

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 11 November 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 and Dr Trish Edney (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
11 NOVEMBER 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 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 9 - 18)
To approve the minutes of the meeting of the Committee held on 14th October, 2020.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. Update on Test, Trace and Isolate** (Pages 19 - 48)
Report of the Director of Public Health.
- 8. Work Programme** (Pages 49 - 54)
Report of the Policy and Improvement Officer.
- 9. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 9th December, 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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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

Substitute

Councillor Lewis Dagnall

Councillor Alan Law

Councillor Gail Smith

Councillor Sue Auckland

Councillor Garry Weatherall

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.

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 11th November 2020

Report of: Greg Fell, Director of Public Health

Subject: Update on Test, Trace, Isolate

Author of Report: Ruth Granger, Health Protection Manager
Ruth.Granger@Sheffield.gov.uk

In July 2020, the Healthier Communities and Adult Social Care Scrutiny Committee considered a detailed report on Sheffield's Test, Trace and Isolate (TTI) programme.

A brief update on TTI is attached for the Committee's consideration and discussion.

To give the Committee further detail on how the TTI programme is operating in Sheffield, a report agreed by Cabinet on 23rd September 2020 is also attached as additional background information.

Please note that information provided in the update is correct at time of publication. Where this has changed, the up to date position will be given at the meeting.

The Scrutiny Committee is being asked to:

Consider the update on Test, Trace and Isolate.

Background Papers:

Papers from the Healthier Communities and Adult Social Care Scrutiny Committee, 22nd July 2020:

<http://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=137&MId=7624&Ver=4>

Category of Report: OPEN

Update for Scrutiny Board on Test Trace and Isolate

All our work in this programme is to help us to as effectively as possible manage the Covid-19 pandemic in Sheffield. These themes relate to outbreak management and include but are broader than Test Trace and Isolate.

1. Update on position in Sheffield in terms of epidemiology

Please be aware that this information is correct as at 26th October, further information on up to date position can be provided at the scrutiny meeting.

As at 26th October we were recording, in Sheffield, over 300 new positive cases per day based on the previous 7 days. The cases are occurring across the city and the positivity rate was 14.1 which means that out of every 100 people testing for Covid-19, fourteen people were testing positive.

While at the end of September and the beginning of October the largest number of cases were in the 18-24 age group that has now reduced and there are cases across all age groups including into the older age groups which are most likely to be hospitalised.

2. Themes within the programme

Test - There are currently a number of ways people in Sheffield can access a test for Covid-19 this includes

- Home testing kits
- Regional testing site (drive through) at Meadowhall
- Local Testing Sites at Sharrow, Darnall, Burngreave and from beginning of November Upperthorpe. We have also requested 2 further local testing sites for Sheffield, work to identify locations for these sites has started and is ongoing.
- Mobile Testing Unit currently at Milton Street on the west side of the City Centre

Trace – The national Track and Trace system continues to operate. Sheffield City Council are now going to take on responsibility for contacting those people that the national system has failed to reach. This is starting from 21st October. We know from other Local Authorities that a local contact tracing function to supplement the national system can be effective.

Isolate – We know that it is difficult to ask people to self isolate with the implications for their livelihood and life of being asked to stay at home for 10 or 14 days. Since the beginning of the pandemic Sheffield City Council with the community voluntary and faith sector have been offering support for people being asked to self isolate through the community support phone line (0114 273 4567). This support has

included food parcels, medicine delivery and social contact. The Government recently announced financial support for those asked to self isolate and more information about this can be found here <https://www.sheffield.gov.uk/home/your-city-council/coronavirus-hub/support-for-people#supportpayment>

Enhanced support – our community and voluntary sector partners with our local community response teams have been working to promote our Sheffield Local Testing Sites and promote the key public health messages with local communities.

Prevention – work on prevention is key to help different settings and communities to reduce the opportunities for transmission. This includes an extensive communications approach with a range of partners and work by many teams across the council and our NHS partners to provide advice and support to schools, care homes, housing providers, businesses etc.

Legal and enforcement – the legal powers and guidance in relation to covid-19 have been rapidly changing. Our Environmental Health and Licensing teams have been visiting hundreds of premises as both part of prevention (to both remind and reinforce on current guidance and where necessary to take enforcement action).

Key messages

The key messages about preventing the spread of covid-19 remain the same: handwashing, maintaining social distance, self isolating if you have symptoms or if you have been asked to as a contact of a positive case, seeking a test if you have symptoms and wearing a face covering if you can. These messages are the basics that we can all continue to do in order to protect ourselves our family and friends and communities.

Ruth Granger

2nd November 2020



Author/Lead Officer of Report: David Oliver: City Connectivity Strategy Lead; and, Test, Track & Isolate Programme Manager

Tel: 07792 846021

Report of: Greg Fell, Director of Public Health
Eugene Walker, Executive Director, Resources

Report to: Cabinet

Date of Decision: 23rd September 2020

Subject: COVID-19 Test, Track & Isolate Programme Funding

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Cabinet Member for Children and Families and Cabinet Member for Finance, Resources and Governance and Deputy Leader		
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? EIA Attached at Annex B.		
Does the report contain confidential or exempt information?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Annex A: Investment Plan is not for publication because it contains exempt information under Paragraph (3) of Schedule 12A of the Local Government Act 1972 (as amended).		

Purpose of Report:

This report:

- advises Cabinet of the current position regarding COVID-19 in Sheffield;
- describes the Programme established to implement the Outbreak Control Plan and the estimated costs of implementing that programme;
- informs Cabinet of Government funding received to assist with the costs of preventing, mitigating against and managing local outbreaks of COVID-19; and,
- seeks approvals and delegations to continue this work.

