Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 19 August 2020 at 4.00 pm

To be held as an online video conference.

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, Abdul Khayum, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

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.

Sheffield City Council

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

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
19 AUGUST 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
To approve the minutes of the meeting of the Committee held on 22nd July, 2020.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Covid 19 Pandemic and Mental Health
Report of the Director of Strategy and Commissioning, People Portfolio, Sheffield City Council and Deputy Accountable Officer, NHS Sheffield Clinical Commissioning Group

8. Care Quality Commission Improvement Plan - Progress Report
Report of the Chief Executive Officer, Sheffield Health and Social Care NHS Foundation Trust.

9. Work Programme
Report of the Policy and Improvement Officer.

10. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 16th September, 2020, at 4.00 p.m.

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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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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 22 July 2020

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020).

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Talib Hussain, Abdul Khayum, Martin Phipps, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Adam Hurst.

2. EXCLUSION OF PUBLIC AND PRESS

3. DECLARATIONS OF INTEREST

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 16th June, 2020, were approved as a correct record with the exception of at Item 6.11(c), second bullet point, the first half of the sentence was missing and should be amended to read "passes on condolences to those who have sadly lost loved ones during this period – in particular the sad loss of Councillor Pat Midgley, the former Chair of this Committee;".

4.2 *Matters Arising*

4.2.1 Councillor Steve Ayris asked if there was anything further on the proposed Strategic Review as was reported at the last meeting. The Chair said that information regarding this would be shared at the end of this meeting.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair, on behalf of Ruth Milsom, on behalf of Sheffield Save Our NHS, asked the following questions:-

Test, Track, Trace, Isolate

Going forward now that 'test, track, trace & isolate' is being implemented - how are the concerns about compliance raised by the Sheffield Community Contact Tracers pilot programme to be addressed?

What measures can be put in place locally to ensure that the TTTI scheme is sufficiently robust to prevent significant localised outbreaks?

How will SCC, and the Director of Public Health in particular, be working with staff, operators of care services, and trade union representatives to ensure that all those who test positive are confident in complying fully with the best practice of TTTI?

How will workers be reassured that self-isolating will not result in financial deprivation? How will contacts also be reassured on this point?

What is being done to bring employers on-side with compliance, given that they have valid concerns about the effect of contact isolation on staffing levels?

5.2 The Chair stated that the issues raised in the questions would be covered during the meeting, however if some questions were not answered, written answers would be provided.

6. TRACK, TRACE AND ISOLATE SYSTEM

6.1 The Committee received a report on the Test, Trace and Isolate (TTI) programme elements of the response to Covid 19, with a particular focus on the “trace” component, known as “contact tracing”. The report sets out the work of both the national NHS Test and Trace Service and how the City Council, along with its partners in the city are supporting and augmenting the national system locally.

6.2 Present for this item were Greg Fell (Director of Public Health), Ruth Granger (Health Protection Manager) and Dawn Shaw (Director of Communities).

6.3 Ruth Granger introduced the report and stated that the Test and Trace system had been in place since the end of May and that contact tracing was a method used in the control of infectious diseases. Contact tracing helped to trace those who had been in close contact with anyone who had tested positive for Covid 19 and asked that they self-isolate for a 14 day period from when they were in contact with someone who had tested positive. It was hoped to fully engage with people and encourage them to engage with test trace and isolate to reduce the spread of the virus in the City. She said that the messages from Government were complex and that consistency in those messages was needed both nationally and locally and the focus was to enable communities to fully engage with the programmes outlined by the Government to keep them safe. Ruth Granger stated that the numbers of those who tested positive in Sheffield fluctuate daily but during the past seven days, there had been 11 positive cases reported to the NHS Test and Trace. She said that Sheffield has an overarching communications plan to keep people safe and reduce transmission whilst ensuring that businesses can re-open safely by using Public Health England communication assets as well as the locally tailored message particularly to

support people to enable them to self-isolate. Sheffield's key message was "Don't be a Contact" but it was recognised that asking people to self- isolate for 14 days was difficult, but asking people to maintain social distancing was a key part to prevent becoming a contact.

6.4 Greg Fell referred to the Outbreak Control Board (OCB) which had been set up in response to the Government's national strategy to reduce infection from the coronavirus, to create a Local Outbreak Plan which builds on existing health protection plans and putting in place measures to contain the virus and protect the public's health. The OCB membership is made up from cross-party elected members, key response services, voluntary and community organisations, Faith, BAMER, disability, carer and business groups and specific groups representing older people or student groups. Greg Fell stated that the Chief Executive of Leeds City Council has been asked by the Government to take a key role in its contact tracing programme across the country. He will lead on ensuring that the arrangements for linking contact tracing work effectively at local level and that the partnerships and capacity are in place to support this, not just in Leeds but country-wide. Greg Fell said that Sheffield had been allocated £3.1m from the Department of Health and Social Care which was to be spent on outbreak control work, but an optimal NHS Test and Trace Service, high quality data and a strong national impetus to promote public health was essential. He referred to the seven Government themes outlined in the report. He said the key themes for Sheffield were to keep its people safe, protect the vulnerable and re-open businesses in the City. The Government guidance doesn't always work locally, so meetings were held once a week to address the issues. The number of those infected in Sheffield was coming down but were still a little on the high side and this needed to be addressed. Those infected were mainly in the east of the City and Public Health was seeking to increase testing in those areas whilst being mindful of social cohesion.

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

- Test and Trace was a national initiative and local input was for the management of complex cases involving care homes, schools, the homeless and local workplaces??

- There was a need to get a clear message across to the public so that they understand better the necessity of test, trace and self-isolation and provide them with better support. A cause for concern was that those even with mild systems of Covid 19 need to be tested.

- Financial support for those who self-isolate was being considered by the Government.

- Following tests, 78% to 80% of cases who had tested positive, were contacted within 24 hours of the test results, 99% of cases were contacted within 48 hours.

