



Report to Healthier Communities and Adult Social Care Scrutiny Committee 22nd July 2020

Report of: Policy and Improvement Officer

Subject: Written responses to public questions

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Summary:

This report provides the Committee with copies of written responses to public questions asked at previous meetings of the Committee.

The written responses are included as part of the Committee's meeting papers as the way of placing the responses on the public record.

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	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	X

The Scrutiny Committee is being asked to:

Note the report.

Background Papers: None

Category of Report: OPEN

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1 Response to Andy Hiles, National Care Workers Union

Andy Hiles attended the February meeting of the Healthier Communities and Adult Social Care Scrutiny Committee to ask a question about 'out of pocket' expenses for support workers when attending events or eating meals with service users. The following information was provided in response:

- The Council's Supported Living Framework does not specify what Out of Pocket expenses providers should pay for, but requires the provider to have an Out of Pocket expenses policy in place. This is the only reference to Out of Pocket expenses in the contract.
- At the time the last framework was tendered there were different policies in place with different providers, some covering some costs. Some providers have access to charitable donations for these costs.
- As it is not reasonable for the support worker to pay these costs, some providers require the person supported to pay them if the occasion is at their request e.g. attending a concert, a meal that they want the support worker to eat with them. Most providers try to secure attendance for free as a support worker e.g. cinema tickets, gym passes. Support workers will often bring their own food and drinks.
- Out of pocket expenses are not factored in to the hourly price paid by the Council for supported living.

2 Response to Sheffield Save our NHS

Ruth Milsom attended the Scrutiny Committee on the 16th June to ask a range of questions on behalf of Sheffield Save our NHS.

The document attached at appendix 1- "The principles of managing the healthcare needs of patients in care homes in Sheffield during the Covid Pandemic" was provided in response to questions around discharge into care homes.

The following information was provided in response to questions on funding for providers of adult social care.

"Firstly, we acknowledge the impact of COVID-19 on care homes owners' managers and staff and the residents and their families. The council is sincerely thankful for the care professionalism, commitment and compassion for the people and families affected.

What are the criteria for additional money for care providers at this time?

The SCC funding is for additional costs on care homes, home care and other care services and to support care home providers with reduced demand during the period April to June.

The government has also recently provided additional funding for infection control costs for care homes. This is to support care homes with additional staffing costs and support to reduce the rate of transmission of COVID-19. It is intended to ensuring staff are not distributed across more than one care home, support additional recruitment of staff and can include travel costs and other measures to support staff during any social interaction. It is set out in government guidance included in our letter to care homes of 29 May and on 12th June with the monitoring template and an update from government.

As long as care homes have completed the NHS tracker they will receive the first half of the funding. The second half of the funding will be released if the home outlines intended use of the initial funding on infection control in line with government guidelines.

The government have been clear that funding must be spent on infection control as set out in the guidance or the money must be returned.

Is provision of full pay during isolation included in additional funding packages, and does this include staff on zero-hours contracts?

As a Local Authority we are expected to confirm to the government that care homes have spent the Infection Control Funding on the measures outlined in the guidance. To do this we are only asking for overall staffing costs relating to care provision.

Care home staff are employed through the provider organisation. SCC have signed up to an ethical care charter which sets out a number of principles that we will aim to meet for the terms and conditions of care staff whether directly employed or via agency. Work is taking place with providers to ensure that their terms and conditions meet all aspects of the charter.

Is additional funding available to all care settings in Sheffield?

All care homes in Sheffield are receiving support as are home care providers. Support to other sectors has also been provided including Personal Assistants, Supported Living, overnight respite and day services.

Following the initial release of 5% additional (Covid emergency) funding, can SCC 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%?

In April the LGA and ADASS issued a statement titled 'Temporary Funding for Adult Social Care Providers'. This statement highlighted that an initial review of the information from providers suggested that nationally average costs are likely to increase by in the region of 10%. It recommended that work took place with providers to address the local situation as this would vary.