Recommendations:

It is recommended that Cabinet:-

- a) Recognises the hard work and the achievements of council employees, partner organisations and the VCFS in preventing, mitigating and managing local outbreaks of COVID-19 to date, an enormous effort that began in March 2020.
- b) Notes that in June 2020, Sheffield City Council (SCC) was allocated a ring fenced grant of £3,101,989 from DHSC towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.
- c) Notes that Sheffield City Council, along with 6 other Local Authorities, has written to the Secretary of State for Health and Social Care to request further funding of approximately £2m to implement Integrated Local Arrangements for Test, Trace and Support.
- d) Notes that in July 2020, SCC was allocated a grant of £774,649 from DEFRA to support those struggling to afford food and other essentials due to COVID-19. This grant is not ring fenced but is expected to be used in accordance with DEFRA guidance.
- e) Notes and approves the Investment Plan described in Annex A of this report, including noting the expenditure already approved through the Category 1 IMG Decision making process, as set out in this report.
- f) Establish a fund as described in Annex A: Investment Plan of this report, sourced from Department for Health and Social Care (DHSC) funding received, for the purposes of providing grants to and purchasing services, as appropriate, from the VCFS.
- g) To the extent not covered by existing delegations, delegates authority to the Executive Director Resources, in consultation with the Director of Public Health, to:
 - i. Award grants; and
 - ii. Approve procurement strategies and award contracts

funded from the fund established in accordance with recommendation (f) above.. Cabinet is also asked to note that a Steering Group will be established to provide advice and guidance as to the broad criteria for funding. The Steering Group will include the Executive Director Resources, the Director of Public Health, the Executive Director of People Services and appropriate Cabinet Members.

- h) Notes that the DEFRA grant for Food and Essential Supplies will be administered through the Local Assistance Scheme.
- i) To the extent not covered by existing delegations or the specific delegations

outlined above, delegates authority to the Executive Director, Resources, in consultation with the Director of Public Health to take such other decisions as may be necessary to achieve the outcomes set out in this report.

Background Papers:

The Sheffield Local Outbreak Control Plan

https://www.sheffield.gov.uk/content/dam/sheffield/docs/your-city-council/coronavirus/Sheffield%20Local%20Outbreak%20Control%20Plan_V1_30June2020.pdf

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Liz Gough
		Legal: Sarah Bennett
		Equalities: Adele Robinson
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	Greg Fell, Director of Public Health Eugene Walker, Executive Director Resources
3	Cabinet Member consulted:	Councillor Jackie Drayton, Cabinet Portfolio: Cabinet Member for Children and Families Councillor Terry Fox, Cabinet Member for Finance, Resources and Governance and Deputy Leader
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: David Oliver	Job Title: City Connectivity Strategy Lead and Test, Track & Isolate Programme Manager
	Date: 14 th September 2020	

1. Introduction

- 1.1 Sheffield City Council, alongside our partners in the statutory, business, education and VCFS, has been working since the outset of the COVID-19 pandemic to keep people safe, protect the vulnerable, re-open Sheffield when possible, and to follow Government guidance.
- 1.2 At the end of May 2020, every upper tier local authority was asked by central government to develop an Outbreak Control Board and an Outbreak Control Plan. The purpose of the Sheffield Board and Plan is to:
- Prevent COVID-19 from spreading;
 - Know what is happening in our communities;
 - Respond to outbreaks if and when they do occur; and,
 - Create confidence in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.
- 1.3 The Outbreak Control Plan (OCP) is being implemented through the Prevention, Test, Trace and Isolate programme of work. This is discussed in more detail in Section 7 of this report.
- 1.4 The work we are doing and the support we are providing to people continues to evolve through different stages of the pandemic. After the peak wave of hospitalisations passed in May, we now view the pandemic as a smaller number of local outbreaks - these are increasing to become more widespread, with positive cases rising both in Sheffield and across the country.

2. Current COVID-19 Epidemiology in Sheffield

- 2.1 At the time of finalising the paper, the 7 day incidence was approaching 50 / 100,000. This is increasing continually, in line with the trend being observed nationally. It should be noted that currently most of the transmission is within the working age people and there is very little hospitalisation. Again, this is in line with the national trend. It is very unlikely that we will be able to contain this spread only to working age people and there is a strong possibility we will start to see spread again amongst older groups. The epidemiology is changing continually.
- 2.2 We are now seeing the majority of infections in people of working age (the average age of infection is now around 40, compared to 60 in March/April). This is mainly because working age people are more likely to be exposed to the virus (particularly people who cannot do their job from home), and also because older people are still being more cautious (which brings its own risks to physical and mental health). This means we are not seeing any increase in hospital admissions, because younger people are less likely to be seriously ill and in need of hospital treatment.
- 2.3 People from Black, Asian, and Minority Ethnic (BAME) communities in Sheffield remain disproportionately affected by COVID-19 infections.

However, in the last four to six weeks we have seen a rising proportion of infections in the White British population and also in younger working age people. All neighbourhoods in Sheffield are affected by COVID. We are seeing household clusters across the city, but a higher proportion associated with areas of deprivation.

- 2.4 The majority of infections are community and household transmission. This means we are not seeing workplaces as being significant drivers of transmission. It also means that what people do in their own time, at home and in their community, is the main driver for infection, so it remains crucial to keep reminding people to follow guidance on social distancing and gatherings of people, particularly indoors. We are also seeing cases in schools. However, currently this reflects people who have caught the infection in the community rather than in school. Many people of all ages are behaving in line with social distancing guidance, but some are not.

3. COVID-19 What We Should Expect in the Coming Months

- 3.1 Our strategy is still the right one – keep people safe, protect the most vulnerable, re-open Sheffield, and follow Government advice. In implementing our strategy we are seeking to avoid direct harm from COVID-19 in individuals and seeking to avoid an externally imposed lockdown that does further social and economic harm.

- 3.2 We will be reviewing our OCP in September/October 2020, but it is unlikely the basics will change. We are continually seeking to shift our interventions across each of the domains of the outbreak management plan. This is continually moving as the situation develops. The key parts of our plan are:

- Push our prevention interventions (including the basics: wash your hands, stay 2m apart, stay at home if you have symptoms);
- Making testing more accessible in our communities e.g. through Local Testing Sites;
- Managing cases and clusters;
- Implementing contact tracing in line with any national ask; and,
- Re-starting shielding of the vulnerable, if this is needed.

- 3.3 We also need to heavily promote flu vaccinations, so we don't have a double whammy of high levels of flu as well as COVID-19.

- 3.4 Communications and engagement remains a key pillar of our programme. We are aware of the need to stop hoaxes, as well as avoid 'communication fatigue'.

4. The Test, Trace and Isolate Programme

- 4.1 We are delivering the Outbreak Control Plan ambitions through six Workstreams which are described in Table 1 below.

