

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 16 June 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, Lewis Dagnall, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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At the start of the meeting, the Chair, Councillor Cate McDonald, on behalf the Committee conveyed their condolences to the families of those who had lost loved ones to Covid 19, also to the family of former Chair of this Committee, Councillor Pat Midgley, and expressed their thanks and appreciation for the commitment by NHS staff and other key workers over the last few months.

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Mike Drabble and Gail Smith.

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 Councillor Angela Argenzio declared a personal interest in Item 6 on the agenda – Adult Social Care in Sheffield during Covid 19 – as her employer is the owner of a care home.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 Ruth Milsom, on behalf of Sheffield Save Our NHS, asked the following questions:-

1. **Unsafe Discharge to Care Homes-** Are Covid+ patients still being discharged to Care Homes prior to completion of 14-day isolation period?

2. **Trade Union Engagement** - Have trade unions been invited to submit evidence to this 16th June meeting of the Scrutiny Committee? Will the relevant unions be involved in ensuring that improvements are expedited regarding working conditions, safety, and guaranteed pay for care workers? (Bearing in mind that some staff members have been reluctant to express concerns via the official workplace channels, for fear of disciplinary action - see for example the BBC report on Horizon Care staff concerns in Sheffield 3rd June 2020 - <https://www.bbc.co.uk/news/uk-england-south-yorkshire-52834417>)

3. **Additional Funding** - What are the criteria for additional money for care providers at this time? Is provision of full pay during isolation included in additional funding packages, and does this include staff on zero-hours contracts? Is additional funding available to all care settings in Sheffield? Following the initial release of 5% additional (Covid emergency) funding, can Sheffield City Council confirm that a further 5% minimum additional funding has been, is being, or will very soon be released to care providers to meet the Government's recommendation of 10%?

4. **Test Track, Trace, Isolate** - Going forward now that 'test, track, trace & isolate' (TTTI) is being implemented - how are the concerns about compliance raised by the Sheffield Community Contact Tracers pilot programme to be addressed? What measures can be put in place locally to ensure that the TTTI scheme is sufficiently robust to prevent significant localised outbreaks? How will Sheffield City Council, and the Director of Public Health in particular, be working with staff, operators of care services, and trade union representatives to ensure that all those who test positive are confident in complying fully with the best practice of TTTI? How will workers be reassured that self-isolating will not result in financial deprivation? How will contacts also be reassured on this point? What is being done to bring employers on-side with compliance, given that they have valid concerns about the effect of contact isolation on staffing levels?

4.2 The Chair said that the Trade Unions had been invited to submit evidence, along with a wide range of stakeholders, to this meeting and stated that "Test Track, Trace, Isolate" would be an item of business at the next meeting of the Committee to be held in July. The Chair stated that the rest of the issues raised in Ms. Milsom's questions would be covered during the meeting, however if some questions were not answered, written answers would be provided.

5. **MINUTES OF PREVIOUS MEETING**

5.1 The minutes of the meeting of the Committee held on 26th February, 2020, were approved as a correct record, with the exception of (a) Item 1 – Apologies for Absence, which was amended by the addition of Councillors Jayne Dunn and Talib Hussain and (b) Item 4.2.3 which stated that a letter had been sent to the Secretary of State regarding the questions raised at the previous meeting to the Clinical Commissioning Group, should be amended to read that a letter will be sent to the Secretary of State when possible to do so.

5.2 Matters Arising

- 5.2.1 With regard to items 4.2.1 and 4.2.2 of the minutes, which stated that (a) responses from the Clinical Commissioning Group (CCG) with regard to the questions raised at the previous meeting and (b) the information requested with regard to grant funding, would be available at the next meeting to be held in March, it was stated that the responses and information would be reported when the Committee next considers Continuing Health Care.
- 5.2.2 The Policy and Improvement Officer stated that the Work Plan for the Scrutiny Committee was to have been discussed at the meeting to have been held in March, but would be considered at the end of this meeting.