Sheffield City Council has implemented a financial support offer that takes individual provider circumstances into account which can be very variable as we wish to support individual homes additional costs associated with COVID-19. This flexibility may mean that some providers who have been particularly affected through this pandemic may receive significantly more than 10% uplift

in total. In addition, we have administered the national Infection Control Fund which care homes are receiving in 2 separate instalments.

In addition, we have also provided non-financial support to providers:

- Distribution of PPE at no cost to the home
- Testing - a local response to swabbing to compliment the national PHE service
- SSCC staff capacity to care homes to maintain care
- A single monitored inbox for all provider enquiries
- Weekly calls to check their status and identify support requirements
- A telephone line for queries which includes out of hours response
- A webpage for providers to access guidance
- Regular updates to providers with the latest information available
- A named social worker to support care homes dealing with care and support queries and concerns
- IT support to a number of care homes through the provision of tablet devices to enable links between residents and families
- A direct number is available to contact the moving and handling team
- Where care homes are struggling, we offer a link with the school meals service to deliver meals or ingredients “

The Principles of Managing the Healthcare needs of Patients in Care Homes in Sheffield during the COVID Pandemic

Introduction

We recognise that we are in challenging times and the current COVID-19 pandemic is placing additional pressures on residents and staff within care homes and other vulnerable sites and those that are working to support them. As health and social care partners in the city our priority is to continue to ensure, as far as possible, that care homes are shielded to help protect the health and well-being of both residents and the staff and to reduce further the risk of infection transmission in and between different locations.

Intense discussion across health and social care in the city has necessitated the reiteration of the description of these principles which have been amended accordingly. The significant change to the operational aspects of this set of principles is the decision not to commission a hot or isolation site for the management of COVID positive and negative residents who are unable to return to a domestic dwelling or back to their care home setting.

The Principles

The principles described below have been discussed and agreed by the City Wide Health & Social Care Gold command, the four Medical Directors and the Director of Public health and provide a framework by which patients, residents and staff have their healthcare needs managed. Our priority as a city is to assess patients to ensure that they receive the right care they need in the right setting at the right time.

The principles are:

- **We will seek to discharge patients back to their own homes wherever that is possible.**
 - This first principle applies to where the patient lives and includes a care home setting if that was the usual place of residence.
- **Care Homes will be clearly identified as shielded communities.**
 - Where discharge back to a person's own home is not possible, people will only go to a care home setting where this is the right setting for their needs and they can be cared for safely. For the significant majority of patients with care needs the care home is their usual place of residence. However, remaining in hospital may also expose them to significant risk. This means that the risks to them of returning home need to be weighed against the risks of them not returning home. Each case will be considered in the knowledge of these risks and therefore cannot be subject to a single or blanket rule.
 - We will minimise the chances of transmission of COVID-19 within these communities.
- We will make every effort to ensure that mitigating measures have been put in place to make it safe to discharge patients with COVID-19 symptoms or testing positive for the condition to a shielded community setting (home or care home), considering whether they should stay in hospital until they are no longer

contagious and considering very carefully before discharging vulnerable patients who are negative into a positive environment.

- **Discharges will be managed on an individual patient focussed basis.**
 - We will ensure that a comprehensive discussion occurs between all the relevant stakeholders which will be documented and monitored.
 - This discussion will include all aspects of the safe transfer including the adequate provision of personal protective equipment.
- **We will respect the care homes independence**
 - So that they decide whether or not they are able to take an admission (discharge from hospital/admission from community/transfer from other care home) safely
 - Where someone is not able to go to their identified care home, we will make a decision with the person and those that support them, whether they remain in hospital or whether they move to a temporary placement in another home that is able to support them based on an assessment of the risk and that persons needs on an individual basis.
- **All patients will be tested prior to discharge to a care home setting.**
 - The results of the testing will available before discharge
- **We will provide continued support to care homes.**
 - This includes testing of staff and residents, Infection, Prevention and Control practice; training; mutual aid for PPE where it is required; palliative care, mental health, GP and community nursing expertise; workforce.

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Sheffield City Council

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