- 4.2 The first four Workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The remaining two workstreams make up the cross-cutting

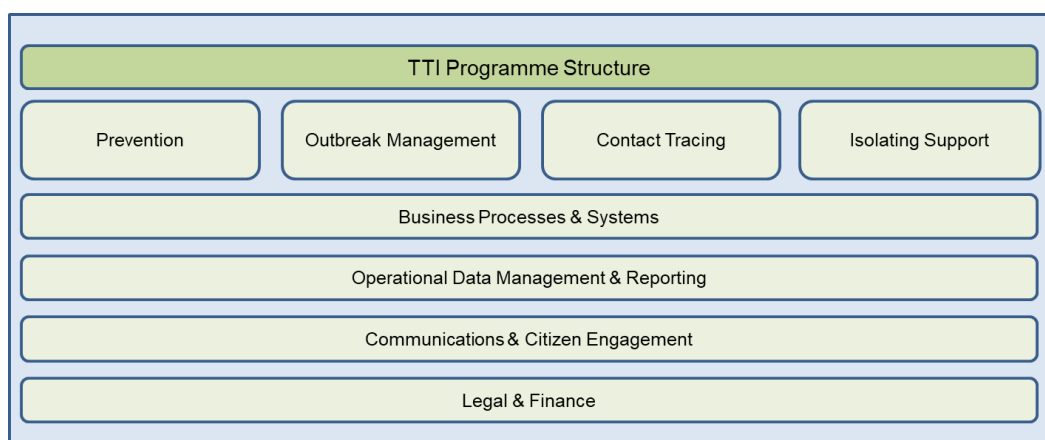
programme of Surveillance & Intelligence; and Governance, Programme Coordination & Resourcing. The success of this programme relies on the combined partnership efforts of all the city's organisations.

4.3 Table 1: Sheffield OCP Workstreams

	Work stream	Government theme and additional priorities
Test, Trace and Isolate Programme	1. Preventing COVID-19 from spreading	<ul style="list-style-type: none"> • Coronavirus Prevention and Management Board • Comms and engagement
	2. Outbreak management including testing	<ul style="list-style-type: none"> • Care homes • Schools • Vulnerable people • High risk settings • Local testing capacity
	3. Contact tracing	<ul style="list-style-type: none"> • Contact tracing
	4. Support to isolate	<ul style="list-style-type: none"> • Vulnerable people
Cross-cutting programmes	5. Surveillance, intelligence and data	<ul style="list-style-type: none"> • Data and intelligence
	6. Governance, Programme Coordination & Resourcing	<ul style="list-style-type: none"> • Coronavirus Prevention and Management Board • OCP Strategy Board • Programme Management Arrangements • Effective Delivery • Assurance and Evaluation • Links to LRF • Co-ordination of Capabilities

4.4 The Test, Trace and Isolate' (TTI) programme is summarised in the following table and explained further below.

4.5 Table 2: The TTI Programme



4.6 **Prevention:** Define preventative measures across high risk places, locations and communities of interest. Ensure appropriate preventative measures are in

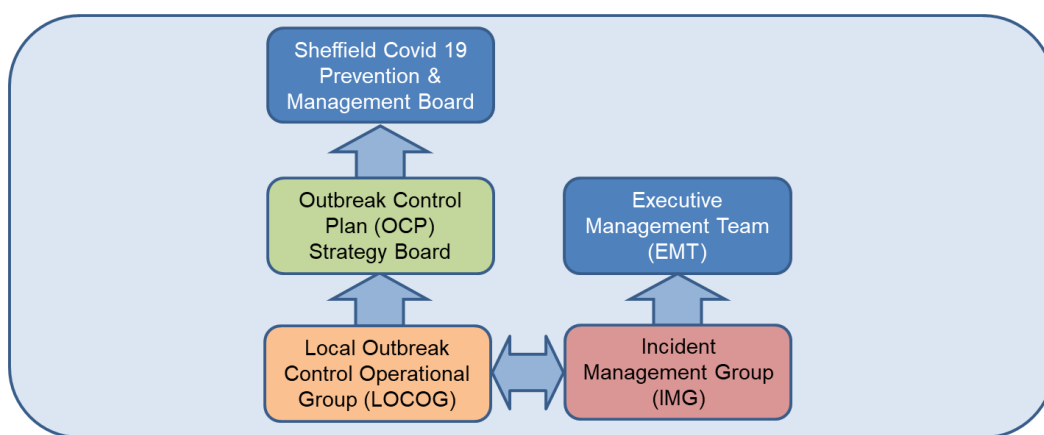
place to prevent spread of infection (e.g. social distancing, hygiene, across all settings, including 'hard to reach' groups).

- 4.7 **Outbreak Management:** Receive notification of a local outbreak, mobilise a coordinated multi-agency response (including enforcement action where necessary), own and manage that outbreak to a conclusion.
- 4.8 **Contact Tracing:** Outbound telephone calls to individuals that need to be traced, provide advice and guidance, commission further support for those individuals where necessary. Includes in-person visits to settings such as factories to prevent, mitigate and manage local outbreaks. Potentially includes 'reverse contact tracing' to identify the locations where outbreaks may have occurred, and in-person visits to households to support improved health and well-being within communities.
- 4.9 **Isolating and Shielding Support:** Provide humanitarian support to isolating and shielded people who are in need of assistance with food, medication and/or social contact. Provide other forms of support such as accommodation and potentially financial support where appropriate.
- 4.10 **Business Processes and Systems:** Work across the whole of the programme and with operational services to develop and maintain end to end business processes to ensure that all local COVID-19 outbreak management functions, and the support provided to shielded and isolating people, are discharged efficiently and effectively.
- 4.11 **Operational Data Management & Reporting:** Manage the flow of data that is essential to the day to day operation of the outbreak management functions and the support provided to shielded and isolating people.
- 4.12 **Programme and Project Management (including support to the South Yorkshire Local Resilience Forum):** Establish the programme described, deliver the agreed outputs, transition to a sustainable 'business as usual' service capable of preventing, mitigating and managing local outbreaks in the long term.
- 4.13 The Programme maintains strong links with Finance (to manage budgets and procurement activity in line with SCC processes and procedures), Communications (to develop communications strategy and commission work) and with Legal Services (regarding the use of enforcement powers as a preventative and reactive control).

5. Test, Track and Isolate Programme Governance

5.1 The governance of the TTI Programme is summarised in the following diagram and explained further below.

5.2 Table 3: TTI Programme Governance Arrangements



5.3 Sheffield COVID-19 Prevention & Management Board

5.3.1 This is a member-led Board that aims to develop reach and understanding across the whole city. The Board gives a view and it sets the overall tone and strategy for the city, which the OCP Strategy Board then puts into place. It is cross party and covers a very wide range of stakeholders and constituencies.

