

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Tuesday 16 June 2020 at 2.00 pm

To be held as an online video conference. To access the meeting, click on the 'View the Webcast' link below.

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur, Gail Smith, Garry Weatherall and Vacancy

Healthwatch Sheffield

Lucy Davies (Observers)

Substitute Members

In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. 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 Scrutiny 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.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or [email emily.standbrook-shaw@sheffield.gov.uk](mailto:emily.standbrook-shaw@sheffield.gov.uk)

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND
POLICY DEVELOPMENT COMMITTEE AGENDA
16 JUNE 2020**

Order of Business

- 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 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 26th February, 2020.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public

(NOTE: In accordance with the arrangements published on the Council's website in relation to meetings of the Cabinet held remotely ([Attending Scrutiny Committee](#)), questions/petitions are required to be submitted in writing, to committee@sheffield.gov.uk, by 9.00 a.m. on Friday, June.)
- 7. Adult Social Care in Sheffield during Covid-19** (Pages 13 - 42)
Report of the Executive Director, People Services
- 8. Draft Work Plan** (Pages 43 - 48)
Report of the Policy and Improvement Officer.
- 9. Date of Next Meeting**
The next meeting of the Committee will be held on a date to be arranged.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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.

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Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee

Meeting held 26 February 2020

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Adam Hurst, Martin Phipps, Garry Weatherall and Richard Shaw (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Jackie Satur and Gail Smith, with Councillor Richard Shaw attending as Councillor Smith's nominated substitute.

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 15th January, 2020, were approved as a correct record.

4.2 Matters Arising

4.2.1 With regard to Item 4.2.2 of the minutes, the Chair stated that she had forwarded the questions raised at the previous meeting to the Clinical Commissioning Group but had not received a reply from them but had been assured that the responses would be available at the next meeting of the Committee to be held in March.

4.2.2 The Chair stated that the information requested in Item 6, bullet point seven, with regard to grant funding, had been requested and she had been assured that this would be available and reported to the next meeting.

4.2.3 The Chair confirmed that she had written a letter to the Secretary of State as referred to at Item 6.5 of the minutes.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 Andy Hiles asked a question regarding social care provision to adults with severe learning conditions. Mr. Hiles said that one of the city's current providers of social care was Citizenship First and from 1st April, the terms and conditions of that company's service were changing. He said that the service users would be expected to pay for their own, and possibly for their carer's, refreshment costs incurred during lunchtime. He questioned whether this was right legally and morally and asked if this was something the City Council could look into.
- 5.2 The Chair said that, as commissioners of this service, she would check the rules and policies of these companies and provide a written response to Mr. Hiles.

6. NHS HEALTH CHECKS

- 6.1 The Committee received a report of the Director of Public Health regarding the delivery of the NHS Health Check Programme that had been carried out in Sheffield since 2012.
- 6.2 Present for this item was Karen Harrison, Health Improvement Principal, Sheffield City Council.
- 6.3 Karen Harrison stated that the NHS Health Check programme was a risk assessment and management five year rolling programme aimed at preventing or delaying the onset of cardiovascular diseases including diabetes, heart disease, kidney disease and strokes. The checks include monitoring height, weight, blood pressure, body mass etc., for all eligible residents in England aged between 40 and 74, who currently do not have any pre-existing conditions, for people who might not realise that they have a high risk factor, but calculate whether they could be at risk of cardiovascular diseases over the next 10 years.
- 6.4 The programme began in Sheffield in 2012 and was delivered solely by and within GP practices according to former Local Enhanced Service Level Agreements between Public Health at NHS Sheffield and individual GP practices. In 2017, an open tender process was introduced and the successful provider, Primary Care Sheffield, has delivered the NHS Health Check Programme since then. Ms. Harrison stated that Primary Care Sheffield operate a targeted approach to reducing health inequalities by offering health checks to those most at risk due to ethnicity, those living in areas of deprivation, people with severe mental health illness or learning disabilities and people with previously recorded high blood pressure levels but no further action had been taken towards further investigation and the subsequent prevention of cardiovascular disease. It was important for Public Health to have access to patient records so that they are able to deliver the programme as effectively as possible. She said that recently dementia awareness has been extended to all people receiving a health check, rather than previously when it was just people over 65 who received the information. Results have shown that Primary Care Sheffield was contracted to carry out 7,500 health checks per annum and this target has been met. This contract does however, come to an end in August, 2020 and is currently out for tender.

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

- 75 out of the 83 GP surgeries in the city offer health checks to those eligible. For patients where health checks were not available, Primary Care Sheffield offered health checks at one of the out-of-hours Primary Care Hubs where qualified and specially trained staff were able to carry out the checks. Sheffield Public Health have looked into other facilities where checks could be carried out i.e. at pharmacies or other suitably accessible places, such as mobile units or leisure centres. A pilot scheme has been launched at Sheffield Teaching Hospitals offering Health Checks to its staff, but as yet, there was no data available of the take up. The Council was also looking into how its Occupational Health Service could roll out the service to its staff. Some businesses have similar schemes and offer health checks as a benefit to their staff, but details of this were not known.
- BUPA offer health checks, and also an online GP service was available at a cost of £125. It was felt that more investment was needed to roll out the programme so that the service could be offered to more people, but due to the resources available it was felt that Sheffield was meeting the target required.
- Members raised concerns that there was a discrepancy in the number of health checks offered and the number of referrals to weight management programmes and the smoking cessation service. It was stated that this was an area of concern, but the target to deliver was being met and training was being given to health care professionals to assist them in identifying patients who were eligible, but were unaware of the programme and the preventative measures available.
- The target to deliver health checks to 7,500 people in Sheffield was being met, and the percentage of public health grant spent on the programme offered good value for money compared to other local authorities in the Yorkshire region, which spend a higher percentage of their budget on health checks but did not perform as well as Sheffield.
- National data was available regarding how other local authorities in England were carrying out health checks in their areas and a breakdown of this would be provided to Members.
- It was felt that the right model was being used in Sheffield to offer the service to as many people as possible, but perhaps the logistics of this could be changed as the community outreach budget in 2012, which the model was initially based on, was significantly higher than as it is today.

6.6 RESOLVED: That the Committee:-

- (a) thanks Karen Harrison for her contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions raised;

and

- (c) feels that more thought could be given to this, perhaps engaging with existing networks and using equality hubs to get the message across about the programme.

7. SHEFFIELD ADULT SAFEGUARDING PARTNERSHIP

7.1 The Committee received a report providing an overview of the safeguarding work being undertaken by the Sheffield Adult Safeguarding Partnership who wish to encourage and develop further links with adults who were most at risk of abuse and neglect in order to understand what their priorities are.

7.2 Present for this item were Simon Richards (Head of Service, Quality and Safeguarding) and Tina Gilbert (Safeguarding Partnership Manager).

7.3 Simon Richards gave a brief outline of the core functions of the Partnership and the key principles for safeguarding adults. He said that work was continuing around developing a Strategic Plan for the Partnership over the next three years and acknowledged that there was still a lot of work to be done. He made reference to the report which gave background information and set out the key principles for safeguarding adults which were determined nationally. Simon Richards summarised the priorities of the Partnership and referred to the positive results from the three initiatives which are funded by the Partnership, these being "Safe in Sheffield", the Adult Sexual Exploitation Service and the Trading Standards service's initiative "Not Born Yesterday". He referred to the current challenges facing the Partnership and the pressure on the mental health service to identify gaps where people don't meet the threshold to access services but were still at risk and it was felt that these gaps could be helped by collaborative working by the City Council, NHS Sheffield, Sheffield Teaching Hospitals, Health and Social Care, South Yorkshire Police, the Probation Service, the Yorkshire Ambulance Service and voluntary, community and faith sector representatives.

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

- With regard to pressures on the mental health services, it was acknowledged that there was inadequate provision to support those people who didn't meet the threshold, but this was a national issue and Sheffield was working hard to address this, maybe by identifying which services need commissioning with the funding available. It was thought that there should be joined up working to better utilise the resources currently available to offer some level of support to those people who haven't been diagnosed with mental health problems.
- The multi-agency Vulnerable Adults Panel was working to develop pathways between agencies and those at risk to improve their wellbeing and eliminate pressures on emergency and crisis points. However, it was not always easy to get agencies to step outside their roles and responsibilities and interact with each other. There was a need to look at the

value of prevention and to have collaborative discussions early enough to prevent matters escalating and get the team around the person in the first stages. The Partnership was aware that it faces a big challenge.