- The NHS and Public Health England were looking at ways to pick up to

prevent outbreaks.

- Community Response Teams were working to connect the communities, community organisations, services and partners and in particular work with elected members, facilitating everyone to work together. The Communications Team has co-ordinated a large number of proactive social media, website, print media and leaflet campaigns, in a number of different languages, to keep Sheffield's citizens informed about keeping safe, the support available to them and their families from the City Council and statutory and voluntary sector partners in the City.

- Business leaders have asked what they can do to help, but only they can decide on what steps they need to take to keep their employees safe and reopen Sheffield's economy.

- The Covid Helpline has been set up to provide help and support to those who need it.

- First time residents into care home are being tested. Every 28 days every resident in care homes are being tested and all staff are being tested every week. However, the testing of bank staff was currently a gap that needs to be resolved.

- With regard to Sheffield's schools, teachers will be tested from September onwards. Schools throughout the city have carried out extensive planning works to ensure that their schools are up to Covid secure standard. The Department for Education have asked that risk assessments are carried out and the schools will be well versed and trained ready for when the schools re-open. The aim is for early pick-up of infections and keeps infection rates really low. However, the term is still six weeks away so schools still have time to adopt the strategy.

- The full Terms of Reference for the Outbreak Control Board are still being finalised, but when complete they will be published on the website. Notes made at meetings of the Board will be circulated and they too will be published. It has already been agreed that public questions are to be taken at meetings and we are looking to hold public question and answer sessions. Meetings are held once a fortnight for one hour.

- Upper tier local authorities have been given powers to close local businesses as necessary as outlined in the recently published addendum to the Covid 19 Act. Ministers have, however, retained the power to override decisions taken at a local level. In Sheffield, the powers will be used sparingly, taking a similar approach recently taken by Blackburn. Whatever interventions made will apply to the whole of the city and not just parts of it. The Director of Legal and Governance has been asked to study and outline the powers contained within the Act.

- The Director of Public Health was to send a letter to every household in the City informing the public how to stay safe and prevent the disease from

spreading.

- The Outbreak Control Board was looking to convey the correct message out to the public with regard to the wearing of face masks. There was a lot of confusion at the moment, but it was hoped that clear messages would be sent out in the near future.

- The Head of Communication was working with community groups, especially those of the BAME communities to get the message across to them.

- Testing was being carried out at Meadowhall and the Olympic Legacy Park. Anyone can go the Park without the necessity of an appointment. We are working on opening up some other sites and tests were being carried out in some GP practices.

- National guidance does not stipulate the number of mourners being able to attend funerals, that number had been decided at local levels. However, now that the infection rates were dropping, the numbers had been increased.

6.6 RESOLVED: That the Committee:-

(a) thanks Greg Fell, Ruth Granger, Dawn Shaw and Councillor Jackie Drayton for their contribution to the meeting;

(b) notes the contents of the reports on Test, Trace and Isolate and the Local Outbreak Control Plan;

(c) gives thanks to all of the community and mutual aid groups across the city that have provided much valued support to people during isolation;

(d) recognises that these groups continue to play an important role in the Test, Trace and Isolate system, and that further thought needs to be given to how we communicate with, and support, these groups going forwards;

(e) believes that for the Test, Trace and Isolate system to be effective, barriers and disincentives to testing and self-isolation need to be removed. The Committee therefore believes it is essential that Government establishes comprehensive financial support arrangements for people who are required to isolate, and works with Trade Unions and employers to do this; and that a copy of this resolution is shared with all Sheffield MPs;

(f) recognises the importance of consistent advice for businesses around issues such as the use of PPE, particularly in close contact industries, and asks that this is considered when developing local communications and guidance;

(g) highlights the importance of clear, simple messages around prevention; welcomes the further work that is being done with community groups to

develop appropriate messages, and asks that these products and resources are shared with Councillors; and.

(h) requests that Sheffield's test and trace numbers are shared with Councillors on a regular basis through existing communication channels.

7. SHEFFIELD LOCAL OUTBREAK CONTROL PLAN

7.1 The Sheffield Local Outbreak Control Plan formed part of the report but was considered as part of the previous agenda item.

8. WORK PROGRAMME

8.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme.

8.2 RESOLVED: That the Committee agreed that the item for business at the next meeting would be to consider Mental Health, focussing on the impact of Covid on Mental Health and Access to Mental Health Services, and the Sheffield Health and Social Care Trust's Improvement Plan. and that work was ongoing to develop the work programme, including scheduling the strategic review of adult care provision. The Chair noted that the Committee's focus has to date been on the Covid19 response, and that discussions were starting on what other issues should be included in the work programme.

9. 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 16th June, 2020.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be held on Wednesday, 19th August, 2020, at 4.00.p.m. in the Town Hall.

Report to the Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
19th August 2020

Report of: John Doyle, Director (Peoples Portfolio), Sheffield City Council; and
Brian Hughes, Director of Commissioning and Performance, Deputy Accountable Officer, NHS Sheffield Clinical Commissioning Group

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Subject: COVID-19 Pandemic and Mental Health

Author of Report: Sam Martin, Head of Commissioning (Vulnerable People), Sheffield City Council; and
Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning, NHS Sheffield Clinical Commissioning Group, Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust

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Summary:
The purpose of this report is to provide Scrutiny Committee members with an overview of the COVID-19 Pandemic and in the impact this is having on the emotional and mental wellbeing of Sheffield citizens. The psychological impact of COVID-19 will be as significant as the physical impact; and in many respects will last much longer. It is important therefore that mental wellbeing remains a key component of the cities ongoing response to COVID-19; both in terms of supporting the wider population and supporting our staff and other key workers.

The information presented has been requested by the Committee by way of briefing.

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	

The Scrutiny Committee is being asked to:
Consider the contents of the report and provide views and comments.