5.3.2 Reflecting this, its membership includes: cross-party elected members; key response services, including Public Health, South Yorkshire Police and South Yorkshire Fire & Rescue; voluntary and community organisations; faith, BAMER, disability, carer and business groups; and, specific groups of interest or concern, such older people or student groups.

5.3.3 In line with the Outbreak Control Plan, the Board’s role is to: prevent the disease from spreading; know what is happening in our communities; respond to outbreaks if and when they do occur; and, create confidence in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

5.3.4 To achieve this, the Board will need to undertake the following:

- Strategic oversight and coordination of the city’s work around COVID-19 control including both the prevention and management of COVID-19 outbreaks, as set out in the plan;
- Scenario planning for the approach the city might take in different sets of circumstances (e.g. if we have a greater number of cases than might otherwise be expected);
- Communication with residents, businesses and stakeholders in the city generally in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak;
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease;
- To build confidence within the community that the city has a clear path and means of keeping COVID-19 transmission low and can safely reopen our economy; and
- Assuring progress towards the delivery of the Outbreak Control Plan.

- 5.4 Local Outbreak Control Operational Group (LOCOG)
- 5.4.1 Conceptually, LOCOG provides a 'Programme View' of Outbreak Management. Its scope is the operational arrangements that need to be established by SCC to create a functioning test, track and isolate service. Its purpose is to consult and keep informed all operational leads and to ensure the smooth running of the TTI programme by identifying and removing barriers to progress and by identifying risks at an early stage.
- 5.5 Incident Management Group (IMG)
- 5.5.1 Conceptually, IMG provides a 'Council View'. Its scope is a 360 degree view of all operational activity relating to Outbreak Management. It has a particular focus on SCC's contribution and performance. Its purpose is assurance, challenge, escalation, and resolution on behalf of the Council's Executive Management Team (EMT). Its members provide: accountability for SCC's operational contribution towards Outbreak Management; Decision making authority for SCC; Ensures that Outbreak Management is managed and resourced effectively, that performance meets expectations, that barriers are removed.
- 5.6 Outbreak Control Plan (OCP) Strategy Board
- 5.6.1 Conceptually, the OCP Strategy Board provides a 'City Wide View' of Outbreak Management. It consists of representatives from SCC, Health and the VCFS. Its purpose is to provide city wide leadership and direction to: Keep cases of COVID-19 low; Spot trends early and identify clusters of cases quickly to reduce transmission; Ensure robust contact tracing as part of outbreak management processes; Ensure those who are isolating are provided with the support that they need; Help the city return to a degree of normality until a vaccine is found.
- 5.7 Executive Management Team (EMT)
- 5.7.1 The Executive Management Team (EMT) comprises the Chief Executive, Executive Directors and the Directors of Public Health and Policy, Performance and Communications, and provides strategic direction.
- 5.7.2 It deals with key corporate issues and strategic service issues. It makes decisions, formulates recommendations for the political leadership, and gives a steer on policy issues where this is necessary.
- 5.7.3 EMT can make managerial decisions on how we operate or on the application of policy that has already been politically agreed, but not set new policy which is the role of elected members.
- 5.7.4 Please note that the TTI Programme Governance arrangements are currently being reviewed to ensure that they remain fit for purpose for the longer term and some changes may be made to the arrangements described above.

6. Decision Making

- 6.1 The Leader of the Council and the Cabinet are responsible for leading Sheffield City Council and its response to COVID-19. However, as the COVID-19 crisis is classified as a Public Health Emergency, it has been necessary to establish revised decision making arrangements in order to comply with the Civil Contingencies Act 2004 and the Leader's Scheme of Delegation - this is a Leader of Council led response with the Chief Executive and Director of Public Health acting as key officers.
- 6.2 The Leader of the Council together with the Chief Executive and the Director of Public Health have been forced to respond to the pandemic in ways that are unprecedented – rapid decision making, ever changing circumstances, outbreaks and interventions that develop in hours and days.
- 6.3 Consequently, the way the Council takes decisions relating to the COVID-19 major incident is different to how it normally takes them. We have four types of decision ranging from those that have minimal implications to those that are highly critical.
- 6.4 Category 1 decisions are for the most significant issues. They are likely to be decisions to terminate or significantly curtail the delivery of critical services (usually those services that had been identified as business critical). They are likely to have an impact on the welfare of vulnerable people or on the economic wellbeing of the city. They may have human rights or other legal implications. There may also be substantial financial implications.
- 6.5 These decisions are referred from the IMG and will be made by either the Leader or the Chief Executive and published online.
- 6.6 The Leader and relevant Cabinet Member(s) will have been briefed by the Chief Executive and Executive Director in advance of making the decision and Cabinet Members are also briefed on these decisions which will often require extensive and sensitive communication with the public, staff and stakeholders.
- 6.7 To date, it has been necessary to take the following Category 1 Decisions:
- Approval to recruit additional Environmental Health Officers;
 - Approval to fund a city wide mail out from the Director of Public Health communicating key outbreak prevention messages; and,
 - Approval to procure local testing services.
- 6.8 This expenditure will be contained within the Investment Plan described in Annex A of this report.
- 6.9 This report sets out as far as possible how the council plans to prevent, mitigate and manage future local outbreaks together with the costs associated. However, it is not possible to rule out the need to follow the Category 1 IMG Decision making process route again in the future. For example, a major city wide outbreak resulting in a re-imposition of restrictions

or a national outbreak resulting in a second lock down could have a major impact on costs incurred.

- 6.10 The COVID-19 Pandemic is unprecedented and unpredictable. The City's response must be agile and flexible in order to deal with changes in infection and in government policy. This has been illustrated perfectly during the drafting of this Cabinet report. In a matter of days, and with little or no warning: the UK's reproduction, or R, number escalated to between 1 and 1.2 for the first time since March 2020; a further 3,330 positive cases were recorded in the UK on Sunday 13th September (the third consecutive day with more than 3,000); five more deaths were reported; the government introduced 'the rule of 6' imposing restrictions of indoor and outdoor gatherings; the government announced that COVID-secure marshals will be introduced in towns and city centres in England to help ensure social distancing rules are followed (the implications of this for Sheffield are being considered); and, the reintroduction of Shielding is a distinct possibility. This demonstrates why we need to be responsive, agile and flexible - and why it's very difficult to plan and budget in detail or with certainty.