- There was a culture in services to “do it this way because we always have” and this was being addressed. The Partnership was looking to make realistic changes, identifying what is achievable and looking to retrain people to use safeguarding principles and work differently.
- The Partnership places great emphasis on collaborative training, open to all local authority staff, health care professionals, the police and other organisations and believes that if it can get people together to hear the same message they might be more likely to link in with each other. There was an understanding about the impact of training but the test will be six months after first contact when feedback was received from those who have been through safeguarding. Although training was not mandatory, the Partnership does try and encourage people to attend, but there was a capacity issue and independent providers of training would be welcome.
- Work with the voluntary sector was being developed in an attempt to work more collaboratively with them.
- The Care Trust doesn’t collate the same level of data but the Partnership are holding discussions with them with the aim of producing an amalgamated report on how the City Council and mental health services manage safeguarding within the city.

7.5 RESOLVED: That the Committee:-

- (a) thanks Simon Richards and Tina Gilbert for their contribution to the meeting; and
- (b) notes the contents of the report and the responses to the questions raised.

8. HOME CARE IN SHEFFIELD

8.1 The Committee received a presentation given by Sara Storey (Interim Director, Adult Services) and Councillor George Lindars-Hamond (Cabinet Member for Health and Social Care), regarding Home Care in Sheffield: The Case for Change.

8.2 Sara Storey stated that there were 36 independent sector providers within the City Council’s framework who support approximately 5,000 people per year, delivering over one million visits. She said that there were over 1,000 care staff employed to meet the growing demand for care, and there were many customers with complex issues meaning that the average care package has increased by an hour and half per week. She stated that support in Sheffield was provided quickly and Sheffield was consistently achieving NHS England targets regarding delayed transfers of care. Sara Storey went on to say why change was needed, that despite many people working hard, very often, people’s experiences of the care they receive was not good enough. She said that with systemic change, Sheffield could make

better use of its resources by helping people remain in their communities and avoid costly residential care and assist health care professionals make better and timely interventions when necessary. Sara Storey felt this could be achieved by laying the right foundations, listening to what people have to say, improve terms and conditions for members of staff and for staff to work and learn together as one team.

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

- The Contracts Officers work closely with the Care Quality Commission to maintain standards of care provided. Regular visits were made to providers to identify themes and offer guidance to make improvements where necessary, and take action where provision was failing.
- With regard to direct payment customers, this was still regulated as there was a duty to make sure needs were met.
- With regard to purchasing power, a lot was funded by the local authority. The majority of providers of care were Sheffield providers, employing Sheffield people. The Contracts Officers gathered information about quality issues and concerns to seek to identify any trends, as well as ensuring individual quality issues were being addressed.
- Analysis has been carried out across all care providers regarding the ability to recruit and retain staff. Demographically, women between the ages of 40 to 50 tended to be home care workers but this was changing to a wider range of carers.
- There was very little choice of provider due to resources, but it was improving. Work was being undertaken with people around self-funding and direct payments.
- Coverage of care providers across the city was much better, with availability and capacity improving. The majority of those needing support were coming out of hospital but as a rule there was no pattern of who was in need of care.
- Due to the large turnover of staff, it was thought that a way forward could be to move to locality working thus reducing the number of trips made by car carried out by staff.

8.4 RESOLVED: That the Committee:-

- (a) thanks Sara Storey and Councillor George Lindars-Hammond for their contribution to the meeting; and
- (b) notes the contents of the presentation and the responses to the questions raised.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

- 9.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 15th January, 2020.

10. WORK PROGRAMME

- 10.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.
- 10.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20.

11. DATE OF NEXT MEETING

- 11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 18th March, 2020 at 4.00 p.m., in the Town Hall.

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Report to Healthier Communities & Adult Social Care Scrutiny Committee

Report of: Executive Director of People Services

Subject: Adult Social Care Briefing, June 2020

Author of Report: Sara Storey, Interim Director of Adult Health & Social Care

Summary:

This paper provides the Healthier Communities & Adult Social Care Scrutiny Committee with an update on the Adult Social Care impacts and response to the COVID-19 pandemic.

The situation is rapidly changing, and therefore should be taken in the context of being current at point of publication on 8th June 2020.

Type of item:

Briefing paper for the Scrutiny Committee	✓
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The Scrutiny Committee is being asked to:

Note the briefing to inform the Committee's scrutiny role.

Background Papers: NONE

Category of Report: OPEN

Adult Social Care Briefing

16th June 2020

Healthier Communities & Adults Social Care Scrutiny Committee

1. Purpose

This paper provides the Healthier Communities & Adult Social Care Scrutiny Committee with an update on the Adult Social Care impacts and response to the COVID-19 pandemic.

The situation is rapidly changing, and therefore should be taken in the context of being current at point of publication on 8th June 2020.

2. Overview of COVID-19 for Adult Social Care

The last few months have been a dramatic period for so much of society. Adult social care has been hugely impacted, while also being at the heart of the city's response. This has included temporary legislative change, rapidly changing government guidance, evolving understanding of the science of the virus and complex societal factors.

It has also been a challenging time for staff throughout the sector, who have worked with huge effort, skill and compassion. The social care and health system has responded swiftly and co-operatively to respond, making rapid changes. At the same time this has been personally difficult, both emotionally and physically. So many people that the sector has worked with and cared for have lost their lives to COVID-19, including a member of staff at a nursing home.

Thankfully, the worst case demand pressures that had been prepared for did not emerge. Despite this, residential and nursing homes have been under significant pressure as has been discussed in the media.

People categorised as extremely clinically vulnerable were contacted and support offered. Volunteers were deployed to support delivery of medication and shopping as well as emotional support via telephone calls.

We saw some reduction in the provision of domiciliary care due to family carers being more available or worried about staff entering their homes and, therefore some services were cancelled by families. This includes adult mental health domiciliary care in particular.

Day activity provision adapted and were able to provide some of their services such as singing, drama and art work via online platforms.

3. Legislative change

The Government introduced the [Coronavirus Act 2020](#) in mid-March to respond to the COVID-19 pandemic. The Act includes significant changes to our duties under the Care Act 2014 for the most critical period of the pandemic, to help us to make sure the most serious and urgent care needs are met and enable us to defer meeting other less acute or pressing needs.

The Act gave provision for 'Easements' to be enacted by Directors of Adult Social Services, which allow them to deprioritise care which we would otherwise would be statutorily required to provide. At this stage Sheffield has not enacted such easements, and has no current plan to do so.

There have also been significant temporary changes in the arrangements for discharge and continuing healthcare (CHC) from government guidance.

More information on these changes in legislation and guidance is attached at Appendix B.

4. Impact on people's provision

The table below sets out a summary of the impact on people's provision.

Provision	Summary of impact
Care Homes	<p>As widely reported, there have been huge challenges for care homes.</p> <p>There have been more deaths in Sheffield's care homes than there have been in our hospitals. The experience of residential settings has also suffered, with less freedom of movement and reduced ability to receive visitors. This has been particularly felt by those with dementia, who often have less understanding of what is happening.</p> <p>Early forecasts of increased demand for residential care did not materialised. There are now fewer people in these settings, due to a significantly higher death rate and lower 'business as usual' demand.</p> <p>A significant package of support has been put in place, which is detailed later in this report.</p>
Home care	<p>Care in people's own homes has broadly continued as normal. Providers have felt increased pressure, including from higher staff absence, but have nevertheless risen to the challenges presented. We have worked closely with providers to ensure stability in this part of the sector, including a different payment approach.</p>

Discharge from hospital

Discharges from hospital have been lower than would have normally been the case due to hospitals ceasing large areas of activity. Despite significantly reduced staffing capacity, the Council's Short Term Intervention Team (STIT) has continued to support the flow of people out of hospital.

Delayed transfers of care are at historically low levels for the city. As hospital services restart, there will be increased pressure in this area.

In mental health, expanded provision for stepdown has been commissioned to release existing provision to ease the increasing pressures on mental health acute wards.

Direct Payments

For those who arrange their own care through direct payments, implications are by nature more varied.

Social care teams have contacted everyone in receipt of a direct payment to discuss their situation, plan contingencies and generally check on their well-being.

We have issued responses to frequently asked questions to everyone receiving direct payments and ensured fast track emergency funding is available if people need to arrange alternative support.

We have worked closely with Disability Sheffield, who among other things has led excellent work on support for Personal Assistants in the city. Jointly, we have ensured information is available on a range of issues and set up facilities to make PPE readily available and access to testing. In addition, an emergency PA Register for PAs to join to offer cover to people who have PAs shielding or self-isolating has been created

Supported Living

Supported Living has continued to operate, albeit in slightly different ways. Opportunities for leaving the property have been reduced, as have other elements of individuals' packages, in accordance with government guidelines. Framework, non-framework and in-house providers have organised activities for people to replace day services with positive feedback.