6. ADULT SOCIAL CARE IN SHEFFIELD DURING COVID-19

- 6.1 The Committee received a report which provided the Scrutiny Committee with an update on the Adult Social Care impacts and response to the Covid-19 pandemic.
- 6.2 Present for this item were Sara Storey (Interim Director of Adult Health and Social Care), Louise Brewins (Head of Performance and Intelligence), John Doyle (Director of People Strategy), Nicki Doherty (Director of Delivery, Care Outside of Hospital, Sheffield Clinical Commissioning Group (CCG)), John Macilwraith (Executive Director, People Services), Councillor Jackie Drayton (Cabinet Member for Children and Families) and Councillor George Lindars-Hammond (Cabinet Member for Health and Social Care).
- 6.3 Sara Storey introduced the report and stated that dealing with the pandemic had proved to be a significant challenge for health and social care and stated that she was very proud and grateful to staff who worked within the Council and across the sector, most having worked on the frontline, delivering direct care and support. She said that the majority of staff had worked really long hours and long days over the past few months and although it might feel that there might now be a brief interlude, the challenge is by no means over. The Government guidance regarding Covid 19 was changing on a daily basis, but she felt that the sector was responding well to the challenges.
- 6.4 Sara Storey stated that she felt it was important to highlight the really positive partnerships that have been developed with the voluntary sector and health and social care partners, which had been a team effort to find out what people need and respond to it as quickly as possible.
- 6.5 In response to the first public question asked at this meeting relating to Unsafe Discharge to Care Homes, Sara Storey stated that there were agreed discharge principles to share with the Committee which is an evolving situation and learning rapidly from the Teaching Hospitals. She said that written answers would be provided to any questions she was unable to respond to at this meeting.
- 6.6 Councillor George Lindars-Hammond thanked Sara Storey for her report and acknowledged that everyone working in the City's care homes were working incredibly hard during these very difficult times and it had been very difficult, but despite these challenges, everyone had worked extremely hard to get through this

and get the city to a better place.

6.7 Nicki Doherty gave her support to what had already been said and added that, under the circumstances, resources had been less of a barrier and restrictions had been eased, and due to these constraints being removed, it had been easier to put in place system wide agreement for person centred approaches to managing the crisis response. She said there had been an impressive and collaborative response to this and partners had genuinely come together to respond to the challenges. Money had been made less of a barrier, in recognition that funding has caused significant restrictions. In the areas that had struggled, one challenge moving forward was to maintain what has had to be put in place.

6.8 Councillor Jackie Drayton thanked everyone involved in going through this difficult journey and referred to people with learning difficulties and the creative way people have looked at the emotional needs of adults and children with those difficulties and said that measures had been put in place to ensure that the families of those in respite care had been kept up to date and felt that there had been some achievements.

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

- It had been known for a long time that social care has been underfunded, and one of the additional challenges for care homes was that occupancy levels had reduced due to deaths in the homes, alongside the availability of family members being able to care for those who would normally be in a home for respite. The Council was working with providers to understand new business levels and make changes so that we can work to support providers, perhaps through different models of care – for example by providing a hub and spoke level of care within communities, offering more care within the person's own home. There was to be a strategy review to try and take account of the circumstances and gain a balance of support within the sector.
- Staff shortages due to sickness, shielding and self-isolation had been reported and the Council has recruited additional staff to offer support to care homes to cover such shortages where necessary.
- The Council had to balance the risks of people catching the virus with the risks to those who were isolated and face loneliness, and the impact on their emotional and mental wellbeing and need to be aware of how to support this. During the pandemic, the Service had made 30,000 calls to those in Sheffield that had been identified by the NHS as clinically vulnerable requiring shielding, offering support through a combination of City Council staff, the NHS, voluntary, community and independent sector services offering food deliveries, medicines and social contact for those who live alone. Contact had been made by the Localities Team to 1,000 carers which had been comprised from a list that had been created by the Sheffield Carers Centre, which identified those who were considered to be high risk, to ensure they were safe and made aware of who to contact in a

crisis should they suffer a breakdown. Although this was not without its problems, it was reviewed and lessons learned from it