7. Test, Track and Isolate Programme Costs

7.1 The TTI Programme Investment Plan

- 7.1.1 The estimated costs of the TTI Programme to 31st March 2021 are summarised in Annex A: Investment Plan and explained further below. The Investment Plan has been developed in consultation with Public Health, Environmental Health, and Communities. Business Change and Information Solutions, HR, Finance and Commercial Services have also been consulted.

7.2 Programme Management

- 7.2.1 The purpose of Programme Management is to develop the new processes and systems that are needed to prevent, mitigate and manage outbreaks of COVID-19. This translates the outbreak control plan into a series of related projects that collectively deliver a coherent, consistent and joined up solution across the council and its partner organisations. This includes for example, establishing the local track and trace service, establishing local testing facilities and providing humanitarian support for those who are isolating. The Programme is a temporary organisation that will exist only until it has delivered its agreed outputs and handed those over to sustainable 'business as usual' operational services.
- 7.2.2 Programme Management costs cover the traded resources from Business Change and Information Solutions (BCIS) and Capital Delivery Services (CDS) deployed on the TTI Programme. These resources include: Programme Management; Project Management; Support for South Yorkshire LRF; and Workstream Leads and Workstream Support for Prevention, Outbreak Management, Contact Tracing, Isolating Support, Business Processes & Systems, Operational Data Management and Reporting and Local Testing.

7.2.3 This cost heading includes third party ICT costs associated with configuration of the Contact Centre System and the Customer Relationship Management System.

7.2.4 The TTI Programme has been designed to establish new capabilities, processes and systems, and to bolster the resources of existing council services, in order to enable the council to implement its Outbreak Control Plan. When the TTI Programme has completed this work, it will hand over to a sustainable 'business as usual' operational function that is able to prevent, mitigate and manage outbreaks in the longer term. This will enable project managers, business analysts and other BCIS professionals to be redeployed to help deliver the councils other priority programmes and projects. It will also enable the Council to establish a new operational service responsible for managing the councils COVID-19 response for as long as necessary. The transition from programme to operational service will be carefully managed so that we don't accidentally create gaps in our capability and capacity.

7.3 Staff Resources

7.3.1 Additional staff are required to deliver services or to provide backfill to enable others to deliver services.

7.3.2 These costs cover Contact Tracing (Team Managers and Call Handlers), Outbreak Management (Public Health Consultants, Health Improvement Workers and Business Support Officers), Outbreak Management and Contact Tracing (Environmental Health Protection Officers), Public Health Resilience (Public Health Officers) and Community Response Work (Community Interpreters and Community Support Workers).

7.3.3 The Investment Plan is short term and covers the period to 31st March 2021. This does not therefore cover the costs of longer term operational support for any council service.

7.3.4 DHSC has not yet announced whether or not there will be any further funding for Local Authorities towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19 beyond this financial year.

7.4 Communications

7.4.1 Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for the Test, Trace and Isolate programme has also been developed. This includes the use of Public Health England communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self-isolate. Partners across the city are willing and able to share communications messages to amplify the messages. A key message is 'don't be a contact' as we recognise that being asked to self-isolate for 14 days is a very difficult thing for many people and that preventing being a contact, by for example maintaining social distance, is

a key part of avoiding that.

7.4.2 Communications costs cover the communication of key programme messages and include: behavioural change research/insights; design, print and distribution; outdoor advertising and signs; social media & digital advertising; and, local radio adverts.

7.5 Local Testing Services

7.5.1 As part of the city's response to the COVID-19 pandemic, Primary Care Sheffield (PCS) provided a testing and swabbing service to help manage localised outbreaks in the city in complex situations. This was put in place as an emergency measure with no formal agreement in place.

7.5.2 The city continues to experience localised outbreaks and there is an urgent need to continue the local testing team when there are small localised outbreaks, in a homeless hostel or care home for example, in order to fulfil our duties to protect public health and manage and prevent COVID-19 outbreaks.

7.5.3 Predicting the size, frequency and number of outbreaks is difficult and the time it would take to work up a formal specification, conduct a full tender process and mobilise a service would be measured in months and is prohibitive.

7.5.4 For example, there is an increased risk of an outbreak when face-to-face teaching in universities restarts. It is necessary to formally establish local testing services now - to help prevent, mitigate and manage local outbreaks. Waiting until after a procurement process lasting several months has been completed could have dire consequences for the city.

7.5.5 Therefore, in August 2020 a Category 1 IMG Decision (i.e. an Urgent COVID-19 Decision) was sought and provided as an Emergency Decision by the Leader, for the Council to work with PCS to develop a scalable solution which can be sized based on demand and to procure this solution for an interim period of 12 months as an emergency measure before considering whether a wider tender is needed for the longer term.

7.5.6 PCS are a 'not for profit' company led and owned by 75 GP practices across Sheffield. PCS currently deliver a number of contracted services for Sheffield City Council and Sheffield Clinical Commissioning Group (CCG) including the community Sexual Health Service and the NHS Health checks service.

7.6 Voluntary, Community and Faith Sector Services

7.6.1 The Invaluable Support From The VCFS To Date

7.6.1.1 Since the outbreak of COVID-19, the Voluntary, Community and Faith Sector has provided tremendous support and resilience to communities in Sheffield. The connections, knowledge and understanding that these organisations have of their local areas has helped us to be more effective in communicating messages that in turn have allowed us to help to prevent the spread of

COVID-19 and respond to outbreaks.