Community outreach support for people who live in their own tenancy or the family home rather than supported accommodation has been flexible to meet their needs, for example spread over the whole week rather than in a 'block'.

	<p>Payments have been made on commissioned hours then reconciled later to improve provider cash flow, and a 5% block payment for April –June has now been agreed.</p>
Respite	<p>Respite provision in the independent sector has continued albeit at a much reduced level. Out of 6 providers, 2 have continued to provide a full service, 2 have offered a reduced service. Cancellations have been high. Providers will be provided a block payment for April – June to cover any respite provided during this period as well as any void costs.</p> <p>The Council’s Short Breaks Services at Warminster have closed, however we have been offering support for crisis and emergencies when required. We are using our few staff in Short Breaks to bolster and support our Supported Living Scheme.</p>
Day Activities	<p>Independent day services have closed their building based activities in accordance with government guidelines. However, they have continued to offer alternative activities ranging from music, drama, exercise classes and bake offs via Zoom to the delivery of activity packs and regular contact via phone/Zoom for people using services and family carers. As restrictions are being lifted, services are being encouraged to plan activities outside on a 1:1 basis with robust risk assessments in place. All day services have continued to be paid based on February delivery.</p> <p>Council Day Activities have also closed. The service completed a RAG rating for all of people worked with. Staff have been in regular contact with all, but those flagged as Amber and Red flagged in particular. They are being supported, offered advice, working with LD health staff etc. All are well despite the lockdown and obvious difficulties.</p> <p>Staff that are not in their normal role are either supporting STIT or Supported Living schemes.</p>
Carer Support	<p>Sheffield Carers Centre reported that carers were initially feeling that we were all in this together rather than feeling isolated and felt a bigger sense of community. Some were reluctant to accept support in their homes as they protected their loved ones from the virus.</p> <p>However, as time has gone on there is more of a feeling of carer stress and as others are stepping back out into the world they are not. The Carers Centre has contacted carers to give telephone support and worked with social care teams when the need has arisen.</p>

5. Experience of People Receiving Care

HealthWatch Sheffield has been providing us and health partners with invaluable weekly feedback from people receiving care. We use this insight to improve our response. Areas raised include:

- **Consistency of clear information** – Many sources of information across government, health and social care
- **Care homes** – A variety of concerns, including around communication with people in residential care and uncertainty around how homes are managing. Some positive stories about using technology to connect to loved ones and organising socially distanced visits through windows
- **Carers** - Lack of respite care increasing pressure on families and informal carers
- **People with learning disabilities** – Particular concerns that people with learning disabilities can find it hard to understand the lockdown rules and restrictions. This has meant some people are going back to their normal lifestyles, which may be unsafe for them.
- **Social interaction** - Worries about lack of social support (family/friends, support groups) becoming more detrimental the longer that lockdown continues. Digital options aren't suitable for all, either because people do not feel comfortable using them, or lack the money/skills to access IT
- **Council Services** – Both positive and negative experiences of Council services, including staff going above and beyond the call of duty on occasion, but also instances of slow responses and the impact of reduced levels of service.

6. Experience of ASC Staff

Staff have adapted to using telephone and video calling to avoid face to face contact where possible. Working remotely using remote access functionality to work from home has kept people and workers safer. In-house provision were at the front line and anxious initially but rose to the challenge with resilience and always delivered the support to vulnerable people.

Zoom meetings have kept social work teams in touch with each other, avoiding gatherings. Development workshops have also moved to online platforms.

7. Individual financial implication – contributions

The table below sets out the situation for individuals who are assessed as needing to make a contribution to the cost of their care.

Type of provision	Impact on people's contributions to cost of care
Hospital discharge	No charges to individual during the pandemic for a new/significantly increased support package, if it prevents hospital admission or means the person can be discharged.

Home care	No home care charges for people in April 2020.
Day activities	Normal charging arrangements apply. Of course there are no charges for people if their day activities are or were closed during the pandemic.
Direct Payment (DP)	Detailed advice sent to people to help them manage their Direct Payment and their support. People encouraged to use their DP flexibly or purchase alternatives and not to stop services. People encouraged to continue to pay their service providers, even if they have stopped some services while self-isolating.
Residential/nursing care	No changes to contributions

Annual review of charges

When government benefits increase in April we normally adjust our charging arrangements to reflect the changes. We have delayed these changes until July and any increase in charges will not be back-dated.

Financial assessments and billing

- 'Light touch' assessments during the pandemic.
- Delays on sending invoices for payment to people for February and March.

8. Support for Care Homes

In common with the rest of the country, the Covid-19 pandemic is significantly impacting on care homes in Sheffield. We are continuing to provide help to residential and nursing care providers to enable them to support people and families during this difficult time. As in 'normal' times, we'll always support people to remain in their own home for as long as possible.

Together with our health partners, we have put in a significant package of support for the city's care homes. This includes:

- increased funding, with the opportunity to discuss further support if this has not been sufficient
- support with infection prevention and control
- enhanced clinical support

- rapid response elements for care homes that start to struggle, including providing Council staff
- prioritised staff testing in Sheffield (in addition to national scheme)
- backup PPE supplies
- staffing support from volunteers and redeployed Council staff
- tablets with SIM cards to enable people in care homes to connect with their family and friends
- regular calls to check in with manager in the homes
- a single monitored inbox for all enquiries from or about providers, and dedicated web page with the latest information for providers
- regular updates about national and local guidance
- additional social work support
- increased subsistence payments for failed asylum seekers with no recourse to public funds.

9. PPE in Adult Social Care

We receive an allocation of PPE stock through South Yorkshire Local Resilience Forum (SYLRF), this was found to be supplementary against the demand required in the city. In early April we were already seeing Independent Care Providers struggling to get access to supplies of PPE that were good value, compliant to safety standards and delivered in a timely manner. SCC Commercial teams have sourced compliant PPE from a number local, UK and international sources securing a 4-6 week supply of PPE across the main items required.

We have set up a dedicated warehouse for PPE items which distributes to range of services across the city via our in-house transport fleet. We are currently delivering to 220 sites across the city including special schools, care providers and children's homes. We have delivered up to 400,000 items of PPE in a single week. We are seeing this demand drop to circa 200,000 items as confidence has grown in the weekly supply of items. On average, 85% of stock is supplied to Independent Care Providers.

10. COVID-19 Testing in Adult Social Care

Sheffield's health and social care partnership has been able to offer significant additional COVID-19 testing both in advance and in addition to the national testing offer. This allowed staff testing to be in place before the national scheme, and for it to be available in Sheffield. The city has also been able to step in to assist care homes when either quicker results were required to manage an outbreak or where the national service has struggled to respond.

The national approach for care home testing is improving, and Adult Services continue to work with our Director of Public Health to support the implementation of national testing and respond locally where required.

11. Safeguarding

Our responsibilities for safeguarding adults have not changed through the Coronavirus Act. You will see below that the overall safeguarding concerns received had a dip in February 2020 and is a little lower than last year. Safeguarding remains a primary concern.

Information and feedback about quality and concerns within care homes, whether Safeguarding or not, make a significant contribution to our overall intelligence assessment of the quality of care provided. In the present circumstances, there is less opportunity for individuals, their family, carers, advocates or other professionals to directly observe and report incidents which may be a cause for concern.

