

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 14 October 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, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Jackie Satur, Sue Auckland (Substitute Member), Julie Grocutt (Substitute Member) and Alan Law (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:

Apologies

Councillor Lewis Dagnall
Councillor Gail Smith
Councillor Garry Weatherall

Substitute

Councillor Alan Law
Councillor Sue Auckland
Councillor Julie Grocutt

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 19th August, 2020 were approved as a correct record.

4.2 Matters Arising

- 4.2.1 In item 5.1 - Public Questions received from Jeremy Short - Emily Standbrook-Shaw, Policy and Improvement Officer, stated that responses to the financial questions raised had been provided to Mr Short. In Item 7.6(d) it was requested that a report to the Committee be brought back in six months' time, and it was reported that this would now take place in seven months' time.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 No public questions or petitions were received.

6. CARE HOMES FOR OLDER PEOPLE AND ADULT SOCIAL CARE STRATEGIC REVIEW

- 6.1 The Committee received a report which was divided into three sections, firstly setting out the approach to reviewing the older people's care home market in the context of Covid 19 pressures and the annual cost of care and fee rate. Secondly, a description of how the review sits in the context of a wide ranging strategic review of Adult Social Care including the care home sector, and thirdly, describing the effect of the pandemic on care homes in the city and the Council's response and future proposals to engage with the sector.
- 6.2 Present for this item were Greg Fell (Director of Public Health), Joe Horobin (Head of Commissioning, Social Care), Nicola Shearstone (Head of Commissioning, Early Support and Prevention Commissioning), Sara Storey (Interim Director of Adult Health and Social Care Services) and Councillor George Lindars-Hammond (Cabinet Member for Health and Social Care).
- 6.3 In response to a request by the Chair of the Committee, Joe Horobin gave a quick update on the state of readiness with the everchanging position with regard to care homes in dealing with the pandemic. Joe Horobin stated that she had attended a monthly meeting with Care Home Providers regarding the current position, particularly in light of the measures announced by the Government earlier in the week. She stated that care homes were concerned about the likelihood of a second wave as infection rates rise, adding to and winter pressures, but felt they were in a much better position to deal with it than they were back in March. The providers have more understanding of how the virus works, how it can be spread and, due to weekly tests being carried out were better able to keep outbreaks of two or more cases in care homes under control. She stated that a month ago the "R" rate was increasing and there had been a number of outbreaks in care homes but that had since plateaued and remained at those levels. Joe Horobin added that there were a small number of exceptions coming through community transmission. The issue regarding the lack of Personal Protective Equipment (PPE) had been resolved and there was now a robust supply chain in Sheffield to care homes and the Council has been able to store PPE. Providers now understand how to make full use of PPE, where to get it from and how to properly dispose of it. The Council has have worked hard with providers to ensure that they make full use of the Infection Control Fund grant of £900 per resident to make sure they spend it wisely. Covid 19 support measures,

including a monitored inbox for care providers, regular updates and briefings, access to emergency staffing support, regular provider forums, the care home helpline and the out of hours service, had been maintained. The Council has a tried and tested structure for responding to Covid. Work around discharge from hospital was being closely monitored. Overall, providers were surprisingly calm given the stresses they have experienced, but they have learned so much since March.