Background Papers:
Not Applicable

Category of Report: OPEN/~~CLOSED~~ (please specify)

Report of the Director (Peoples Portfolio) (Sheffield City Council) and Director of Commissioning and Performance, Deputy Accountable Officer (NHS Sheffield Clinical Commissioning Group)

COVID-19 Pandemic and Mental Health

1. Introduction/Context

1.1 Back in April 2020 Public Health England published '*Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)*'. The guidance reiterated a number of key messages regarding the coronavirus outbreak; particularly the fact that as a consequence of isolation and social distancing, many people will begin to feel low, worried, anxious, or be concerned about their health.

1.2 It is now clear that the psychological impact of COVID-19 will be as significant as the physical impact; and in many respects will last much longer. It is important therefore that mental wellbeing remains a key component of the cities ongoing response to COVID-19; both in terms of supporting the wider population but (importantly) supporting our staff and other key workers.

2. Determining the Scale and Complexity of Demand (*What does this Mean for the People of Sheffield?*)

2.1 Although we know demand for mental health services (and support) will increase, the precise clinical impact on the physical, psychological and neuropsychological health of our population is still emerging. The majority of people contracting COVID-19 will experience only mild symptoms (if any), but a proportion of people will develop more complex physical and psychological symptoms. In addition, the symptomatic impact of COVID-19 for some will be temporary during a recovery period, but for others there are serious long-term consequences.

2.2 To help us determine and therefore plan for the anticipated increase in demand (and complexity), we have initiated a Rapid Impact Assessment (RIA) (as instructed by the Health and Wellbeing Board who have commissioned a further 10 RIAs across the Health and Social Care System).

2.3 The Sheffield Psychology Board has also undertaken an assessment of need, utilising national evidence and research as the basis of their findings. This will form a key component of the RIA.

2.4 From an emotional and mental health perspective, early indications (based on local and national data and evidence) show that:

2.4.1 We should expect a 40% increase in emotional and mental health problems associated with COVID-19. This could equate to around 1,400 – 1,800 extra referrals per month (into adult and older adult services). Indeed whilst statutory services across Sheffield have previously reported a reduction in referrals and service usage during the lockdown period, they are now reporting a 'stepping up in demand' particularly in IAPT (Psychological Therapies) and Liaison Mental Health services (indicating an increase in GP and Emergency Department presentations).

2.4.2 Intelligence from the VCSE sector indicates an increase of people experiencing mental health distress returning to the organisations that they know and trust for mental health advice and support. Although a mid-April survey across 15 VCSE organisations showed a reduction in demand during the lockdown period, demand is now increasing.

2.4.3 In addition Voluntary Action Sheffield (VAS), which coordinates a network of 37 community hubs, is reporting a steady increase in demand for people with low level mental health needs. One hub has reported an increase of 25% (from 500 to 625) and this is similarly evident in other hubs. There is also a doubling of referrals to some social prescribing services from GPs.

2.4.4 Wider determinants of health such as debt or financial exclusion will also result in a significant increase in demand in the future.

2.4.5 Whilst the physical health aspect of the pandemic has not been as severe in Children and Young People (CYP), demand for mental health services is increasing. Many transition points (vulnerable points for CYP mental health) have been particularly affected by the pandemic including transition from primary to secondary school, transition to 6th Form, transition to university or the workplace. The lack of SATs, GCSE and A-Level examinations have (and will continue to) affect a number of CYP significantly.

2.4.6 In addition our research is indicating that:

a. Those CYP who act as carers for vulnerable adults are beginning to report significant concerns about the people they care for;
b. CYP with physical health vulnerabilities are likely to experience significant increased health anxiety;
c. CYP are presenting more frequently with significant health anxieties where previously they did not;

d. CYP with pre-existing attachment problems will have found lockdown incredibly difficult to experience which will have adversely impacted on their mental health;
e. There has been an increase of and witnessing of sexual and physical violence;
f. Looked after children have been affected by changes to the court system, lack of available placements or lack of processes to manage placement breakdown;
g. CYP with neurodevelopmental difficulties will have found the new format of services impossible to adjust to therefore losing key sources of support and help; and
h. Access to assessments that would have increased support in other areas (e.g. education) is on hold and is therefore increasing risk factors for psychological/mental health.

2.5 In addition to the emotional and mental health impact, there is also a wealth of evidence to suggest national lockdowns will lead to an increase in domestic abuse. Anticipating this, our support services have maintained provision throughout the lockdown period, and we have put awareness raising materials out constantly through a range of channels (including the Director of Public Health media briefings), to promote local and national helplines and services. Initially (at the beginning of lockdown) referrals for help went down, but these are now returning to pre-lockdown levels; although we have not (yet) seen a post lockdown surge. We have increased the number of refuge places and maintained our MARAC risk and case management panel with partners. Interestingly, we have seen higher numbers of perpetrators refer themselves to our Perpetrator Behaviour Programme and more are staying on the programme.

2.6 In terms of Homelessness, committee members will be aware that at the start of lockdown Sheffield City Council (SCC) worked with a range of partners and accommodated all rough sleepers in supported or hotel accommodation (over 100 people have now been accommodated). As well as directly reducing the risk of infection within this vulnerable group it has also led to the opportunity for many services (including primary care, mental health and substance misuse services) to engage with the homeless population more effectively. The work has been coordinated through a planning group led by SCC. A number of people who have previously never engaged with mental health treatment have, through the work of the specialist Homeless Mental Health Team, been assessed and supported, with some are now moving on to a more settled accommodation and are being supported by a range of local organisations and charities.

2.7 Drug and alcohol treatment services have remained open throughout lockdown, and have moved to an outreach model, supporting people in their homes. Increased alcohol use at home during lockdown has been

identified as a risk in the wider population; although the numbers of known people accessing support has not increased. There is however the potential long term for this to emerge as an issue.