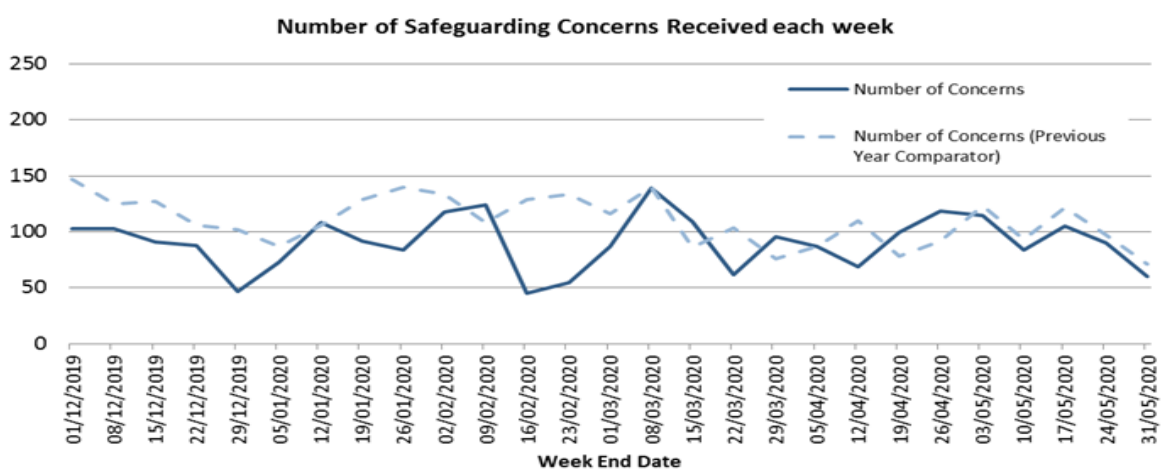
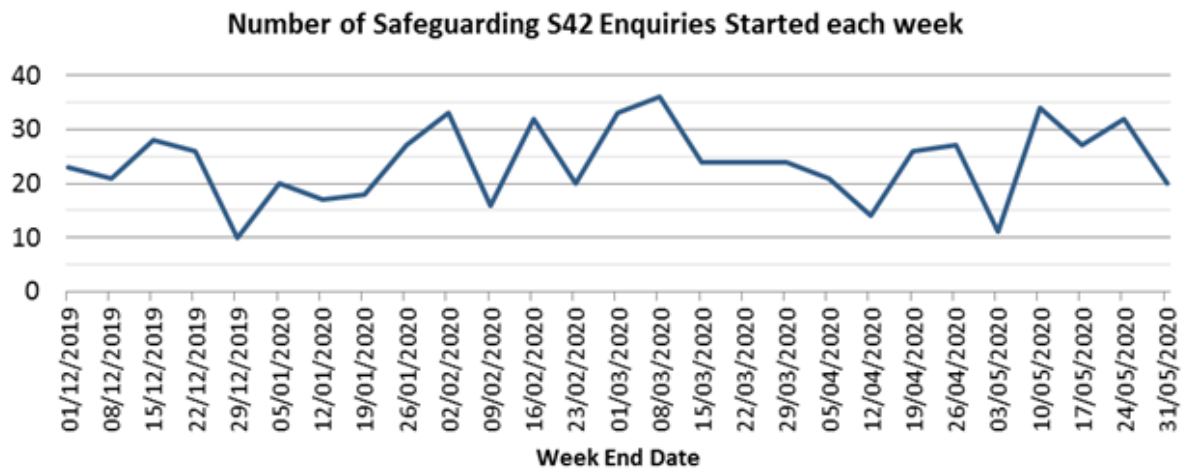
Actions taken to mitigate any resultant risks include:

Promotion of a clear message across Sheffield City Council that intelligence relating to provider quality and performance must be shared with Commissioners responsible for the contract management of that service so that information can be reviewed and any necessary action taken

Adult social care teams continue to make contact with those people they know to be most at risk. A team of social workers, working within Commissioning, is identifying and contacting residents of care home to check with them how they are finding conditions and the care they receive during this period. Where appropriate, feedback will also be sought from families, carers and advocates, as well as staff working in a home. The intelligence gained through these conversations will be supplemented by a programme of virtual inspections conducted remotely throughout the care home sector in Sheffield.

Care homes have been reminded about the unchanged legal and regulatory requirements with regards to safeguarding and their duty for transparency regarding the sharing of details of their service. This message includes specific referral to provider responsibilities with regards to their Regulated Activities and under Section 42 of the Care Act. Providers are being given additional support by the Council on what, when and how to report safeguarding concerns.

Guidance and additional information on adult safeguarding is available on both the Council website and the Safeguarding Adults Partnership website. The Multi-agency Safeguarding Partnership Board met on 4th May and the next meeting is scheduled for 11th June. How the Covid19 pandemic is being managed across the health and social care sectors and the implications of this for Safeguarding has been identified as a key priority.



12. Preparing for the future

Attention has rightly focussed on the immediate response to the COVID-19, the Council has also been thinking about how we move forward in both the medium and longer term. Our Principal Social Worker is leading the work to reflect and capture learning across the system, and using it to plan how we move forward rather than merely revert to how we have always worked.

This learning will tap into the things that have worked well for people, some of whom may have felt liberated by a move away from traditional services and want their lives to work in a different way from now on. For instance, some people with Autism have told us that they have really valued the ability to engage more digitally rather than in person.

The last few months have also opened minds to wider use of technology to both mitigate the impact of social distancing and shielding, and better take advantage of digital opportunities. It has also further highlighted the importance of web based information, advice and interaction. The Council's Business Change and Information Service will be supporting our work to maximise this benefit – including improving our online offer and supporting the development of digital skills in our workforce.

Appendix A - SCC Data and Intelligence Cell

Summary of Covid-19 Morbidity and Mortality in Sheffield

5th June 2020

- 33,790 cases with a potential Covid-19 final disposition have been identified in Sheffield via NHS 111, 999 or online to date. There have also been 2,567 cases confirmed by laboratory test (Pillar 1). Pillar 1 testing in Sheffield has been prioritised for health and social care staff, hospital patients and care home residents. The number of positive tests therefore reflects both the incidence of infection, the overall number of tests carried out and the population tested.
- Although the new NHS Test and Trace web based system (Pillar 2) went live on 28th May 2020 it is still very early days for the system and validated, publically available figures are not yet available;
- Based on provisional counts of the number of deaths involving Covid-19 registered in England and Wales produced by the Office for National Statistics (ONS), there had been 249 deaths in care homes in Sheffield during the period 1st January to 22nd May 2020 and 236 deaths in hospital. 50% of deaths from Covid-19 occurred in a care home in Sheffield. Nationally the percentage ranged from 0% to 62%;
- In relation to laboratory confirmed Covid-19 death rates, Sheffield has seen 47 deaths per 100,000 population compared with a national rate of 48 per 100,000. Rates of both hospital and care home deaths from all causes, including Covid-19 have reduced significantly and are now close to expected levels for this time of year;
- Approximately 95% of people dying from Covid-19 in Sheffield had at least one underlying condition. The main underlying conditions include: Ischaemic Heart Disease; Dementia and Alzheimer's Disease; Chronic Lower Respiratory Diseases; Influenza and Pneumonia; and Diabetes. 88.5% of people dying from Covid-19 were aged 70 or over;
- Social care capacity (domiciliary or care home) remains sufficient to meet demand and there have been no new reported outbreaks in care homes over the previous 7 days. Approximately 87% of people discharged from hospital having recovered from Covid-19 have returned to their usual place of residence;
- Almost 30,000 people in Sheffield have been identified by the NHS as clinically vulnerable requiring shielding. These people have been contacted with an offer of support through a combination of SCC, NHS, Voluntary, Community and Independent sector services. The main types of support required have been for food deliveries, medicines and social contact for those who live alone.

For further information please contact: Louise.brewins@sheffield.gov.uk

Appendix B - The Coronavirus Act

The Government introduced the Coronavirus Act 2020 in mid-March to respond to the Covid-19 pandemic. The Act includes significant changes to local authority duties under the Care Act 2014 for the most critical period of the pandemic, to help us to make sure the most serious and urgent care needs are met and enable us to defer meeting other, less acute or pressing needs.

The Council's Care Act duty to meet eligible care and support needs has been replaced, for the duration of the emergency period, with a power to meet needs. This is underpinned by a duty to meet needs where failure to do so would breach an individual's human rights (for example in relation to neglect).

During the emergency period we no longer have a duty to carry out formal assessments, including financial assessments. This is to allow us to provide urgent care to people without a full Care Act assessment and, therefore, to prioritise the provision of care and support.

NHS organisations can delay undertaking Continuing Healthcare assessments until after the peak of the pandemic.

The Act does not remove our duty of care, and there is no change to our duties around safeguarding, assessing mental capacity, independent advocacy and Deprivation of Liberty safeguards.

These changes will only come into force if pressures of demand and workforce illness during the pandemic mean that we are not able to fulfil our duties under the Care Act.

Sheffield Health and Social Care NHS Trust continue to provide Crisis Mental Health Act Assessments. The Coronavirus Act amendments to the Mental Health Act have also not been triggered.

Hospital discharge and NHS Continuing healthcare (CHC)

One significant temporary change to practice relates to hospital discharge and NHS Continuing healthcare. The Government has put Enhanced Hospital Discharge Service arrangements in place for the duration of the Coronavirus (COVID-19) pandemic to enable people to be discharged from hospital quickly with minimal bureaucracy. The arrangements include funding for the NHS and local authorities to meet the additional care and support costs.

Key changes are:

- Discharge to assess is in place, which aims to discharge people rapidly from hospital and provide same day assessment at home or in an alternate care setting.
- People will not be able to wait in hospital for their care provider of choice to be available.

