the work carried out by Committee Members since the last formal Transitional Committee meeting – meetings with young people, the Sheffield Chamber of Commerce and Industry and the Sheffield Care Association.

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**The Committee is being asked to:**

- Consider and comment on the draft work plan.
- Appoint members to an 'Inclusive Economy' working group
- Note the updates from informal session with young people, the Sheffield Chamber of Commerce and Industry, and the Sheffield Care Association.

<b>Transitional Committee 4 – Education, Health and Care</b> <b>Chair: Mohammed Mahroof Vice Chair: Jack Scott 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 .	<p>Initial paper and discussion at December 2nd meeting.</p> <p>Discussion on how housing and social care work together to promote a policy shift towards independent living, extra care villages etc scheduled for March 3<sup>rd</sup> meeting</p> <p>Meeting with Sheffield Care Association – 10<sup>th</sup> Feb 2022 (see update)</p> <p>Policy officer to draw up draft findings and recommendations based on the above for circulation and discussion with Committee Members, prior to bringing to final Committee meeting this year – yet to be scheduled.</p>
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.	<p>Initial paper and discussion at November 4<sup>th</sup> meeting.</p> <p>Informal meeting with young people held on January 6<sup>th</sup> meeting (see update)</p> <p>Meeting with business representatives held on 22<sup>nd</sup> February (see update)</p> <p>Policy &amp; Improvement Officer to draw up draft findings and recommendations based on the above for circulation and discussion with Committee Members, prior to bringing to final Committee meeting this year – yet to be scheduled.</p>
Inclusive Economy	On the 2 <sup>nd</sup> February, Full Council requested that the Education, Health and Care Transitional Committee, and its successor under the committee system, should look into how Sheffield Council and Sheffield can support our ambition for an Inclusive Economy in the One Year Plan with the wellbeing economy model, and in order to put Sheffield's health and well-being front and centre of our aims, decision making and expenditure.	<p><b>Proposal</b></p> <p>Committee to appoint members to a working group to carry out some initial scoping work, and understand where thinking currently is in Sheffield around 'inclusive economy' and how this might feed into the development of the City Strategy and Corporate Plan and report back to the final Committee meeting this municipal year – yet to be scheduled.</p>

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## 1 Committee Update

- 1.1 As part of its work looking at how we can improve the transition to adulthood for young learners with special educational needs and disabilities (SEND), the Committee arranged an informal meeting with young people to hear about their experiences, hopes and concerns about preparing for adulthood. A key message to come out of this session was how important meaningful employment is for these young learners, and how we need to ensure there is enough appropriate employment, work experience, supported apprenticeships across the city for people with SEND. The Committee agreed to discuss this with the Sheffield Chamber of Commerce and Industry.

As part of its work looking at how we can enable people to live independently at home, and enable adults to lead the life they want to live, the Committee was approached by the Sheffield Care Association, and Janet Huff, a former trustee of a charitable care home – who wanted to share their views and experiences. They met with members of the Committee on the 10<sup>th</sup> February 2022.

Notes from these 3 meetings are set out below, and will be used to inform the Committee's draft recommendations.

## 2 Informal meeting with young people re SEND Transitions to adulthood.

On the 6<sup>th</sup> January 2022, members of the Education, Health and Care Transitional Committee met via Zoom with young people and supporting adults from:

- Bents Green School
- Sheaf Training Centre
- Sheffield College
- Seven Hills School

as well as officers from Sheffield City Council People Portfolio to hear about young people's experiences, hopes and concerns about preparing for adulthood.

Key messages to come from the session:

- 2.1 **The importance of meaningful employment** – we heard clearly that young people want to work after school and college – across a range of sectors - and really value opportunities for work experience and work placements. Education providers told us that demand for this exceeds supply, with providers 'knocking on the same doors' for supported employment opportunities. We need to explore how we can expand SEND understanding across employers in Sheffield – particularly the in the private sector; and how we can promote what SEND young people can bring to the labour market.
- 2.2 **The importance of a young person's voice in decisions about their life** – young people told us they want to be involved in decisions about their futures, and to speak for themselves. Young people felt that too often, people are speaking for them. This is not helped by some processes – such as EHC Annual review meetings being



confusing for young people – as they cover the past, present and future at the same time. Young people should be at the centre of all such discussions and processes.

**2.3 Beyond Education and Social Care** – Councillors recognised that supporting SEND young people into employment needs to be a priority across the Council, not just in education and social care. The Council operates, and has levers, across a range of wide range of areas that could support this agenda – economic growth; leisure; culture etc.

**2.4 Other issues raised:**

- The importance of opportunities and activities outside of education and the home to develop independence and relationships (raise with Youth Services Review and Leisure Service Review)
- The importance of being able to connect with nature at their places of education – and having the right equipment and space to be able to make the most of the outdoors.
- It can be difficult to imagine ‘what’s next’ for some young people. Videos, virtual tours and images of education providers and employment can help in visualizing what jobs and workplaces are like.
- Health transitions – one young person told us that it was difficult, and anxiety inducing to move from the Children’s Hospital where they had a longstanding and trusted relationship with one doctor, to Adult Services where there was no continuity in the staff they saw, and lots of waiting around for appointments (issue flagged with NHS colleagues)

**2.5 Actions**

- Committee members invited the young people and their supporting adults to tour the Town Hall and meet the Lord Mayor – as due to Plan B restrictions this meeting was held online rather than in the Town Hall.
- Committee members agreed to approach the Chamber of Commerce to explore the possibility of setting up a meeting re how we can engage private sector businesses in this agenda.