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

- One of the challenges faced was the use of agency staff and how to get testing for them in care homes and incorporating them into the testing regime. The Council and providers were looking into minimising the use of agency staff as it was felt best practice not to have too many changes of faces. Providers have high levels of vacancies and the Council has asked that money from the Infection Control Fund (ICF) be used to maintain staffing levels and reduce reliance on agency staff.
- Work was being carried out closely with Sheffield Teaching Hospitals to avoid anyone with a positive test of the virus being discharged into care homes, where possible. There may come a time where the pressures in hospital mean there is no choice but to discharge patients should the pandemic take hold again. The Council is working with Care Quality Commission (CQC) to have the right availability of care homes should there be a need to receive positive discharge patients, to find a sensible solution to managing risks.
- For a number of reasons, there were very high vacancies in care homes throughout the city.
- The Service had been asked to nominate at least one provider, by the end of the week, to be inspected to ensure that they meet the correct infection and prevention control standard required that they could safely support an individual who tested positive. The aim in Sheffield, was that every care home worked towards the same standards should a resident or member of staff become infected, with an agreed health and social care system which looked at each individual provider on a case by case basis, rather than imposing blanket rules and processes.
- There was no certainty as to whether GPs were visiting care homes on a regular basis, but the Council is working closely with Primary Care on this. Training was given so that staff could recognise early signs of deterioration in health to ensure that needs and concerns were escalated as quickly as possible. However, providers were not expressing any concern around this.
- There was a variation in the number of infections day by day. A spike in infections in September looked set to continue, but generally outbreaks were back under control rather than escalating out of control.

- The ICF was given to all providers regardless of whether they were self-providers or local authority providers and covered additional costs to everyone and has been applied equally. The Council is working hard to manage any exits from the market which would put pressure on the Council and providers. The Council has 40 active home care providers and that diversity has served well, and the Council will continue to work with all providers and has no plans to reduce that number,
- Most providers in the city have been very satisfied with the support provided by the Council and the Council was continuing to encourage providers to talk to them about how they were coping and plans they might have to remodel or make changes to their provision. There are 111 care homes in the city, 78 of them being older peoples care homes. The Council encourages providers to work with us for a minimum of three months
- At present, care homes don't have any staffing issues, and perhaps this was due to vacancies within the homes. Some homes have 50% vacancies. Recruitment is positive and that may be reflected by the fact that more people are unemployed and looking for work.
- With regard to the question regarding insourcing, the Council wasn't seeking to create a Council Care Company. The first approach was to protect care providers to make sure they can come through Covid and winter pressures. If there was a situation with a provider, the Council is prepared to have options where we might have to step in to protect residents.
- People moving into care homes is the right thing for some but not all. Historically in Sheffield, there was a high admission into care homes. We have to challenge ourselves to get the right balance of those going into care homes where necessary and those being able to stay in their own homes to ensure that they were getting the correct level of care.
- With regard to the consultation being carried out, officers have tried to pull together what we already have in place and check that we've got it right and not ask the same questions we've asked over a number of years. So far, 50 responses have been received from people who have expressed an interest in working alongside us in developing the Adult Social Care Strategy. We feel we have gone as far as we can in engaging with providers and the consultation will help us to develop a number of areas.
- We have been holding regular Task Force meetings with the Principal Social Worker, colleagues in Public Health and the CCG, Infection Prevent Control St. Luke's and the Teaching Hospitals, and are currently in the process of setting up a wider reference group with colleagues from Healthwatch, Age UK and a number of providers, to address the challenge of balancing the risks of whether or not to allow visitors into care homes. We are finalising a letter between all partners to be sent to all providers on

contact, but things change all the time. We are emphasising to care homes to be able to strike the right balance. There is a difficulty from an insurance point of view and providers are struggling with insurance. There are well documented risks but the Council is working to support the independent sector. However, visits should be made in only very exceptional circumstances and we need to work out what exceptional means, but it is the law of the land.