- From 19 March 2020 people discharged from hospital with a new or increased care package will be coded to COVID-19 and will not be charged an assessed contribution for the duration of the COVID-19 response.
- From 19 March 2020 new or increased care packages (increases over 7 hours) in the community which prevent hospital admission will be coded to COVID-19 and people will not be charged an assessed contribution for the duration of the COVID-19 response.
- NHS CHC assessments (DSTs) are not required until the end of the COVID-19 emergency period. However you still need to complete a CHC checklist where you identify that a person has a primary health need or ongoing increase in health needs. This will help us and the CCG to maintain our records and continue to support people once the pandemic ends.
- We've also changed some elements of recording on Liquidlogic to track people discharged under the enhanced hospital discharge requirements.

The Council has asked our workers to make sure people and families they are working with understand that the current context is extremely unusual and these arrangements are temporary, and that care and support that may not incur a cost to the person during the crisis period may incur a charge in future.

When the government makes the decision for the Enhanced Hospital Discharge Service arrangements to end, we will contact people again to talk with them about their ongoing care and support needs, and to complete financial assessments to determine how much they can afford to pay towards the cost of their ongoing care and support.

Appendix C – Member Briefing on Adults with LD

Report Date	24th April 2020
Summary to:	Cllr Drayton, Cllr Dale and John Macilwraith Executive Director
Lead Officer	Andrew Wheawall Head of Service Future Options

Introduction		
<p>Please find below a summary of the present situation and issues relating to Adults with Learning Disabilities in Sheffield from the Future Options Provider Services. I have also included a summary of the work being carried out by the Future Options Social Care teams and a perspective of the work and issues from a Locality community based perspective.</p> <p>We are very aware that during normal conditions we would be having more physical contact with people and their carers \ families. The contact that we are offering is being well received and it has to be noted that we are not the only form of contact for people. FO providers are working very closely with the Care Trust to ensure coverage of support to all that we support.</p>		
Issues		Actions
Day Services	All local authority and private \ commissioned Day Services remain closed.	<p>Prior to closing the Services we (FO) completed a RAG rating for all of our Customers. People who used the Services either lived in a Residential or Supported Living setting or lived in the community with parents \ families.</p> <p>We have been in regular contact with all in particular the Amber and Red flagged individuals. We are supporting, offering advice, working with CLDT health staff etc. All are well despite the lockdown and obvious difficulties.</p> <p>Staff that are not in their normal role are either supporting STIT or Supported Living schemes.</p> <p>Private \ commissioned day services are offering some community support also.</p>

Short Breaks	Our Short Breaks Services at Warminster are closed, however we have been offering support for crisis and emergencies when required.	<p>We are using our few staff in Short Breaks to bolster and support our Supported Living Scheme. Again we are working a RAG rating for people that may require our support, we are in contact with families to offer our service if required.</p> <p>Furthermore we are working in conjunction with our Shared Lives service to offer 'respite' for some carers that are experiencing health \ Covid 19 difficulties. We have the space to support a number of people (in isolation) if required.</p>
Shared Lives	Ensuring that we can continue to support long term placements and respite where needed. So far this is going well however we have 3 individuals supported by a carer that is unwell, hence the offer above from Short Breaks.	The present service is going well, no emergencies.
Supported Living	<p>Ensuring that we are keeping people safe, well and healthy.</p> <p>Ensuring that we have a staff team that meets the needs</p> <p>PPE</p>	<p>We are working to support people through this time of change, there are people that would have attended day support previously, we have moved our staff team around to help to maintain wellbeing. People are taking daily exercise where possible but we are being cautious, we are working with the CLDT (Care Trust) to support some of the difficult issues, this is going well. We are also 'skyping' this is allowing people to keep their relationships going (where possible)</p> <p>Staff wise, we have people not working due to illness or vulnerable health conditions however we are coping thanks to the support of the day service staff.</p> <p>People that self isolated are now back in work, some people are still on their 1 or 2 week periods.</p> <p>Presently we are managing with the supplies that we have requested.</p>

Transforming Care and CLDT (Care Trust)	Supporting people to remain in their present homes and to support discharge from Psychiatric hospitals where appropriate.	<p>The FO team are working in partnership with the CLDT to support people and providers to prevent care plans from breaking down. Again to date all is well, we have had to increase support with a few people. We are in daily \ weekly contact with Res Home providers to ensure that they feel supported, we are offering advice and info re different ways to keep people motivated and safe.</p> <p>This statement is from the Care Trust: <i>We are keeping in touch with everyone open to case load, especially where we know day care centres have closed.</i> <i>Non essential visits are replaced with telephone contact so we aren't routinely going out to visit where day services have been withdrawn but are reiterating where we are, and how to contact us and other services if needed.</i> <i>CLDT and CISS team have a running priority list of clients, reviewed daily, so anything of more concern is flagged by the senior clinical leads. CTRs are happening virtually and working well!</i></p> <p><i>We have shared easy read info too.</i> <i>Case Register team also supporting with the contact and reassurance.</i></p>
Localities	Localities Teams are working with Adults with LD in the community and continue to support where they can. They are also working well with the Care Trust, Carers groups and Commissioning.	Covered elsewhere in the main body of the report
Commissioning	Working to ensure that providers are in place to continue to support.	Covered elsewhere in the main body of the report

REPORT ENDS



**Report to Healthier Communities & Adult
Social Care Scrutiny & Policy Development
Committee
16th June 2020**

Report of: Head of Policy & Partnerships

Subject: The impact of Covid-19 on Adult Social Care in Sheffield - Evidence from Stakeholders.

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
emily.standbrook-shaw@sheffield.gov.uk

Summary:

At its meeting on the 16th June 2020, the Healthier Communities and Adult Social Care Scrutiny Committee will be considering how the Covid-19 emergency has impacted on Adult Social Care in Sheffield.

To enable the Committee to hear from a range of stakeholders, the Chair of the Committee wrote to organisations in Sheffield that represent service users, staff and providers of adult social care, inviting them to provide written evidence on how the local social care system has responded to issues that have emerged during the crisis.

This report sets out a summary analysis of the responses received.

Type of item:

Briefing paper for the Scrutiny Committee	x
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The Scrutiny Committee is being asked to:

Note the information in the report, and use it to develop lines of enquiry and inform discussion.

Category of Report: OPEN

Report of the Head of Policy & Partnerships

The impact of Covid-19 on Adult Social Care in Sheffield - Evidence from Stakeholders.

1. Introduction

- 1.1 At its meeting on the 16th June 2020, the Healthier Communities and Adult Social Care Scrutiny Committee will be considering how the Covid-19 emergency has impacted on Adult Social Care in Sheffield.

To enable the Committee to hear from a range of stakeholders, the Chair of the Committee wrote to organisations in Sheffield that represent service users, staff and providers of adult social care, inviting them to provide written evidence on how the local social care system has responded to issues that have emerged during the crisis.

This report sets out a summary analysis of the responses received.

2. Organisations representing Service Users.

We received responses from HealthWatch Sheffield, Sheffield Carers Centre, Disability Sheffield and Sheffield Age UK. These are set out below.

2.1 HealthWatch Sheffield

HealthWatch Sheffield is the consumer watchdog for health and social care services in the city. HealthWatch Sheffield has identified issues based on feedback they have received from individuals as well as issues raised by voluntary and community sector partners. HealthWatch Sheffield's submission is set out below.

2.1.1 What HealthWatch has heard

- **Unclear government messaging** - we've been hearing from voluntary sector organisations that there is widespread confusion and heightened levels of anxiety following the most recent government announcement easing the lockdown.
- **Shielding** - we continue to hear from people who are shielding about the communication they receive. One person told us that they receive daily texts from their GP, reminding them that they are vulnerable and at increased risk of dying if they catch the virus. They find this unsettling.
- **CHC** - we have been made aware of someone who is CHC funded and has been confused about assessments being done over the phone. This is only one case, but has highlighted the need for some clear information on how changes to CHC processes are being implemented locally.
- **Dementia:**
 - We've continued to hear from voluntary sector organisations about the challenges facing people living with dementia and those

who care for them. Building on previous concerns that PPE can be distressing for those who don't fully understand the situation, we've heard that opaque PPE makes it more difficult to communicate with people who rely heavily on nonverbal communication and facial expressions in order to understand what's being said.