2.8 Overall, the experience from other 'mass emergencies' indicates that psychological distress (and other related consequences) develop over time and will peak several months after the event. In the current context of a potentially cyclical pathway for this virus, ensuring support is in place for a minimum of 12–18 months will be essential.

2.9 Despite all of the above however, there is also some emerging evidence (albeit anecdotal, but increasingly subject to more research) that for many people there have been positive aspects of the lockdown in terms of mental health and wellbeing. Some surveys have highlighted people reporting reduced day to day stresses and pressures, spending more time reconnecting with families, nature, hobbies and activities and feeling good about helping others or volunteering. Some children are reporting feeling less stressed and pressured not being at school. It is not clear however how evenly these experiences are distributed across different social groups, and therefore our general assumption based on the evidence is that problems relating to mental health and wellbeing will generally increase as a result of the pandemic.

3. Meeting Demand

3.1 Although we don't yet know the full outcomes of the RIA; we do know that demand (generally speaking) is going to increase (and in some instances is already increasing) over the coming months and years. Additionally this is not just about demand for 'illness services'; this is also about intergenerational adversity, education, employment and housing. It is vital therefore that we work together as a system to ensure we are able to respond to the anticipated surge. So whilst the preparedness of statutory mental health services is important; this is as much, if not more, about the resilience of the city.

3.2 In the immediate term we have prioritised and are therefore accelerating the Crisis Resolution and Home Treatment programme, making sure we are able to safely respond to emergency and crisis mental health issues; which we anticipate will begin to increase over the next few weeks. We have already created a Home Intensive Treatment Team for 16-17 year olds (this went live on 1st April 2020). This will particularly help in terms of supporting children and young people to remain at home (when a crisis occurs), plus ensure that those who attend Accident and Emergency can be supported to return home. We are also in the process of scoping and commissioning a young persons 'safe place' (providing a not dissimilar service to the Decisions Unit, although specifically for 16 and 17 year olds).

3.3 In addition we have temporarily changed the focus of the Primary Care Mental Health Programme, ensuring that General Practice is supported in every way possible; from maintaining a responsive IAPT service, through to the rapid deployment (and where appropriate the redeployment) of those staff who have recently been recruited.

3.4 We are also about to embark on the recovery phase of our psychological emergency response programme; aimed at addressing the immediate emotional and psychological needs of our staff, other keyworkers and the population more widely. This includes making sure that we reinforce and localise the many sources of national help and advice. This is being led by the Sheffield Psychology Board who are working closely with Sheffield Flourish; using the Sheffield Mental Health Guide as the mechanism for disseminating information and advice (https://sheffieldflourish.co.uk/coronavirus-information-leaflets/).

4. Recommendation

4.1 The Committee is asked to consider the content of this report and provide views and comments.

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
19th August 2020

Report of: Head of Policy & Partnerships

Subject: The impact of Covid-19 on Mental Health and Mental Health Services 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 19th August 2020, the Healthier Communities and Adult Social Care Scrutiny Committee will be considering how Covid-19 has impacted Mental Health in Sheffield.

To enable the Committee to hear from a range of stakeholders, the Chair of the Committee wrote to VCF organisations in Sheffield that work with people who use mental health services, for their views on how mental health services have 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**

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 Mental Health and Mental Health Services in Sheffield - Evidence from Stakeholders.

1. Introduction

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

To enable the Committee to hear from a range of stakeholders, the Chair of the Committee wrote to VCF organisations in Sheffield that work with people who use mental health services, inviting them to give evidence on how local mental health services have responded to issues that have emerged during the crisis.

1.2 We asked how Covid 19 had affected mental health, and demand for mental health support from VCF organisations, what had worked well in terms of how statutory services had responded to the Covid emergency, and where things could be improved. We received responses from:

HealthWatch Sheffield - the consumer watchdog for health and social care services in the city
Sheffield Mind - a Mental Health Charity providing emotional and practical support to people in Sheffield with mental health issues.
Citizens Advice Sheffield – as lead partner of the Sheffield Advocacy Hub, providing a range of independent mental health advocacy services, and provider of specialist mental health advisory services.

The Chair of the Committee also attended a meeting of the Sheffield Black and Minority Ethnic Inequalities Communities Group (Public Health) on the 6th August, focussed on Mental Health, to listen to the views of BAME community groups.

The responses are summarised below.

2. Impact of Covid 19 on Mental Health and demand for support

2.1. HealthWatch Sheffield's conversations with people found a mixed picture in terms of the impact of Covid19 and lockdown on people's mental health. For some, lockdown was helping their mental health, whilst others did not cope well. Loneliness, and the loss or reduction of usual social support, organised activities and support groups was exacerbating poor mental health in some people, and some individuals can't, or don't want to access the online alternatives offered by some organisations. For some individuals, fear of becoming infected with Covid19 in health care settings led to a reluctance to access support.

2.2 Fear of infection was also highlighted as a concern by the BAME Inequalities Community Group, where it was reported that some people had stopped going out, and in some cases given up work for fear of infection, which was leading to increased stress and anxiety, reducing opportunities to be part of the community and increasing isolation. BAME community based groups reported that their services are now overwhelmed in terms of demand.

2.3 Sheffield Mind found that some service users were overwhelmed by the Covid situation, and staff were required to offer a lot of support around the presentation of the pandemic on social media and the news – which caused a lot of concern for some service users.

2.4 During the first 4-6 weeks of lockdown, Sheffield Mind reported a dramatic decrease in phone calls from members of the public worried about their own mental health, or that of a friend of family member, from 30 to 5/6 a week. This has since picked up and now slightly exceeds pre-lockdown levels.

2.5 Sheffield Mind has recently established a 'Listening Line' phone service for anxious and isolated callers age 50+. It has proved popular – the post lockdown period appears to be confusing and anxiety inducing for callers.

