

## **How is covid-19 impacting on people's access to and experience of health and social care services in Sheffield?**

### **Health and Wellbeing Board Summary**

*The content of this report comes from feedback we have received from individuals, as well as issues that have been brought to us via voluntary and community sector partners. It is a snapshot of what we have been hearing about since the start of May.*

### **Mental health**

#### **Crisis care:**

- People have said they need more support than usual right now. People have also reported a lack of clear information about what they can expect when accessing crisis care at the moment.
- One person with severe depression told us their appointment with the Specialist Psychotherapy Service was cancelled. They were offered no other support and told to ring the out of hours team if they reached crisis point, but they do not feel able to do this.

#### **Mental health – other concerns:**

- We have heard other examples of therapy being cancelled or put on hold.
- Worries about lack of social support (family/friends, support groups) becoming more detrimental the longer that lockdown continues. Digital options aren't suitable for all, either because people do not feel comfortable using them, or lack the money/skills to access IT.
- People are struggling with uncertainty about what will happen to their care. This is compounded by a lack of clear information from staff and services about what they can expect.
- Redeployment and/or sickness means more people are being treated by unfamiliar staff. We have heard particular concerns about the redeployment of IAPT staff.
- Issues with telephone appointments – sometimes these are late or missed entirely. Waiting for calls can make some people feel anxious. Calls come through on private numbers which causes issues for some, and people cannot check answerphone messages if they have no credit, meaning they do not know which service has phoned.

#### **Recovery services/substance misuse services:**

Many people are understanding of the disruption to services and are accessing telephone support or alternative community support. However, for some this disruption has set their recovery back.

### **Shielding and lockdown messaging / information**

- Every week we hear from people who are confused around shielding. Earlier in lockdown much of this related to people's uncertainty about whether they fell into this category, which was compounded by the different ways in which this information was reaching people, and at different times.
- People have reported that application of the 'shielding letters' seems inconsistent, with many people expecting a letter but not receiving one, and some being surprised to find

their doctor considers them vulnerable. We have also heard that spinal units have sent letters to patients inconsistently.

- We have heard concerns for the safety of some people with Learning Disabilities who do not fully understand the issues around coronavirus, and are choosing to go out into the community more often than government guidance states.
- At the same time, we have heard about care providers who have applied stricter conditions than government guidance sets out, for example one person with a learning disability told us they were not allowed visits from family members in the garden even once lockdown restrictions were eased.
- We have continued to hear from people who found the wording of the advice distressing – particularly being told they are ‘extremely vulnerable’.
- For people who are vulnerable and need further support (e.g. groceries, medication collection, emotional support), there appears to have been inconsistency in where they are signposted to. We have spoken to council staff and social workers who were unsure of the city’s support offer – i.e. the Council helpline, voluntary sector community hubs, and the NHS volunteer scheme.
- More recently, we have heard concerns from people who are confused about what the easing of lockdown restrictions means for them. Some people do not feel that the plans have been fully explained and would appreciate some local guidance that they can more easily apply to their own situations. Additionally, we spoke to someone who was shielding who felt that they were being left out of government plans – social isolation is having an increasingly negative effect on their mental health.

## People with Dementia and their carers

- 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.
- Lack of respite care (day centres and sitting services are closed, and many families feel their relative is at risk of covid-19 in care home respite) is leading to increased stress amongst family carers.

## Care Packages

- 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 in finding different ways to meet people’s needs.
- We have also heard about providers who have been pro-active and flexible in finding new ways of working to support people.
- 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.

- Continuing Healthcare – we have had two examples of people having difficulty with CHC processes, and it has not been easy to find information about how this is currently operating in Sheffield.

## 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.

### 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.

### 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.

## **Other areas of care and support**

### **Dentists**

Since the beginning of lockdown we have had a lot of feedback about dentistry. People have found it difficult to find out about what treatment they can access and how; we have also found it very challenging to get good clear information to share with people. HWS compiled an accessible helpsheet on the dentistry which we were not able to publish due to barriers in verifying the details; we were provided with 'generic' messaging which was not responding to the specific questions and concerns being raised.

### **Sheffield City Council**

We have heard reports of people being unable to get through to First Contact. They are able to leave voicemails but say they do not get a response to these.

### **Advance Care Planning and DNARs**

We have heard that conversations about Advance Care Planning have been raised with patients in inappropriate or distressing ways, but we have also had feedback on some good practice around DNARs are being applied in a blanket way.

### **Community Nursing Services**

We've had feedback that community nursing teams have delivered an excellent service during Covid.