- We have continued to hear from carers that it is challenging for staff in care homes to implement social distancing guidelines with people who have dementia. This raises questions about whether further support or guidance could be implemented for this group.
- **Care Package reductions:**
 - Although Care Act easements haven't taken place in Sheffield, some people are getting fewer hours of care and support than previously because lots of social/day activities aren't possible. In some instances, this part of a support package has been used in a different way - we've been told that some social workers have been creative and supportive. But we've also been told that some people have lost part of their care package, and haven't had the chance to talk about alternatives. We also heard that for some people, losing the community support part of their package meant they could no longer go shopping. In some cases this has led to people having to access foodbanks instead of being able to buy their own food.
 - Where people have a direct payment to pay for their care, we have heard that in some cases they have been charged for the care they usually receive rather than the altered/reduced package. For example, where a trip out has been replaced by a phone call, the provider has still charged for the time a trip would have taken.
- **Care homes** – we have heard from members of staff in 7 care homes, as well as hearing from advocates who are supporting clients in 31 care homes across Sheffield. We are in ongoing discussions with Sheffield City Council about issues raised.

2.1.2 What we've heard from staff:

- Care homes report struggling with staff shortages at the beginning of lockdown, but for some this has now improved. Linked to staff shortages, some staff members told us they are feeling under pressure to go into work when they are unwell or shielding.
- Several people working in care homes have told us that lack of information, or information not being passed to them in a timely way, has negatively impacted their work and planning.
- We've heard mixed feedback about GPs – some GPs are extremely supportive, while others have reportedly been unwilling to visit care homes even when residents are very unwell.
- Staff at one care home told us they had ample PPE, but most of those who got in touch with us raised real worries about PPE supplies. Some homes managed to stock up in March but these supplies are now dwindling and they're struggling to source more, while others have had very little for several weeks now.

- Staff members at several care homes told us of the difficulty they're having in getting staff tested, particularly those who are asymptomatic but in some cases those who are displaying symptoms as well. Some told us they're also still having trouble getting residents tested.
- Staff members told us about the impact covid-19 is having on relatives who cannot see their loved ones. Some homes have been able to arrange end of life visits but this is challenging.
- Admissions from hospital – one care home spoke about good practice in this regard, reporting that they are requesting tests if a hospital patient has been on a ward with covid-19 patients, and all new residents are isolated for 14 days. They shared concerns that one resident went into hospital for other health concerns, and was discharged back into the care home without being tested, despite having been on a ward with covid-19 patients.
- In care homes who haven't had any covid-19 cases, or who have managed to limit spread within the home, there is a sense that this is because of good leadership decisions, willingness of staff to be extremely flexible, and taking action before government guidelines came into force, rather than being the result of following national or local guidance.
- One care home reported involving residents in decisions about social isolation and other guidance, which has made them more confident in following the advice.

2.1.3 What we've heard from advocates:

- We've heard positive stories about many care homes who are supporting residents to be able to speak to their relatives and advocates. Many care homes have begun using video calls, while others are supporting people to talk on the phone over loud speaker or conference calls. One care home is allowing relatives to come to the garden and see their loved one through the window, while another is making good use of social media and their website to keep relatives up to date. Some care homes report not having the capacity for these initiatives – there is a need for support so that all homes can provide these opportunities.
- Many care homes are making proactive contact with advocates, and note taking and information sharing about clients is generally good.
- In some instances however, advocates reported that care home staff are not sharing adequate information about their clients, and some care homes are difficult to contact. One advocate raised concerns about their client not being able to speak to them privately, as poor telephone signal in the home meant they had to speak in the office rather than a private area.
- We heard from one advocate that communication with relatives had been an issue, where a relative had not been given information about their loved one's death.
- Advocates told us that some Deprivation of Liberty Safeguards (DoLS) conditions cannot be met due to current restrictions, and not all care homes are considering alternative ways they could try to meet these conditions.

2.2 Sheffield Carers Centre

Sheffield Carers Centre provides advice, information and support to adult carers in the City. They reported that feedback from staff at Sheffield Carers Centre has been very positive regarding Adult Social Care. Evidence submitted by the Carers Centre is set out below:

2.2.1 Support for carers

- In the early stages of the pandemic crisis we were asked to create a list of the highest risk carers that we were working with so that they could be contacted by Localities teams on a one-off basis to ensure they were safe, able to access essential services and knew who to contact in the event of a crisis such as carer breakdown. The teams made contact with most of those carers very quickly and fed back to the Carers Centre. There were some operational ‘glitches’ which are inevitable when carrying out a new exercise in a crisis situation, however we have jointly reviewed and learned from these.
- Carers have told us that they appreciated the calls from Adult Social Care, (and possibly elsewhere in the Council), and feel that they have had more contact than usual.

2.2.2 Communication

- One of the main challenges has been around communication, information that is accurate and up to date and messaging to the public in a time of crisis.
- Our team of Carer Advisers need a good knowledge of what is happening in Adult Social Care so that they can provide quality information and advice to carers regarding packages of care for the people they care for. Officers in Localities have been an excellent key link between ASC and Sheffield Carers Centre and have kept us up to date and informed, and answered any queries relating to ASC.
- The commissioners of the city-wide carers service have also facilitated communications and we meet on a weekly basis with commissioners and Practice Learning and Development. This has been invaluable and essential for the Carers Centre to be able to carry out its work effectively.
- The Director of ASC also met for an update with a group of charities in the city that work with ASC issues. This was a useful way of having a strategic update and opportunity to raise issues.
- The Carers Centre cannot over-emphasise how important it is for us, and other similar organisations, to be able to engage in these conversations so that we can collectively support vulnerable citizens most effectively and as far as possible make sure that we are all putting across the same or similar messages during a crisis.

2.2.3 Coronavirus Helpline

- Carer Advisers have signposted carers to the Council's Coronavirus community helpline and have been very positive about the response from the team on the helpline.

2.2.4 Moving Forward

- Even though we are hopefully past the worst of the lockdown and initial crisis, more difficult times for carers lie ahead for a considerable length of time as the services they need from Adult Social Care and elsewhere continue to be closed or very much changed.

2.3 Disability Sheffield

Disability Sheffield is a disabled people's user led organisation that usually provides a range of support to disabled people including an advocacy and information service, inclusive cycling, learning disability self-advocacy group, range of training and facilitation of a number of involvement groups. The evidence submitted by Disability Sheffield is set out below.

2.3.1 Learning Disability Community

- We have seen a lack of clarity around lockdown restrictions as an issue for the Learning Disability Community. We have had several cases where people with learning disabilities did not understand these restrictions and as a result chose to go out into the community.
- We have had one case where police were continually picking them up and taking them home, and another where the individual got coronavirus. There were also issues with care providers becoming concerned about risk to staff who support these individuals who might have unknowingly contracted the virus and could potentially infect staff as well.
- We have also seen a case where an individual was told the restrictions meant they could not go outside at all, including for a walk. This was challenged and they could take their daily walk according to the guidance but highlights concern around whether the rules were explained in a clear and accessible way for people.
- More recently with the lockdown restrictions easing we have reports of supported living providers imposing restrictions that are tighter than government guidance, in response to their own risk-assessments, which are affecting individuals ability to meet with family and friends, in a socially distanced way.

2.3.2 NHS Extremely Vulnerable Letter

- There has been an on-going lack of clarity regarding who is in the extremely vulnerable group and shielding. Some people received letters at the start of lockdown, some a few weeks later, some conditions you would expect to qualify someone as extremely vulnerable were not on the list. Some people who did not expect to be on the extremely vulnerable list, received a letter to say they should be shielding.
- This has caused a high level of anxiety for many disabled people unsure of the guidance they should be following and precautions they should be taking. It has also been unclear what support people were entitled to as a result of receiving a letter with reports of mixed responses from people when approaching GPs for assistance and clarity.

2.3.3 Communication

- **Care Homes**

As care homes have locked down it has been increasingly difficult to communicate with them. This has ranged from lack of appropriate technology available through to lack of staff time to assist residents with using the phone or other technology and the inability to access resident notes. We understand the pressure that care homes have been under but the inability to contact residents have left many residents isolated. This has also left advocates being unable to advocate for their clients and residents being able to contribute and have their voice heard in situations that affect their lives.

- **Adult Social Care**

The IT and technology challenges for the council in setting up staff for remote working has had an impact with difficulties with getting hold of workers. Similarly, there have been issues with getting through to First Contact which have resulted in difficulties leaving answerphone messages, and delays or lack of messages being responded to. We understand that this is currently being addressed.