**3 Informal meeting with representatives from Sheffield Chamber of Commerce and Industry.**

In discussions with SEND learners and their education providers, the Committee has heard how important meaningful employment is for these young people, and how we need to ensure there is enough appropriate employment, work experience, supported apprenticeships across the city for people with SEND.

The Committee was keen to hear views from business about how we, as a city, can make the most of the skills and talents of all Sheffield people by developing a ‘SEND informed’ business community, that is able to offer appropriate opportunities for people with SEND; and what the Council could do to support this and so met with representatives from Sheffield Chamber of Commerce and Industry; Louisa Harrison-Walker – interim Chief Executive, Karen Mosley – President and Nick Pearson – Sheffield Occupational Health Advisory Service Manager, on the 22<sup>nd</sup> February 2022.

### 3.1 Key points from the discussion

- Willingness to engage in this agenda across the sector – but different challenges and barriers for different types of organisations. Smaller organisations tend to find it harder to find the resources, capacity or confidence to support SEND learners into employment. 80% of the Chamber’s members are micro SMEs (fewer than 10 employees).
- Personalised support for employees is becoming a bigger focus for employers – there is a requirement to support existing workforce post-pandemic, into hybrid working etc – recognising that all employees have unique support needs, understanding the dynamics of disability. This should drive inclusion – but employers will need support in doing this.
- There are good practise examples of how this can be done – access to external coaching for employers has proved really successful in keeping apprentices at risk of leaving the system; Disability Passports; Wellness Action Plans; peer to peer networks; expert help for employers in assessing what specific workplace challenges might be. There is lots of learning from SOHAS and others from keeping people in work that can be applied to supporting people into first jobs. We need to make it easy for employers – especially smaller ones - to access this kind of support and signposting.
- Larger employers have reported that they find it difficult to engage with several different organisations looking for work placements – co-ordinated approach or ‘brokerage’ of some kind would make this easier.
- Suggestion of a ‘Disability Positive Employer Hub’ or similar to be a single point of support for employers with resources, advice and signposting to specialist agencies; as well as a ‘directory’ or ‘bank’ of disability positive employers in the city that sets out what they can offer in terms of employment opportunities, support and experience.
- How can we expand work experience placements? Shorter work experience placements can be manageable for smaller employers, and can start to build relationships that could lead to future employment.
- Needs to be a clear ‘journey’ into meaningful employment for learners, including those further away from the labour market. How can we develop a visible, co-ordinated journey from and ensure that appropriate volunteering and work placements are available from anchor institutions in a streamlined and continuous way – not ad-hoc.
- Would be useful to get a sense of scale of what is required – ie – what is the current demand/shortfall for work experience and placements, supported apprenticeships etc.
- We need to tell our success stories, promote role models etc. Need to make sure that campaigns such as [‘See it, Be it’](#) are profiling SEND employees.

### 3.2 Next Steps

- Very much the beginning of the conversation – important to continue the dialogue, and continue to engage with the Chamber in the post-May Committee system.
- Link Chamber with SCC Officers to explore opportunities for working together on this agenda.

## 4 Committee Update – Sheffield Care Association.

On the 10<sup>th</sup> February 2022, members of the Education, Health and Care Transitional Committee met with Leroy Young, from the Sheffield Care Association and Janet Huff, a former Trustee of a Charitable Care Home who wanted to share her experiences with the Committee.

Key messages to come out of the discussion:

- A recognition that while ‘Home First’ policies were intended to keep people independent, it’s not always the most appropriate option for individuals. Committee members heard examples of individuals who thrived in care home settings after unsatisfactory home care experiences. Need to get the balance of care provision right, and explore how we can use our assets in different ways – for example how we could use Care Homes to provide day care services; how can we increase choice through extra care villages, independent living facilities.
- SCA highlighted the financial challenges facing care homes in Sheffield – including the level of fees paid by Sheffield City Council for beds – which is low compared to other authorities; cost of maintaining buildings; increase in cost of living – food, fuel; and high staff turnover and recruitment challenges leading to high agency staff costs and recruitment costs. They expressed concern that the city will soon be facing care home closures, and are seeking an independent review into the cost of care.
- Committee members recognised that there needs to be transparent and open engagement and consultation with care providers to ensure that our vision for what care looks like in Sheffield is viable and sustainable.
- Health and care integration provides us with an opportunity to work closer with NHS colleagues to ensure that people remain independent during hospital stays and don’t end up with additional social care requirements on discharge.
- Recognition of the significant workforce challenges facing the social care sector and need to consider how the Council can support the development of solutions.
- Need to see improvement in our social care outcomes – recognise change programmes and reprocurments underway – but also that difficult decisions need to be made about how and where the Council prioritises its limited resources.

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