- Officers will share with Members and Healthwatch the intended wording of the letter to be sent to providers regarding visiting so that they are aware of what is expected.
- The £10m spent so far has been made up of £4.2m from the Infection Control Fund and the rest has come from the Council's budget, a proportion was what would have been spent on care homes anyway. The total bill for Councils in addressing the impact of Covid has come from local authority budgets with support from the Government. Its not just what would normally be spent on care homes but also giving support to vulnerable people, but when faced with the challenges we have been faced with over the last few months, its something that the Council simply have had to do. The Council has to understand the challenges each and every individual home has been faced with. The Government had said that they would support local authorities but as yet this money has not been made available, so Councils were having to call upon their own resources to make sure everyone is protected.
- With regard to dealing with winter pressures, the Council is working with providers, primary care and pharmacies to ensure that vaccines against flu are made available for staff and residents. However, it does remain to be seen whether colds and flu will transmit as easily in care homes due to the use of PPE and infection control. In the southern hemisphere, death from flu has dropped dramatically so hopefully this trend would continue.
- Officers haven't commissioned any research around dementia although we are aware of the impact on people with dementia not being able to receive visitors. Officers are working with colleagues in Public Health, the CCG and hospitals and also regionally and nationally to understand what research there is and what we can learn from it. Officers are aware of the impact of Covid on those with dementia and will do our best to keep abreast of this.
- There is an existing legal framework and practice framework around balancing risks, choices and benefits. The job of a Care Home Manager was about managing risks to the community against impact on individuals and vice versa. The Council is quite clear that if the Government puts the City in tier 2, people should only visit care homes in exceptional circumstances, and the Council would make sure that everything was in place that was necessary. We are expecting providers to make sure residents have contact with family and friends.

- Its not fair to say that some homes have reacted better than others, some have been less lucky than others in terms of infection rates.

6.5 RESOLVED: That the Committee:-

- (a) thanks Greg Fell, Joe Horobin, Nicola Shearstone, Sara Storey and Councillor George Lindars-Hammond for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) in terms of the City's state of preparedness for the coming months with regard to COVID-19, notes the work that has been done during an exceptionally difficult time, and hopes that we are better placed than in March, with better systems and processes in place to protect vulnerable people, especially care home residents; and
- (d) in terms of the future direction of adult social care in the City, asks that:-
 - (i) consideration be given to the comments made by the Committee around the consultation;
 - (ii) references to wellbeing and carers be made more explicit in the commissioning principles; and
 - (iii) it be recognised that the Committee was pleased to hear about efforts being made to enable care home visits and contact between residents and their loved ones, recognising the need to balance risk.

7. WINTER PLANNING FOR THE CITY AND OPERATIONAL DELIVERY OF CONTINUING HEALTH CARE OVER THE COMING MONTHS

- 7.1 The Committee received a report which gave a summary of the city's approach to winter planning for the City and operational delivery of continuing healthcare over the coming months.
- 7.2 Present for this item were Alun Windle (Chief Nurse, Sheffield Clinical Commissioning Group), Dani Hydes (Head of Continuing Health Care for Adults and Children) and Sara Storey (Interim Director of Adult Health and Social Care Services).
- 7.3 Sara Storey introduced the paper and said that there was a large amount of work being carried on throughout the city to make sure we have the right set off priorities and principles to enable us to understand what needs to be done in acknowledging what is likely to be a tricky winter.
- 7.4 Alun Windle gave a summary on the key areas for the development and delivery of Continuing Health Care (CHC) Framework, which had been suspended in March, in response to the Covid pandemic. By working with the Acute Hospital Discharge Hub, the CHC team had managed new referrals where a health need

was present, until they could be assessed under the framework and these patients were classed as “NHS Covid Funded”. In planning for the reinstatement of the framework, he outlined three specific key work streams, firstly, Covid Backlog, being individuals assessed and Covid funded during March to August. Secondly, the Discharge Support Fund, this being all new referrals under the framework with effect from 1st September, whereby the assessment has to be carried out within six weeks of discharge and thirdly, the CHC Team was working to address outstanding assessments pre-Covid.