2.3.4 Support for People in receipt of a Direct Payment

- Since the start of the coronavirus crisis, alongside adapting our services to enable us to continue to provide remote support to existing clients, we have been working closely with Adult Social Care to provide support and information to people who receive a direct payment and employ their own PAs to meet their health and social care needs. We had been talking to the council for some time regarding the lack of support available for this small group of people who use social care prior to the crisis

2.3.5 In response Disability Sheffield has:

- Developed CV-19 information page on our website which is regularly updated with information for people who employ PAs. The page is directly linked to the council website along with regular targeted emails. Prior to the council developing FAQ we were able to provide an information sheet for people
- Responded daily to phone calls and emails on PA related-issues including sourcing PPE, payment queries, training enquiries, PA recruitment
- Made 130 deliveries of PPE since mid-April to people who employ their own PAs either through social care CHC or self-funding using the council's PPE eligibility guidance. This number is steadily increasing.
- Provided over 40 key worker evidence letters using council signed template letter

- Recruited 57 PAs to the Emergency PA register with 31 currently active PAs, in addition 8 day service organisations have offered staff
- Provided over 130 hours of support to 21 people requiring support to ensure they had adequate PA support.

2.3.6 Issues people have faced

- The council were unable to send out a postal mailing to people in receipt of a direct payment until early May and proactively inform them of the council's direct payment guidance. Although direct payment guidance did exist before then, many people were not aware of its existence. This led to confusion with people being unaware of the flexibilities introduced to enable them to use their direct payment in a different way, support for securing emergency PA cover and accessing PPE. We are worried that there may be some employment issues as PAs return to work and inappropriate applications to the furlough scheme.
- People have been very anxious with regards to developing a contingency plan for if their PAs have been unable to work. Much of our time has been spent talking through options with people, reassuring them, liaising with potential PAs, advocating with social care and health. Many people have chosen to use informal family support as they have been self-isolating or shielding even once they had been through discussions regarding emergency cover.
- We are increasingly coming across people who have chosen to use informal family care whilst self-isolating or shielding, rather than have a PA in their home, have reduced their pool of PAs or have managed without care support. They are now reaching a stage where this is no longer sustainable and require support to risk assess their PAs returning to work. Many people had been unaware that they could access PPE which would have enabled their PAs to return to work much earlier if they had known.

2.3.7 What has worked well:

- We developed a close working relationship with adult social care early on to identify potential support needs and put service in place. Due to the individual circumstances of people who employ PAs we understand the challenges in developing guidance. However we have found commissioning and direct payment team colleagues in the council responsive to queries as we have raised them.
- Our experiences with people and questions raised has supported the development of direct payment guidance and FAQs, this has continued going forward for example jointly working on a risk assessment framework

- We have worked closely to ensure that people who employ PAs have been able to access the PPE they require. Initially this was through signposting to the council but as needs increased we have been able to utilise staff and volunteers that have enabled Disability Sheffield to co-ordinate and deliver directly to people. This has made a massive difference to people who cannot source PPE from other places, especially those who used PPE prior to the coronavirus where usually supply lines have dried up. The supply of PPE from the council has been really straightforward with good communication and no sourcing issues, this has become even better following the automation of PPE ordering.

2.4 Age UK Sheffield

Age UK Sheffield is an independent charity working in Sheffield to offer support and services to older people. Evidence submitted by Age UK Sheffield, from the experience of their frontline workers is set out below.

2.4.1 People living with dementia in care homes

- Many have described the enormous changes, losses and deteriorations (both mentally and physically) they have observed in their loved ones, even from a distance or virtually. Some have said they fear their loved ones will not live for much longer, and not because of covid. They have expressed that to not be able to spend time together in final weeks & months of their loved ones lives feels inhumane and something they will be haunted by. Despite many homes stalwart & innovative utilisation of technology as a means of communication, many say it is just not appropriate for their loved one.
- Whilst many places are reviewing/looking at alternative visiting procedures (gardens, windows, car parks), many have expressed that what people living with more advanced or complex dementia need is human touch, reassurance, love, facial expression & tactile connections. Obviously, with the above & social distancing, that just cannot be achieved. Many feel the balance between quality & quantity of life is something which needs to be explored sensitively & very individually without fear of repercussions and damage to reputations.
- People are also fearing a time when a bit more “normality” returns, when visiting might resume as they are anxious that after 11+ weeks, their loved ones won’t recognise them anymore, or will have experienced such cognitive and physical decline that their relationship and quality of life might be jeopardized.
- Everyone has praised care home staff, but feel a lack of routine & familiar faces/long term expert care partners have contributed to unprecedented decline.
- Similar could be said for people still living at home, but unable to access community activities and support like The Wellbeing Centre (our dementia day centre).

2.4.2 Home Care

- Feedback received indicates that some of the less essential calls have been temporarily stopped, so for example personal care and medication care calls are still happening but some companies have stopped practical support for cleaning and social calls for now. However this varies from company to company, and some have stepped up and put in extra calls.
- There has been less continuity of staff in some cases and clients are seeing different people each time when they would normally see the same band of people. Age UK has supported these clients to understand that there may be staffing issues if carers are self isolating or unwell and that this should be rectified in due course. Some clients have found that the staffing issues have had a knock on effect with the timing of care calls e.g. one client received her first care call for breakfast at 11am and then her lunch call at 12pm.

2.4.3 Financial Assessments

- Concern that financial assessments are not being carried out face to face has penalised some of the most vulnerable clients. Recognise current issues with home visits, but people have either been sent forms for self completion or have been advised the assessment will need to be carried out over the telephone. For clients who have dementia or a hearing impairment and who don't have a family member or advocate, then this process could be impossible and these people may then be going without essential care or equipment which could lead to crisis and / or hospital or care home admission.

2.4.4 Positive feedback on social care

- Reports of good experience with social care during COVID. Referrals have been picked up and social workers have really taken on board requests with a "we trust your judgement" approach, and then care has been put in place. However, time from assessment to care being put in place has been slightly delayed under the circumstances.
- Good contact with safeguarding and other social workers who have really been very collaborative in their work.

3 Providers of Adult Social Care

15 providers of adult social care responded to the invitation to provide evidence, 11 care home providers, 3 home care providers, 1 day service provider. The organisations that responded are listed in appendix 1. The responses received reflect a range of views and experiences. An analysis of these responses is set out below.

3.1 What went well?

3.1.1 Communication with Sheffield City Council

Many of the providers that responded felt that communication from Sheffield City Council had been good during this period. Key issues raised include:

- Daily emails from SCC provided timely, critical information
- Regular contact from social workers and offers of support were welcomed
- The Covid-19 Provider Inbox was a useful communication mechanism
- SCC passing on positive feedback to care homes was a boost to staff morale

3.1.2 Support from Sheffield City Council

Many providers welcomed the support that they have received from Sheffield City Council. Some providers wanted to offer thanks and praise for specific individuals and teams – this information has been passed on to managers. Areas providers have found support from SCC to be good include:

- Help and information on sourcing PPE
- Providing staff and volunteers to address staff shortages
- Support and information around staff testing

3.1.3 Funding and Finance

Providers welcomed:

- Prompt payments
- Prompt response to finance and funding queries
- Timely measures put in place to give stability and confidence to the home care sector.

3.2 What could be improved?

3.2.1 Communication and support

- Some providers reported increased bureaucracy, with an overload of requests for information and forms to fill in for various agencies – creating an additional pressure on staff.
- One provider reported instances of incorrect information/guidance being sent out in the daily briefing.
- Some care home providers reported a feeling of ‘blame’ where outbreaks had occurred, and would have welcomed more moral support from SCC, and a greater defence of care homes in the media to reassure families of service users.

- Some care homes reported a lack of clarity around Integrated Personal Commissioning guidance.

3.2.2 Funding and Finance

- Some providers reported difficulties in obtaining responses to queries on finance and funding
- One provider reported that retrospective changes to uplift payments was unhelpful in terms of business planning.
- Some providers felt that there had been a delay in getting crisis funding to the frontline, and that the crisis funding is insufficient to cover the additional costs of the Covid-19 emergency. Providers reported increased costs relating to PPE, cleaning supplies, Statutory Sick Pay and staff sickness costs.
- Many care home providers expressed concerns about the financial sustainability of the sector. Providers reported that:
 - Reduction in the number of care home admissions during the Covid-19 emergency is leading to empty beds and loss of income for care homes. Fees are calculated on the basis of 90% occupancy.
 - The 4.9% increase in fees from April 2020 is insufficient to cover the 6.2% living wage increase and inflationary costs – compounded by Covid-19 pressures.
 - 5% uplift applies only to funded service users. Self-funders make up a significant proportion of business for some providers.
- One home care provider reported that self funding service users were cancelling calls due to Covid-19 fears, and the availability of family to care for people during the current time. Self funders play a significant role in the overall picture of home care and this needs to be recognised as we move forwards.

