



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

Report of: Head of Policy & Partnerships

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

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Summary:

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

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

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

Type of item:

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

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

Category of Report: OPEN

Report of the Head of Policy & Partnerships

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

1. Introduction

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

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

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

2. Organisations representing Service Users.

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

2.1 HealthWatch Sheffield

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

2.1.1 What HealthWatch has heard

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

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

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

2.1.2 What we've heard from staff:

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

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

2.1.3 What we've heard from advocates:

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

2.2 Sheffield Carers Centre

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

2.2.1 Support for carers

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

2.2.2 Communication

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

2.2.3 Coronavirus Helpline

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

2.2.4 Moving Forward

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

2.3 Disability Sheffield

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

2.3.1 Learning Disability Community

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

2.3.2 NHS Extremely Vulnerable Letter

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

2.3.3 Communication

- **Care Homes**

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

- **Adult Social Care**

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

2.3.4 Support for People in receipt of a Direct Payment

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

2.3.5 In response Disability Sheffield has:

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

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

2.3.6 Issues people have faced

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

2.3.7 What has worked well:

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

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

2.4 Age UK Sheffield

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

2.4.1 People living with dementia in care homes

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

2.4.2 Home Care

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

2.4.3 Financial Assessments

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

2.4.4 Positive feedback on social care

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

3 Providers of Adult Social Care

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

3.1 What went well?

3.1.1 Communication with Sheffield City Council

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

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

3.1.2 Support from Sheffield City Council

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

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

3.1.3 Funding and Finance

Providers welcomed:

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

3.2 What could be improved?

3.2.1 Communication and support

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

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

3.2.2 Funding and Finance

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

3.2.3 Other Issues

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

3.3 Learning for the future

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

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

4 Recommendations

The Committee is asked to

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

Appendix 1

List of Organisations that have submitted evidence

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