- The Service has been in contact with many organisations to get as much perspective of what people need and offer therapeutic support. Communication through daily emails, regular contact with social workers, help and information regarding sourcing personal protective equipment (PPE) and passing on positive feedback to care homes had worked well.
- It was acknowledged that the Sheffield Carers Centre was doing a great job during this difficult time and, before the lockdown, plans were in place to see how the Council can make improvements and offer more support to the Carers Centre.
- There were many challenges and barriers still to be faced, but there was a feeling of optimism following the positive way of working and community support that had been outstanding, it was hoped that we can continue to maintain partnerships forged during this difficult time. The response to the crisis had allowed many changes to be made.
- There were very positive longer term consequences through staff having to find different ways of working. Additional staff had been recruited to support care homes that have needed additional support, and all this has been managed with the minimum of fuss. The focus has been on what is needed and not about who pays for what. The actions of those who have volunteered to look out for neighbours, collect shopping and prescriptions etc., just being “good neighbours”, was commended and it was hoped that this continued after the crisis was over.
- Information was currently not available with regard to the ethnicity of the deceased, due to it not being recorded on the death certificate. There may be ways to gather this information but currently there was no way to analyse the records. With regard to Ward based data, the most recent data released was available and below is the relevant link to that information - [Sheffield Joint Strategic Needs Assessment](#) (scroll down the page and click on Covid 19 Vulnerability Index and Data Quilt) A more detailed analysis into the various causes of death, not just Covid 19, was to be undertaken. There were time lags in obtaining the level of detail. Data and information regarding discharges into care homes needs to be compared from previous years and that analysis was taking place. The levels of discharge were consistent with the level of activity in relation to Covid 19.
- With regard to discharge from hospital into care homes when the outbreak of the virus first became apparent, there was an expectation of a huge impact on hospital capacity and hospital wards needed to be emptied to be able to respond to this. There had been many options to mobilise this, however, fortunately in Sheffield, the reality was that the hospitals coped exceptionally well. Although there were many reports in the media about pushing people into care homes and care home managers being unable to

manage, the services in Sheffield had worked well together, meaning this was not the case.

- We have been very fortunate in Sheffield due to proactive and empowered individuals who worked to get us ahead of the game and also have the benefit of multiple partners who put us in the position to support the national ways of working.
- We will learn locally as well as nationally, as to whether we could have done things differently which might have resulted in different outcomes. There was not sufficient consideration nationally to how we could support the whole care sector. Systems were in place to recognise the risks wherever possible.
- One of the national issues that need to be picked up was being able to have unfettered access to testing residents in care homes, which had been too late and in too few numbers.
- In terms of learning from this, we need to find out what had gone wrong and what had gone right. There are some care homes that did everything possible to prevent an outbreak of the virus but infections were still recorded. Care homes have done absolutely everything they can to support people, and blame shouldn't be attached to care home providers.
- The Care Home Working Group was taking advice from the public health team on how the Council can support care homes and was looking into the issue of families being able to resume visiting and contacting residents in care homes. Again, this is about balancing risks from the virus with risks to emotional wellbeing.
- A webpage is available giving information for, and about providers and consideration would be given to placing on the website further information gathered.
- All care homes in Sheffield are independent sector homes. As well as the annual uplift, a 5% covid uplift has been given to providers and they have been asked to identify any additional costs. The Council has committed to supporting providers to cover all covid-related extra costs. Rather than a blanket uplift, because all providers are different, they have different situations and costs, face different problems, and the sector was funded through a variety of different ways. Providers have a different mix of funding streams and the Council does expect them to have their own business plan in place.
- With regard to PPE, the City has responded well in getting PPE to care home providers. Across the region we have a much more secure position in relation to overall stock and have not passed on any additional charges. The Strategic Review will give us the opportunity to meet the needs and see what care looks like in the future and how can we position ourselves to deal with it.

- There was a lot of thinking around meeting needs and supporting people and balancing the risks was difficult due to Government restrictions, and needs were met in different ways, i.e. collecting shopping, and prescriptions. In the longer term, social support and support to reduce isolation was essential. Work had been done regarding communication. It had been found that some, for example persons with autism, responded better to virtual meetings and felt that form of contact was very supportive. The Council has tried to identify those most at risk, and will need to ask what was their preferred form of contact and how the Council can enable it, and this also depends on the lifting of restrictions. Discussions have taken place with Cabinet Members and providers as to how we can reinstate some services, i.e. respite, shared lives, etc., and encourage those in need to get in touch, and the service will provide support.
- There was a need to look at the People Keeping Well programme which was chiefly important because the Programme engages communities to do work to keep people independent. The Council was looking at how we can restart to maintain the same level of volunteering work with regard to those providing domiciliary care. It had been thought that some of the domiciliary care workers had been made to feel that they had to go to work when they were ill, in fear of losing their jobs if they didn't go to work.
- In terms of deaths in the Crabtree and Fir Vale Middle Super Output Area (MSOA), there have been 66 deaths recorded due to Covid 19 during the period March to May 2020, of which more than two thirds have been associated with care homes, rather than in the wider communities. In terms of comparing numbers and rates, the information will be gathered to allow rates to be looked at, to determine whether it is significant or not. Deaths have been concentrated particularly in people over the age of 60, and over 95% of those who have died had a pre-existing long term condition. Those living in areas of deprivation do tend to have a higher prevalence of long term health conditions. There are seven care homes in the Crabtree and Fir Vale area.
- It is not known how many people who were shielding have died, This will require a full analysis.