2.6 Sheffield Advocacy Hub saw a decrease in the number of referrals to their service in nearly all areas of advocacy since the beginning of Covid-19. This was to be expected – as many referrals come from statutory services where there have been additional Covid pressures – however the Advocacy Hub remains concerned about the decrease where government guidance has been clear that advocacy remains a statutory right during Covid-19.

2.7 The Mental Health Advice Team saw a 16% increase in clients post lockdown, compared with the same period last year. The Advice Service, as well as the Advocacy Service reported an upsurge in safeguarding issues, as it became clear that people who were already struggling with significant mental health issues were becoming increasingly overwhelmed by the changes in daily routine brough on by Covid-19.

2.8 The Sheffield Advocacy Hub anticipates that there will need to be future support for those with mental health conditions who had their regular support interrupted during Covid-19, and also that there will be an increasing need to support people who are not yet known to services.

3 What's worked well?

3.1 Sheffield Mind has found that many aspects of mental health services have worked well during Covid-19:

- Psychology appointments have continued over the phone
- Care co-ordinators and enhanced support has been available over the phone and face to face in a crisis
- Procedures for sectioning people were in place and operating during lockdown
- Mental health teams have continued to be responsive, and referrals have been made.

3.2 HealthWatch Sheffield reported service users having positive experiences of welfare calls and appointments with psychiatrists, psychologists and psychotherapists over the phone. They also found that many service users are understanding of the challenges Covid19 poses to services, and are accessing community support where needed and available.

3.3 The Sheffield Advocacy Hub noted that some services adapted quickly in response to Covid-19 – for example the programme of online courses developed by IAPT that clients can self refer to. Some Advocacy Hub clients have expressed a preference to communicate with workers through technology and would like to see this continue to be an option post pandemic. The value of face to face services for some clients should not be underestimated however.

3.4 The BAME Inequalities Communities group reported that whilst mental health is taboo in BAME communities, this is starting to shift. People are increasingly asking for help with anxiety and depression, to the point where services offered by local BAME community groups are unable to meet demand.

4 What could be improved?

4.1 Prior to Covid, HealthWatch Sheffield had identified mental health as one of its priority areas for work this year. In an engagement exercise with 400 people at the beginning of the year, mental health was the most widely discussed issue, with a consistent set of concerns being raised:

- Access to services – long waiting lists and complicated referral pathways.
- Provision of services – people struggling in crisis, Single Point of Access difficult to contact, concern over the effectiveness of IAPT (Increasing Access to Psychological Therapies)
- Range of provision – need services to meet a range of different needs and life circumstances – eg children and young people, BAME communities, women, older people.

4.2 This last point was also raised by the BAME Inequalities Communities Group, who discussed how stigma, trust, language and cultural barriers can prevent people from BAME communities from accessing statutory and mainstream services. Trusted community groups can deliver what is valuable to their communities, but currently aren't resourced to do so.

4.3 Sheffield Mind found that GPs could be hard to get hold of during Covid. The call back system operated by many GPs can be problematic for people with anxiety, who prefer a fixed time appointment. They reported that some service users had avoided dealing with physical health issues for this reason.

4.4 HealthWatch Sheffield also identified problems for some people in moving to phone based services.

- Phone calls show up as private, so people don't know which service has called
- Phone credit is required if calls need to be returned, or voicemails listened to
- Some people don't like using the phone or having phone support but may not have raised this with the service provider and there is no alternative option being offered.
- Phone support is not always timely and lack consistency in the workers users are having contact with.
- Some users feel overwhelmed by the amount of phone calls they are having because their care involves support from multiple professionals/services/organisations, all of which are only offering phone support..

4.4 Sheffield Advocacy Hub have been contacted by longstanding clients who felt that their mental health needs were significantly declining due to changes in support. Some clients found the change from face to face mental health services to video/phone technology particularly challenging.

4.5 HealthWatch Sheffield reported that staff sickness and staff being redeployed is leading to users not having care delivered by their usual workers. In some cases users are having contact with staff who have been redeployed from another specialism rather than a different member of the mental health team involved in their care.

4.6 HealthWatch Sheffield reported that some people have been not been satisfied with crisis care since the Covid outbreak – one service user reported a cancelled appointment leaving them without support - and a lack of information for service users about what crisis care would involve in the current circumstances. HealthWatch Sheffield also found that better and more co-ordinated communication with VCF organisations about the service offer from statutory services in general would have been helpful in supporting people with their mental health

4.7 Sheffield Advocacy Hub has highlighted the challenges some advocates have had in maintaining contact with clients on some wards during Covid-19. There are often not enough phones available, and video conferencing has not been available in most cases. Advocates have pointed to good practise at Intensive Support Services at Firshill Rise, who have adapted particularly well during Covid-19, using technology, including advocates in meetings, and supporting remote access to clients.

5 Recommendations

The Committee is asked to

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

Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 19th August 2020

Report of: **Jan Ditheridge, Chief Executive**
Sheffield Health and Social Care NHS Foundation Trust

Subject: Progress Report – Care Quality Commission (CQC) Improvement Plan

Author of Report: Andrea Wilson, Director of Quality

Summary:
This report has been requested by the Committee to enable Sheffield Health and Social Care NHS Foundation Trust (SHSC) to demonstrate the progress being made in relation to the delivery of its Improvement Plan following the 2020 CQC inspection and subsequent report. The Trust received an overall rating of Inadequate.
The report outlines:

- Trust ratings by service line
- Governance arrangements
- Improvement activity
- Progress with S29A requirements
- Delivery of improvement actions
- Next steps

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	**x**
Other	

The Scrutiny Committee is being asked to:

Receive the progress report

Background Papers:

Section 29a Warning Notice February 2020
CQC Well Led Inspection Report April 2020