7.6.2 The Value That VCFS Can Continue To Add

- 7.6.2.1 The VCFS is potentially well placed to provide further support to the City in the following ways:
- 7.6.2.2 **Intelligence:** The VCFS has well established, long lasting, trusted relationships in communities. It is in contact with many people who are vulnerable – economically, socially or in other regards. It hears and sees patterns and trends which may not otherwise be visible. Harnessing that intelligence, so that communication and support can be targeted, could make a vital addition to the system.
- 7.6.2.3 **Communications:** The first phase of the pandemic demonstrated the ability of VCFS organisations to connect and communicate with communities who were not otherwise accessing information. It was distilled into messages which could be readily shared and understood, increasing reach in a wider range of communities. The need in this next phase is around enabling people to understand the different categories of risk with simplicity and clarity; being very clear about what the restrictions allow and don't allow; and helping people to manage the risk for them and their household.
- 7.6.2.4 **Tracing:** The VCFS can recruit, train and deploy community volunteers to support the TTI Programme for neighbourhood and 'seldom heard' communities. Local VCFS organisations could compliment public health and environmental health professionals to help with various aspects of prevention, outbreak management, testing, tracing and isolation support. SCC or PHE staff will be responsible for the content and quality assurance of any training provided and will be responsible for the delivery of most of it.
- 7.6.2.5 **Support:** Many vulnerable people in Sheffield will require support to isolate for 14 days. That will include persuading people of the ongoing need to isolate, as well as reassurance, emotional, practical and financial help. Community organisations are well placed, to use the relationships and trust already in place to work with communities. They have the infrastructure and skills to use volunteers to work with people locally and the flexibility to adapt and provide what is needed. This support could cover the practical, emotional and financial aspects of isolating. This support would need collating with the DEFRA funded humanitarian support being implemented by Council Officers.
- 7.6.2.6 Critically this VCFS support will need to be funded, and provision has been made within the estimated costs of the TTI Programme to 31st March 2021.
- 7.6.2.7 The procurement process will ensure that VCFS organisations are appropriately qualified to provide support.
- ## 7.6.3 Funding Support For Contact Tracing
- 7.6.3.1 The estimated costs for VCFS support include the provision of support with contact tracing. At this stage we believe that contact tracing could potentially

require personalised welfare visits; that is the ability to visit people in person in communities and in settings where there are cases of infections. The purpose of the personalised welfare visits would be: to check on people's wellbeing; to encourage those infected to self-isolate; to encourage their friends, family members, colleagues and other contacts to take a test at a local test site and to then self-isolate should they also test positive.

7.6.3.2 We think that VCFS organisations could potentially support this contact tracing function in some way.

7.6.3.3 For example: VCFS organisations may be able to better communicate our advice and guidance, and encourage people to test and self-isolate, where they are embedded within their communities/demographics/settings – such as specific faith, language or age groups. There is more to be done on engaging the views and voices of young people. There will be other groups of stakeholders we will need to engage with as this develops.

7.6.3.4 Contact Tracing requirements are kept under regular review. The need for VCFS support for personalised welfare visits may change in the future.

7.6.4 Funding Other COVID 19 Support from VCFS

7.6.4.1 From discussions with representatives of the VCFS, we are aware that VCFS organisations have an immediate, urgent need for investment to support current ongoing work around COVID-19; and, they require more sustainable, longer term support.

7.6.4.2 It is therefore proposed that as part of the COVID-19 Test, Track and Isolate Programme the Council also provides VCFS organisations with immediate, short term funding, to help them continue to assist with the prevention and management of outbreaks.

7.6.4.3 However, we were conscious that we didn't know the extent of the support that might be needed and were also mindful that we may not be aware of all of the groups that are active in this area as many are new and do not have an existing relationship with the Council. These gaps in knowledge would therefore make it difficult to make any concrete recommendations.

7.6.4.4 We have therefore estimated an amount of funding that could be required to help VCFS in the next 3 to 6 months, and included that within the total cost estimate for VCFS Support as described in the Investment Plan.

7.6.5 Process for Allocating Short Term Funding

7.6.5.1 VCFS organisations have been-asked to complete and return an expression of interest form as part of a purely information gathering exercise to provide us with information about the work that the sector is doing (or could be doing with support) around 3 specific outcomes.

7.6.5.2 Our intention is that the information gathered through this exercise will allow us to make recommendations about how short term funding could be

allocated to VCFS organisations that can demonstrate that they are supporting the TTI Programme to support the delivery of one or more of the following outcomes:

- **Preventing the spread of COVID-19.** For example: educating, encouraging and supporting people to adopt and maintain COVID safe practice to reduce the spread.
- **Testing and outbreak management.** For example: working in the community to encourage people to be tested, to understand what is happening, and to promote communication.
- **Supporting people to isolate.** For example: using good relationships and trust to support people with the practical, emotional and financial support they need. In making decisions we will ensure the right mix of activity and focus on the outcomes we need to achieve. In the process we will also try to engage very local groups.

- 7.6.5.3 It is proposed that the application process for funding is developed in consultation with a Steering Group that includes appropriate Cabinet Members, The Director of Public Health, The Executive Director for Resources, The Executive Director for People Services, Voluntary Action Sheffield and representatives of the faith sector.
- 7.6.5.4 Subject to the information gathered through the EOI process, we anticipate that a light-touch application process will be used for smaller awards and a more in-depth process will be used for larger awards. This ensures that different types and sizes of organisation are able to access funding whilst still ensuring effective use of public money. We envisage that the process will focus on distributing funds quickly while still ensuring fairness and transparency. It is possible that a combination of grants and contracts for services will be used, as appropriate.
- 7.6.5.5 It is proposed that the Steering Group will provide advice and guidance as to the broad criteria for funding. The Steering Group will not have decision making authority regarding the procurement of support from the VCFS. It is also proposed that the final decision on distribution of funding should be made by the Executive Director of Resources, in consultation with the Director of Public Health, and a delegation of decision making is sought to facilitate this. All usual processes and approvals will be followed for the allocation of the VCFS funds under the delegation given to the Executive Director of Resources.
- 7.6.5.6 The aim is to work with and through local community organisations that have the links, knowledge and understanding to support communities most effectively in helping to prevent and respond to COVID-19 – some of these are small organisations with little bidding capacity/capability – but these organisations could be the ones that we need to get the money to the most as they may potentially have greatest influence and impact with the communities that are most affected. The aim is also to make sure that we can quickly channel funding towards organisations working in different parts of the city and with different communities as new outbreaks emerge.

7.6.5.7 If VCFS representatives who sit on the Steering Group are interested in bidding for funding, once the expression of interest have been received their intent to bid will be factored into the design of the proposed application process to ensure there is no conflict of interest.

7.6.6 Longer Term Funding of the VCFS

7.6.6.1 The Investment Plan described in Annex A includes an estimate of the funding required for both the cost of VCFS support for contact tracing and also the cost of VCFS support for Prevention, Testing and outbreak management and Supporting people to isolate. The estimate will be reviewed following the conclusion of a consultation exercise with the VCFS administered through an Expression of Interest (EOI) process as described above.

7.6.6.2 In addition, we intend to develop proposals for longer term funding of VCFS support for the broader city wide response to COVID-19. These proposals will be developed by the Steering Group, with a paper to be presented to Cabinet for consideration in due course.