7.5 Members asked a number of questions, and responses were given as follows:-

- There are some significant continuing health needs resulting from the effects of Covid. The majority of these, while living with continued health needs, can be picked up through universal services, although some will require additional health funding. Colleagues familiar with the framework with rehabilitation, where there could be lung rehabilitation or long-term organ failure due to covid is another issue. Also, another aspect of this are the psychological and mental health effects of the virus. The CCG is picking up additional resource and focusing on providing additional mental health services. Support has also been provided to those working in the health care sector dealing with Covid, who have developed mental health issues.
- The discharge hubs that were in place post covid have continued although it is difficult to resource it across the span of health and social care. There is a different legislation in relation to discharge that has been put in place alongside CHC processes, and resource has been put in to assess individual needs. It was considered that “home is best” for recovery, however the focus is that we resource on what we can do in the best way that we can so that patients can return to their own home.
- With regard to carers and family support, where people were not allowed to mix households, the response to this during the Covid pandemic was that family members moved in to create a bubble. It was important to make sure we get the assessment right. At the beginning of the discharge we have to take into account the complexity of the different tiers being introduced.
- Practitioners do their best to understand what support people have got available before being discharged and staff in hospital talk to family members so that they are fully aware of what is available. In terms of extra support to assist people, we have emergency response that can help should family support fail for whatever reason, so we can put support in place to avoid someone having to go into a care home, thus enabling them to remain in their own home. The Home First Team was always available offering practical help, as its not always about direct care. We A number of people were identified who required more sustained support and that support was provided directly through in-house services, from the pool of staff recruited throughout the Covid pandemic as extra casual workers and a contract has been offered to one of those casual workers.

- There was a view that those people who were struggling might be overlooked, but people have been reaching out to those in need and more “good neighbours” have been supporting people who might normally not have reached out and helped. The Council has been working with other providers to make sure the needs of those who were in need of assistance, have received what was required. We need to make sure that we have robust systems in place to support carers, to identify their needs, and therefore we speak to carers regularly to find out their needs and help them.
- Verbal feedback so far on health and social care has been really good, although very small numbers have responded, no negative feedback has been received.
- Winter planning is about acknowledging that there are additional demands on health and social care, due to the fact that people tend to become ill during the winter months, with flu or norovirus. We need robust business continuity in case of bad weather, to manage the unexpected, and Covid could put extra demand on services with potentially more people being admitted into hospital. We are aware that a lot of people have accessed elective care over the lockdown period and this has created backlogs for the health service and this too could create extra demands on services.
- Officers have had to change the way they work. Things are slower because the correct use of PPE takes time and has to be changed regularly, and due to the fact that patients are not allowed into waiting rooms or a discharge lounge, again it slows things down. Staff delivering these services may become ill themselves or have had to self-isolate, so therefore there has been increases the number of staff shortages.
- No additional funding has been provided to help with health and social care to deal with the extra demands and pressures. At a meeting with the Minister for Health and Social Care, the question was asked of what additional funding would be available to local authorities to help with winter pressures but there was no answer given.

7.6 RESOLVED: That the Committee:-

- (a) thanks Alun Windle, Dani Hydes and Sara Storey for their contribution to the meeting; and
- (b) notes the contents of the report and the responses to the questions.

8. CONTINENCE SERVICES SCRUTINY WORKING GROUP

8.1 The Committee received a report of the Continence Services Scrutiny Working Group, which was a task and finish group set up to look at Continence Services in Sheffield.

8.2 Members made a number of comments, including:

- Making people aware that something can be done, not just accept this
- Advertising certain products put out the message that you had to cope with it but it can be sorted out
- A couple sentences be added at 4.4.3 of the report re raising awareness
- Lot of references in the report about the north of city weren't explicit enough – raise awareness of diversity – felt this was not highlighted.

8.3 RESOLVED: That the Committee:-

- (a) thanks those Members of the Committee involved in the task and finish group; and
- (b) endorses the report, subject to incorporation of the suggestions set out in paragraph 8.2 above.

9. DRAFT WORK PROGRAMME 2020/21

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

9.2 RESOLVED: That the Committee approves the contents of the Work Programme for 2020/21.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be held on Wednesday, 11th November, 2020 at 4.00 p.m.