Category of Report: OPEN

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Getting Back to Good

Progress to 31st July 2020

Jan Ditheridge & Dr Mike Hunter

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Our Service Ratings

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Inadequate ↓ Jan 2020	Inadequate ↓ Jan 2020
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Forensic inpatient or secure wards	Requires improvement →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Requires improvement →← Jan 2020
Wards for older people with mental health problems	Inadequate ↓ Jan 2020	Requires improvement ↓ Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Inadequate ↓↓ Jan 2020	Inadequate ↓↓ Jan 2020
Wards for people with a learning disability or autism	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community-based mental health services for adults of working age	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Good →← Jan 2020	Good →← Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Mental health crisis services and health-based places of safety	Inadequate →← Jan 2020	Requires improvement →← Jan 2020	Good →← Jan 2020	Requires improvement →← Jan 2020	Inadequate →← Jan 2020	Inadequate ↓ Jan 2020
Community-based mental health services for older people	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Good Oct 2018	Outstanding Oct 2018
Community mental health services for people with a learning disability or autism	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community-based substance misuse services	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018
Overall	Inadequate ↓↓ Feb 2020	Requires improvement ↓ Feb 2020	Good →← Feb 2020	Requires improvement ↓ Feb 2020	Inadequate ↓ Feb 2020	Inadequate ↓ Feb 2020

NHS
Sheffield Health and Social Care
NHS Foundation Trust

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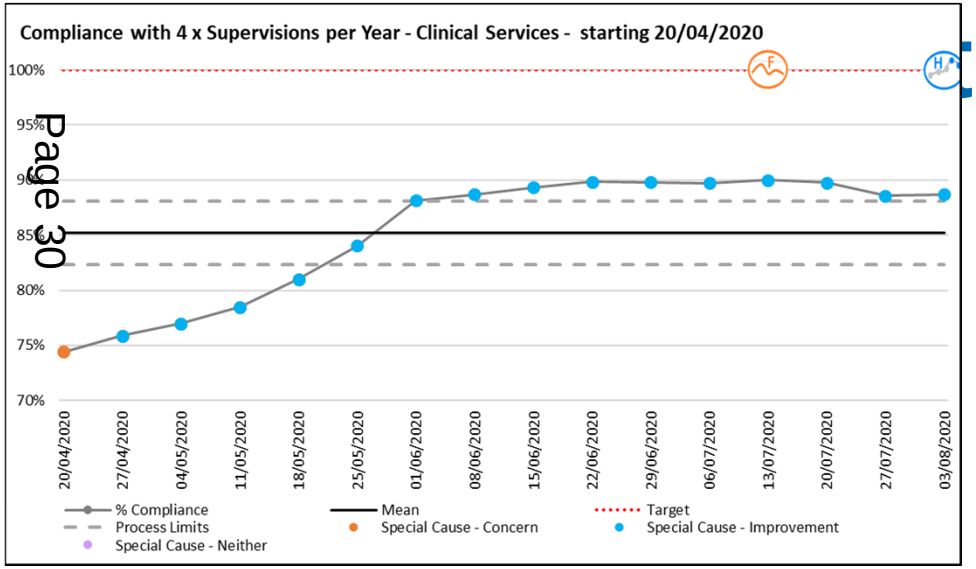
Inspection Process

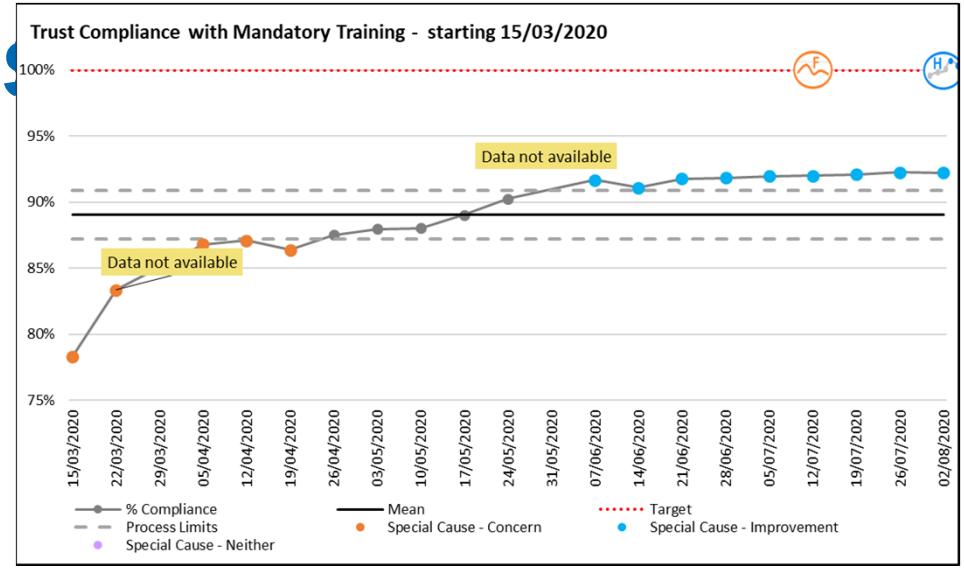
- The CQC inspected the Trust between 7 January and 5 February 2020.
- Immediately following the inspection the Trust received a Section 31 notice regarding people under the age of 18 years accessing the Psychiatric Decisions Unit. We took immediate action and ceased this activity and notified partner agencies and relevant stakeholders. This is also subject to a requirement notice within the inspection report, which states:
- For the Crisis and Health Based Place of Safety (Action 42)
- 'The Trust must not admit any person under the age of 18 to shared accommodation in the Psychiatric Decisions unit.'
- We remain compliant with this action.