8. Sources of Funding

8.1 Department for Health and Social Care (DHSC)

8.1.1 In June 2020, Sheffield City Council was allocated a ring fenced grant of £3,101,989 from DHSC towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

8.1.2 Sheffield City Council, along with 6 other Local Authorities, has written to the Secretary of State for Health and Social Care to request further funding of approximately £2m to implement Integrated Local Arrangements for Test, Trace and Support.

8.1.3 The DHSC Grant will contribute £3,101,989 towards these costs, leaving a deficit of £2,003,213.

8.1.4 If successful, the additional request for funding of £2m from DHSC will broadly cover the deficit if received in cash rather than in kind. Officers are optimistic that the funding will be provided because the approach proposed by the 7 Local Authorities to DHSC is believed to be consistent with current government thinking.

8.1.5 However, if unsuccessful, it will be necessary to seek alternative sources of funding or to scale back the Test, Trace and Support services planned. A further report will be produced to present the options available and the implications of those options should this situation arise.

8.1.6 Please note that the costs are estimates to 31st March 2021, are based on a series of assumptions, and have a margin of error.

8.1.7 Furthermore, a significant change in circumstances, such as a major city wide outbreak resulting in a re-imposition of restrictions or a national outbreak resulting in a second lock down could have a major impact on costs incurred.

8.2 DEFRA Grant

8.2.1 The Local Authority Emergency Assistance Grant for Food and Essential Supplies is for local authorities to use to support people who are struggling to afford food and other essentials due to COVID-19. In August 2020, Sheffield City Council received a Grant of £774,649 through this scheme.

8.2.2 DEFRA has set the following objectives and principles for the grant.

- Local Authorities should: use discretion on how to identify and support those most in need; use the funding from July onwards to meet immediate need and help those who are struggling to afford food and essentials due to COVID-19; use the funding for existing schemes and other support which deliver the same outcomes and where the need is greatest; and, work together with other local authorities to provide support and ensure the funding meets its objectives.
- When deciding how to help people, Local Authorities should consider: using cash or vouchers where practical; advising and providing information to people to help them access longer term support they might need, such as benefits.

8.2.3 Further guidance regarding the use of the grant can be found on the DEFRA website at the following address:
<https://www.gov.uk/government/publications/coronavirus-COVID-19-local-authority-emergency-assistance-grant-for-food-and-essential-supplies/coronavirus-COVID-19-local-authority-emergency-assistance-grant-for-food-and-essential-supplies>

8.2.4 It is proposed that this grant will be administered through the Council's Local Assistance Scheme (LAS) - recognising that the LAS may need to be adapted to meet the specific objectives and principles defined by DEFRA.

8.2.5 The LAS is an existing scheme specifically designed to support people in extreme hardship through for example providing food vouchers. It is a ready-made way of allocating the funding to those in need, though some changes may be necessary.

8.2.6 It is further proposed that decision making regarding this grant will be by the Executive Director of Resources, in consultation with the Executive Directors of People and Place, and governed through the Outbreak Control Programme Strategy Board.

8.2.7 The rationale for this being that providing support for food and essential supplies to those affected by COVID-19 fits logically within the Isolating and Shielding Support Workstream of the TTI Programme.

- 8.2.8 This Workstream is responsible for establishing ways of providing humanitarian support to isolating and shielded people who are in need of assistance with food, medication and/or social contact. It is also responsible for establishing ways of providing other forms of support such as accommodation and potentially financial support where appropriate. Furthermore, the Outbreak Control Programme Strategy Board includes members representing Sheffield City Council, the Health Sector and the VCFS. It is ideally placed to oversee decision making regarding the use of this short term grant funding.
- 8.2.9 For the purpose of clarity, the DEFRA Grant will not be used to fund the TTI Programme Investment Plan. The DEFRA grant will be used for the purpose for which it is intended – to support people who are struggling to afford food and other essentials due to COVID-19.

9. Consultations

- 9.1 This report has been written in consultation with the key stakeholders of the Test, Track & Isolate Programme's Outbreak Control Programme Strategy Board.
- 9.2 The Strategy Board includes representatives from Sheffield City Council, including the Director of Public Health and the Executive Directors for Resources, Place and People Portfolios. The Board also includes several representatives from the Health Sector and a representative from the Voluntary, Community and Faith Sector.

10. Risk Analysis and Implications of the Decisions

10.1 Equality of Opportunity Implications

- 10.1.1 The overall proposal is supportive of the aims of the Public Sector Equality Duty, established through the Equality Act 2010, which requires the Council, in the exercise of its functions to have due regard to the need to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 10.1.2 It will be particularly effective in reducing discrimination against and victimisation of people who are experiencing more than one disadvantage.
- 10.1.3 The Public Sector Equality Duty (S149 of the Equality Act 2010) requires us to pay due regard when making decisions. An Equality Impact Assessment has been carried out and highlights the impacts of COVID-19 on people with a protected characteristic and how the Test Trace Isolate Programme will have a positive impact in mitigating the impacts of health inequality, poverty and multiple levels of deprivation.

10.1.4 Covid-19 has been shown to have a disproportionate impact on BAMER people, older people and men. The measures in this report will ensure that resources are used to help reduce and control the spread of the virus, and will be targeted to help ensure that the disproportionate impact suffered by those most at risk (including people who share these protected characteristics) are mitigated.

10.2 Financial and Commercial Implications

10.2.1 Financial Implications

10.2.1.1 As highlighted in Section 8, Sheffield City Council has been allocated a ring fenced grant of £3.1m from the Department of Health and Social Care (DHSC) towards the mitigation against and management of local outbreaks of COVID-19 and a grant allocated of £775k from the Department for Environment and Rural Affairs (DEFRA) to support those struggling to afford food and other essentials due to COVID-19.

10.2.1.2 Annex A: Investment Plan of this report sets out the estimated costs of delivering an effective TTI process but may be subject to change as the situation in Sheffield develops. The current forecast exceeds the grant allocation by £2.003m and a bid for further funding has been submitted and confirmation is awaited.

10.2.1.3 The Council's latest financial forecast does not reflect this potential overspend and should the bid for additional funding be unsuccessful then the programme will need to be reviewed in light of this and will be subject to a further report. It should be noted at this stage the proposals are not committing the Council to ongoing costs but depending on changes in circumstances, as a result of COVID-19, may result in financial pressures into 2021/22 if the Council still has a level of responsibility for TTI. This would be an additional financial pressure if Government funding is not secured.