6.10 Members made a number of comments as follows:-

- Concerned about the future viability of care homes. Been fortunate in the diversity in the range of care homes in the city which was useful economically, given that the uplift mentioned and the rates we pay to providers is below comparative authorities, bearing in mind where residents from lower income backgrounds were more reliant on social care. When the Strategic Review is carried out, it was hoped there is a serious look into the viability of the homecare market.
- It's about how we move forward. If there is to be a second wave of infections, what are we doing as a city, do we need to find extra resources,

and what are we doing to provide those resources? Feels it's about a localised response. If we're not tracking and tracing we're working blind. What control do we have as city?

- Are we looking at profitability? The care home provision comes under two strategies. We need to be clear whether homes are providing a statutory service on our behalf and what happens there, ultimately, it is the Council's responsibility. We need to try to ensure that excess profits aren't being taken, and make sure we're not putting constraints on care homes and putting staff and those being cared for at risk. Local authorities are still the biggest purchaser of care in the country.
- We need to make sure we use all the information we gather to recommission services.
- All local authorities are working on a recovery plan, and planning for winter to ensure they can cope with the usual winter pressures. Everyone is in a different place and it will depend on the experience of individual teams and providers.
- We need a national solution to social care funding. This cannot be resolved without a national solution. Social Care staff were often seen as second class citizens and this cannot continue. The bottom line was funding. The impact of self-isolation was acknowledged, and we need to be funding and support those who are self-isolating.

6.11 RESOLVED: That the Committee:-

- (a) thanks Sara Storey, Louise Brewins, John Doyle, Nicki Doherty, John Macilwraith and Councillors George Lindars-Hammond and Jackie Drayton for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions raised;
- (c) also :
 - thanks front line staff and providers who have done a fantastic job during this difficult time, despite national funding challenges;
 - during this period – in particular the sad loss of Councillor Pat Midgley, the former Chair of this Committee;
 - believes that the current crisis has demonstrated the need for social care staff to be adequately rewarded and recognised for the important role they play; and
 - supports the need for a national funding solution to ensure a sustainable future for adult social care;
- (d) welcomes :
 - the contribution of the VCF Sector to the City's Covid-19 response;

- the strength of multi agency working during this period, particularly the relaxation of financial barriers to multi agency working;
 - the development of new and innovative ways of working across the city;
 - the approach that the Council is taking to distributing discretionary social care funding to providers during the emergency; and
- (e) calls for follow up reports within the next six months on action to :
- maintain and develop sustainable and resilient residential and domiciliary care sectors through the forthcoming strategic review. In order to support this work, the Committee requests the opportunity to consider these reviews before they are submitted to Cabinet;
 - identify and share learning from examples of good practice as we move forwards into the 'new normal'; and
 - consider systematically how we can sustain positive developments and new ways of working in adult social care that have emerged, or been accelerated, as a result of the city's response to Covid-19.

7. DRAFT WORK PLAN

7.1 The Committee received a report of the Policy and Improvement Officer on the Work Plan and asked whether the Committee wanted to continue to meet on a monthly basis during this time and whether Members wanted to meet in August.

7.2 RESOLVED: That the Committee approves the contents of the Work Programme for 2020/21 and suggests the following:

RESOLVED: That the Committee approves the contents of the Work Programme for 2020/21 and suggests the following:

- include the strategic review of care home funding in the work programme;
- consider how to progress the Continence Services Working Group report; and
- consider establishing a task and finish group to consider the impact of lockdown on physical and mental health and wellbeing.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 22nd July, 2020, at 4.00 p.m., in the Town Hall.

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