3.2.3 Other Issues

- Providers reported that additional workload combined with personal worries about Covid-19 is impacting on staff wellbeing – risk of ‘burn-out’.
- Staff shortages due to sickness, shielding and self isolation. One home care provider reported that at one point 28% of staff were off.
- Some providers reported that the availability and guidance around testing lacked clarity, and that the testing process was bureaucratic.
- Providers reported that accessing PPE has been difficult and expensive.
- Some care home providers expressed concerns about patients who had tested positive for Covid-19 being discharged back into care homes, or care home residents not being tested before hospital discharge.
- One care home provider felt that phone calls from GPs were an inadequate replacement for actual visits.

3.3 Learning for the future

Things providers told us they would like to see addressed moving forward include:

- Adequate emergency funding to tackle the Covid-19 pandemic and support emergency costs.
- An independent strategic review of care home funding in the city to ensure a viable future for care homes
- Recognition of the challenges faced by home care providers in terms of recruitment – particularly if the covid-19 emergency leads to an increase in demand for home care.
- Consideration of the impact the 'Test, Trace and Isolate' system might have on staff absence in care homes and home care

4 Recommendations

The Committee is asked to

- Note the information in the report, and use it to develop lines of enquiry and inform discussion.

Appendix 1

List of Organisations that have submitted evidence

HealthWatch Sheffield
Sheffield Carers Centre
Disability Sheffield
Age UK
Roseberry Care Centres
SheffCare
Manu Integrity Services
Nightingale Care Home
Fosse Care Services
Horizon Care
Tapton Edge
Cygnet Health
Silver Healthcare
Vitality Care Homes
Moorville Homes
Sheffield Care Association
Palms Row
Intercare
Country Court Care

The impact of Covid-19 on Adult Social Care in Sheffield Evidence from Stakeholders.

Supplementary information

This supplementary document contains evidence submitted by stakeholders that was received after the publication of the original report.

1 Home Care Providers Forum

On the 8th and 9th June 2020 the Chair of the Healthier Communities and Adult Social Care Scrutiny Committee attended the Home Care Providers Forum to gather further feedback from providers on their experience of the adult social care system during the Covid-19 emergency. Issues raised echoed those covered in the main report and include:

- Issues around discharge from hospital to home and to care homes, including testing.
- Difficulties admitting people to hospital.
- Some GP's reluctance to carry out home and care home visits.
- Testing difficulties in general – confusion over procedures and eligibility, receiving timely results.
- Concerns about the Test and Trace impact on staffing levels.
- Access to PPE – difficult especially in initial phases, but providers welcomed support from SCC on this.
- Frustrations around Government funding not reaching the providers, and complicated forms/procedures to access it.
- Frustration about the additional IPC funding and the subsequent mandatory training.
- Providers being asked to provide the same information to the Local Authority, the CCG, CQC and the National Capacity Tracker on a daily basis.
- Care Home managers feel blamed for care home deaths – little public recognition that there was no option but to receive covid+ people in the early stages of the emergency.
- Need to involve the voices of care home and home care managers in learning lessons and moving forwards.
- Have seen huge changes in how technology is used during the Covid emergency. Need to consider how to equip and train home care staff and providers with the appropriate technology and skills to operate in this way moving forward.

2 Sheffield Save Our NHS

Sheffield Save Our NHS (SSONHS) was formed in 2011 to campaign against NHS cuts and privatisation. Their evidence to the Committee is based on their work with individual care workers and users, to highlight the pressing issues within the sector. This evidence is summarised below:

2.1 Hospital discharge into Nursing and Residential Homes.

- Concern over initial government response to rapidly discharge patients from hospital to care homes, without requirement for negative tests, without prioritisation for testing, without completing 14 day isolation period, and without dedicated isolation facilities within care homes. SSONHS refer to evidence from the Politics of Health group showing that nationally, discharge figures to care homes increased markedly in this period.
- Care workers contacted SSONHS to express concerns about the capacity of care homes to look after existing residents with Covid-19, let alone additional patients, and concerns about how care homes could realistically isolate people with dementia in their rooms with low staffing levels.

2.2 Support for Self-Isolation for Care Workers

- SSONHS highlights the importance of full pay for self-isolation as an infection control measure. SSONHS reports that this was recognised within NHS Trusts early in the pandemic – with staff, bank staff and sub contractors receiving full pay when in self isolation to avoid disincentives. However SSONHS is concerned that this has not been recognised within the care sector. None of the care workers who have contacted SSONHS in this period were aware how they would be paid for self-isolation. This situation has left care workers needing to self-isolate due to having Covid-19 symptoms or symptomatic household members existing on Statutory Sick Pay or no pay for those not eligible for SSP, for example bank/zero hours workers.
- SSONHS highlight that some Councils, including Liverpool and Salford have come to agreements with their care providers to ensure full pay for self isolation.

2.3 Reducing Transmission Across Care Settings

- SSONHS was in contact with a Covid+ care worker, who reported having 3 roles, firstly, as a student nurse in a high risk healthcare setting, secondly as part time contracted care worker in a nursing home, thirdly as an agency care worker in domiciliary care. She had been in all 3 settings the week prior to developing symptoms.
- SSONHS reports that the risk of care workers providing care across a range of settings has been recognised within the government's Care Home Support Package, which highlights the importance of reducing workforce movement between care homes, including allowance for care workers to reduce the

number of hours they work. SSONHS is keen to understand how care workers with roles across multiple settings have been supported in Sheffield.

2.4 PPE

- SSONHS has been contacted by many care workers expressing their concern about the lack of appropriate PPE, including limited availability, being given inaccurate information on guidelines by employers, workers being obliged to buy additional uniforms themselves if they wanted more than one set, no information or training on use of PPE.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Tuesday 16th June 2020

Report of: Policy and Improvement Officer

Subject: Healthier Communities & Adult Social Care Scrutiny Committee - draft work plan.

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk

The report sets out how scrutiny will operate during the Covid-19 emergency, and the Committee's draft work plan for discussion.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	X

The Scrutiny Committee is being asked to:

Note the approach to Scrutiny during Covid-19
Consider and comment on the draft work plan for the Healthier Communities and Adult Social Care Scrutiny Committee

Category of Report: OPEN

1 Scrutiny during Covid-19

- 1.1 At its meeting on the 4th June, the Overview and Scrutiny Management Committee considered how Scrutiny in Sheffield will operate during the Covid-19 emergency. The Committee asked that plans be drawn up, identifying the key issues for scrutiny during the current crisis, and a practical approach to scheduling scrutiny committee meetings, taking account of the additional pressures the organisation is currently facing. These will be considered by the OSMC in the near future.
- 1.2 The OSMC also recognised that given the scale of the health, care and wellbeing impact of the Covid emergency, that the Healthier Communities and Adult Social Care Scrutiny Committee should continue to schedule meetings and develop a work programme.
- 1.3 There is a recognition that working through virtual meetings requires a different approach to traditional Town Hall meetings, and a suggestion that Committees should meet for a maximum of two hours, with a more limited number of agenda items. This may require Committees to meet more frequently.
- 1.4 There is also a recognition that senior officers that are likely to need to attend scrutiny committees will continue to be immersed in the ongoing response to Covid-19 and the recovery from the crisis. Their capacity is likely to be limited and the supportive material (papers etc) may need to be appropriately limited.
- 1.5 A further update on how scrutiny will operate over the coming months will be provided following the next Overview and Scrutiny Management Committee discussion.

2 Healthier Communities and Adult Social Care Scrutiny Work Plan

- 2.1 Members of the Committee have identified issues for the HCASC Work Plan. These are set out below for the Committee's consideration and discussion. Given the constantly evolving nature of the Covid-19 emergency, we will take a flexible approach in planning scrutiny work, to enable us to respond appropriately as new issues emerge.
- 2.2 In line with the approach to scrutiny outlined in section 1 above, the Chair of the Committee will continue to work with officers, cabinet members and partners to draw up a schedule of meetings to deliver the work plan.

HCASC Scrutiny Committee – draft work plan

Issue	Approach
Test, Trace, Isolate	To understand how the national system operates; to understand how we are supporting and augmenting the national system in Sheffield; to seek assurance that the system in Sheffield is operating effectively.
Mental Health Services	To consider the impact of Covid19 on the city's mental health and how demand and provision of mental health services has been affected. To consider plans for improvement following the CQC inspection of Sheffield Health and Social Care Foundation Trust.
Public Health Legacy – tackling health inequalities.	To understand the impact of Covid19 on different groups in the city and to consider how the City's recovery plans will address health inequalities.
Impact of lockdown and social isolation on health and wellbeing	To understand the impact of lockdown and isolation on Sheffield people's physical and mental health and wellbeing; to consider action the City is taking to minimise the negative impact of this.

3 Recommendations

The Committee is asked to:

- Note the approach to scrutiny during the Covid-19 emergency
- Consider and comment on the draft work plan.

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