

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

Supplementary information

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

1 Home Care Providers Forum

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

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

2 Sheffield Save Our NHS

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

2.1 Hospital discharge into Nursing and Residential Homes.

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

2.2 Support for Self-Isolation for Care Workers

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

2.3 Reducing Transmission Across Care Settings

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

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

2.4 PPE

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

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