Section 29A Warning Notice

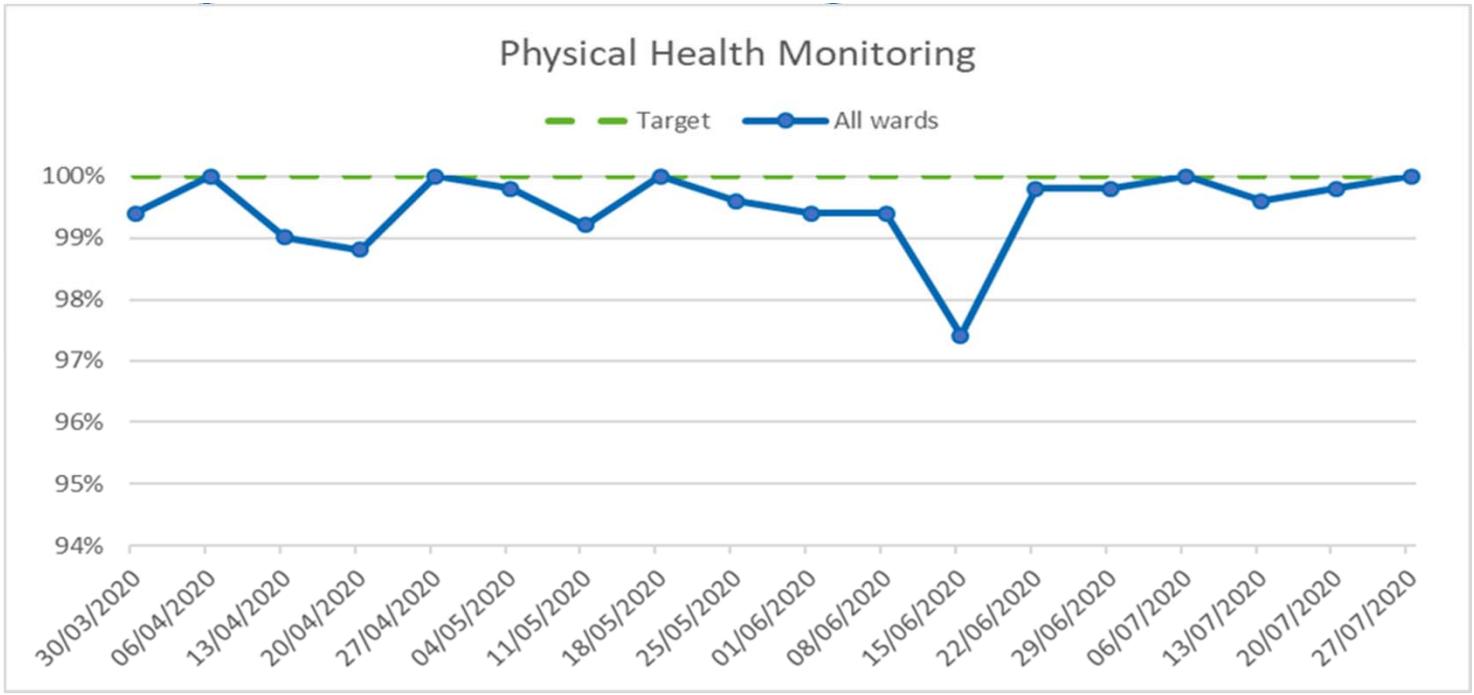
- On 13 February 2020, the Trust received a Section 29A Warning Notice, identifying four areas requiring significant improvement:
- Staffing of the acute wards, particularly the imbalance of experience and newly qualified staff (timescale 31 March 2020);
- Compliance with mandatory training and supervision across the trust (timescale 29 May 2020);
- The management of physical health needs and understanding the side effects of medications prescribed (timescale 29 March 2020);
- The trust did not have systems and processes in place which were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services. (Timescale 29 May 2020).
- Immediate action was taken and workstreams developed to oversee the progress with each element of the notice. This has been monitored and reported through an integrated dashboard which is overseen and scrutinised on a weekly basis by the Medical Director, supported by daily Sitrep reporting. Improvements are shown on the following slides

Progress with Section 29a requirements – supervision and training





Progress with Section 29a – Physical Health



Inspection Report

In April 2020 the CQC said:

- We did not provide consistently safe care. They cited issues with the following; staffing, mandatory training, safeguarding, the management of physical health, environmental safety, and incident reporting and management.
- We did not always provide effective care. We had failed to appropriately monitor staff supervision and appraisal, and there were not audits in place to monitor adherence to the Mental Capacity Act. Specialist staff were not in place to deliver the range of care and treatment required.

  They found that there were pockets of culture that were not caring or compassionate. This included staff using non-approved restraint techniques on one ward, and care plans that were not entirely person centred and recovery orientated.
- We were not always responsive to the needs of patients. Areas of our estate were not fit for purpose. Dormitory accommodation remained in use and seclusion areas were not all private, comfortable and dignified. Some community services held long waiting lists and complaints were not always managed in line with our own policy and in a timely way.
- We did not assure them that we were delivering high quality care assured by the governance of the Trust. There were low levels of staff satisfaction and the Trust did not prioritise supervision, training and appraisals. We did not always understand, manage and mitigate against risks faced by front line services. The information we used to monitor performance and make decisions was not high quality, which had a direct impact on the quality and delivery of services.
- The Trust was rated as Inadequate overall and special measures were applied

Our Improvement Plan

- The Trust submitted a detailed Action Plan to the CQC in response to their findings on 29th May 2020. This has been refined and reviewed with our Improvement Director
- A Well Led Improvement Plan was agreed and presented to the Board of Directors
- We agreed a Programme Management approach to our improvement journey and developed a Back to Good Board to oversee and drive delivery of our actions. The Board structure is detailed in the following slide
- We worked with Flourish to develop our approach to service user and carer engagement with the Back to Good programme

Getting Back to Good Board

Sheffield Health and Social Care NHS Foundation Trust

Person Centred Care Records	Therapeutic & Great Place to Work	Everyone maintains high professional standards	Physical Health	Rapid Improvement Acute	Rapid Improvement Recovery	Well Led Improvement Programme
Collaborative care plans Risk assessment & management High quality content	Therapeutic & Healing Dormitories Seclusion	Care standards Consistency Processes	Implement interventions Digital systems and clinical information sharing Staff knowledge and skills	Environment High Professional Standards Staffing Recruitment & Retention	Recruitment & Retention High Professional Standards Delivery of the Transformation	Improved governance systems Board Visibility & engagement High quality data driving CI