10.2.1.4 The DHSC grant of £3.1m is subject to clawback if terms and conditions are not complied with. The DEFRA grant is not ring fenced but is expected to be used in accordance with DEFRA guidance.

10.2.2 Commercial Implications

10.2.2.1 Primary Care Sheffield Direct Award

The Contract will be awarded in line with the Public Contract Regulations under Regulation 32.2.c which allows authorities to award without competition in the case of extreme urgency and where the time-limits around a competitive process cannot be followed.

Due diligence has taken place both on the financial proposals and the proposed staffing model to ensure that PCS's offer is both reasonable and represents value for money.

If this service is still required after 12 months and there are no further restrictions on the market place (e.g. there is not another lockdown in effect that makes a competitive process prohibitive) the contract will be tendered competitively in line with normal procurement processes. Should a further lockdown occur during the period the service would be tendered a further option to extend for 6 months has been included.

10.2.2.2 VCFS Funding

All usual processes and approvals will be followed for the allocation of the VCFS funds under the delegation given to the Executive Director of Resources.

10.3 Public Health Implications

10.3.1 The purpose of the Test, Track and Isolate Programme is to protect the health of people in Sheffield. It will do this by delivering the city's Outbreak Control Plan, the purpose of which is to prevent the spread of COVID-19 and respond promptly and efficiently to any incidents, clusters of cases and outbreaks. The Investment Plan outlined in this report will enable the successful delivery of the TTI Programme.

10.4 Legal Implications

10.4.1 The Council has a number of powers and duties relevant to the matters outlined in this report. To the extent that anything that the Council proposes to do is not covered by these specific powers and duties, and to the extent not restricted by them, the Council has a general power of competence to do anything that an individual may do under the Localism Act 2011. The specific legal implications of individual elements of implementation will be considered as further delegated decisions are made.

10.4.2 All grants will need to be made in accordance with applicable state aid law and contracts will need to comply with Contract Standing Orders and, to the extent applicable, the Public Contracts Regulations.

11. **Alternative Options Considered**

11.1 The Test, Track and Isolate Programme has been established to implement the Outbreak Control Plan and to prevent, mitigate against and manage local outbreaks of COVID-19.

11.2 The Programme is organisationally complex (it involves multiple council services and partner organisations), it is technically complex (requiring new processes and systems to be established and incorporated into new and existing council services), it provides a new and complex range of services (prevention, testing, track and trace, isolation support), and it exists in a complex environment that changes from week to week - based on the spread of the virus and changes in government policy.

11.3 This report describes what officers believe to be the best way of preventing,

mitigating and controlling the virus in Sheffield. However, this will be kept under review and the approach described may need to change. The TTI Programme is agile and responsive, and is capable of adapting to changes in epidemiology and policy, in order to protect the health of the people of Sheffield.

- 11.4 There are also constraints over what the grants can be used for. The DHSC grant of £3,101,989 is ring fenced towards expenditure incurred in relation to the mitigation against and management of local outbreaks of COVID-19.
- 11.5 The DEFRA grant of £774,649 is not ring fenced but has been provided to support those struggling to afford food and other essentials due to COVID-19, and is expected to be used in accordance with the associated guidance and within 12 weeks of receipt.
- 11.6 Alternative options that have been considered and rejected include:
- 11.7 Implement Without Programme Management
 - 11.7.1 This option was rejected because without the capability and capacity of the BCIS business change resources deployed on the project, it would not have been possible to translate the outbreak control plan into a consistent and coherent programme of activity, capable of delivering the additional processes and systems needed to prevent, mitigate and manage outbreaks of COVID-19 in Sheffield.
- 11.8 Implement Without Additional Staff Resources
 - 11.8.1 This option was rejected because without additional resources to backfill existing staff or to provide additional knowledge, skills and capacity, then it is not possible to deliver the on the ground prevention, mitigation and outbreak management services needed to manage COVID-19 in Sheffield.
- 11.9 Implement Without Communications
 - 11.9.1 This option was rejected because without regular communications to people and businesses, providing advice and guidance about how to prevent infections, how to behave if there is an infection, and the support available, all of which is designed and delivered in ways that will achieve maximum impact, including translations into foreign languages, then we believe the virus will spread quickly across the city resulting in damage to public health and economic prosperity.
- 11.10 Implement Without Local Testing
 - 11.10.1 This option was rejected because without a local testing service we would not be able to manage small localised outbreaks, in a homeless hostel or care home for example, and fulfil our duties to protect public health and manage and prevent COVID-19 outbreaks. A scalable solution has been designed so that we only pay for what we need (recognising there are some structural/set up costs), and that testers will be asked to help with other response related

work when not engaged in testing activity. This could be prevention work or communications activity for example.

11.11 Implement Without VCFS Assistance

11.11.1 This option was rejected because since the outbreak of COVID-19, the Voluntary, Community and Faith Sector has provided tremendous support and resilience to communities in Sheffield. The connections, knowledge and understanding that these organisations have of their local areas will help us to be more effective in future prevention, outbreak management, testing, tracing and isolation support.

12. Reasons for Recommendations

12.1 The recommendations described in this report will enable Sheffield City Council to implement a Test, Track & Isolate Programme that will help to deliver the Sheffield Local Outbreak Control Plan and to prevent, mitigate against and manage local outbreaks of COVID-19.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Wednesday 11th November 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

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 Committee’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

Date	Issue
December 9 th 2020	Primary Care – to consider how Primary Care adapted during Covid and how it will operate moving forwards. (Brian Hughes NHS Sheffield CCG)
January 13 th 2021	Health Inequalities and Covid 19 – to consider how the Covid-19 has affected health inequalities in the City, and plans to tackle this.
February 10 th 2021	TBD
March 10 th 2021	Sheffield Health & Social Care Trust – CQC Improvement Plan Progress Update – focussing on what the changes will mean for people who use services. (Jan Ditheridge/Mike Hunter SHSCFT)
Potential Issues for consideration	
<p>Impact of lockdown and social isolation on health and wellbeing – possible working group - To understand the impact of lockdown and isolation on wellbeing; to consider action the City is taking to minimise the negative impact of this.</p> <p>Direct Payments To consider the review of the direct payment model and help shape future direction</p> <p>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</p> <p>People Keeping Well – to consider how the People Keeping Well programme is operating and performing.</p> <p>Changes to National Public Health Structures – to consider local impact of national public health structure changes.</p>	

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