Improving Technical Capability
Systems and digital skills

Organisational Development & Workforce
Leadership, engagement, culture, recruitment and staffing

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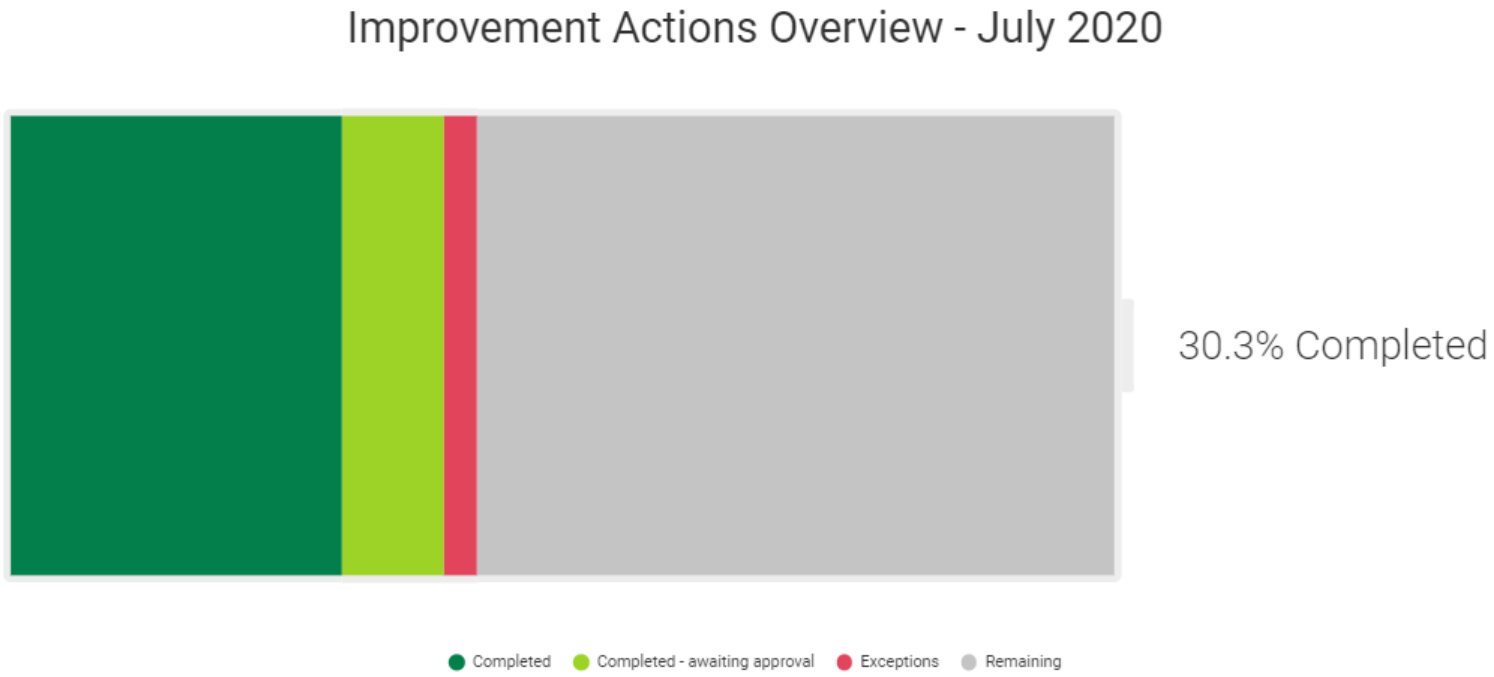
Improvement Action Status

Sheffield Health and Social Care NHS Foundation Trust



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Engaging Team SHSC

- Our Back to Good Workstreams are clinically led and include a cross section of staff from clinical and support services
- We held a Rapid Improvement Week to focus on our areas of challenge, over 200 staff engaged in the series of workshops and action planning sessions
- We used social media, internal and external communications to keep our staff involved and informed and launched our Back to Good branding

Next Steps

- Engage all of Team SHSC from floor to Board
- Regular and focussed communications
- Continue Trust Board visits and improved visibility
- Deliver our Well Led Improvement Plan
- Work on our estate and therapeutic environments
- Continue to implement and audit actions

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 19th August 2020

Report of: **Policy and Improvement Officer**

Subject: **Draft Work Programme**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk
0114 273 5065

The report sets out the Committee's draft work programme for consideration and 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:

- Consider and comment on the work programme

Category of Report: OPEN

1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement.

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration.

2 The Scrutiny Work Programme

2.1 Attached is the draft work programme for the Committtee's consideration. The response to the Covid-19 emergency has implications for how scrutiny operates. 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. The draft work programme reflects this.

2.2 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. Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme

HC&ASC Draft Work Programme		
Topic	**Reasons for selecting topic**	**Lead Organisations/Officer**
September 16th 2020		
October 14th 2020		
Items to be scheduled		
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.*	*Greg Fell, Eleanor Rutter*
Impact of lockdown and social isolation on health and wellbeing – possible working group.	*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.*	
Strategic Review of Adult Social Care	*Early involvement from Committee to help shape the direction, priorities and vision for ASC in Sheffield.*	*John Macilwraith*
Direct Payments	*To consider the review of the direct payment model and help shape future direction.*	*John Macilwraith*
Continuing Healthcare	*To consider how are we using the learning/good practice developed during Covid to inform future development – including learning from people's experience; How CHC fits in with approach to winter planning*	*SCC/NHS Sheffield CCG*
All Age Disability Approach	*Transition for young people into adulthood – improving outcomes. Initially focussed on social care.*	*Possible joint work with Children and Young People Scrutiny Committee*
Primary Care	*To consider how Primary Care is moving towards delivering 'business as usual' services beyond Covid.*	*NHS Sheffield CCG*

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