Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 9 December 2020 at 4.00 pm

To be held as on online video conference

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

Healthwatch Sheffield
Lucy Davies and Dr Trish Edney (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily.standbrook-shaw@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
9 DECEMBER 2020

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press
To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 9 - 18)
To approve the minutes of the meeting of the Committee held on 11th November, 2020.

6. Public Questions and Petitions
To receive any questions or petitions from members of the public

7. Primary and Community Care - An Overview of Service Changes throughout the COVID 19 Pandemic (Pages 19 - 36)
Report of Zak McMurray, Medical Director; Sandie Buchan, Director of Commissioning, NHS Sheffield CCG and Nicki Doherty, Deputy Chief Executive, Primary Care Sheffield.

8. Work Programme (Pages 37 - 42)
Report of the Policy and Improvement Officer.

9. Date of Next Meeting
The next meeting of the Committee will be held on 13th January, 2021 at 4.00 p.m.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 November 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, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Jackie Satur.

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 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 14th October, 2020 were approved as a correct record. The Chair confirmed that the letter intended to be sent out to care home providers regarding visiting had now been sent to providers, Members of the City Council and Healthwatch.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions received.

6. UPDATE ON TEST, TRACE AND ISOLATE

6.1 The Committee received an update on how the Test, Trace and Isolate (TTI) programme was operating in Sheffield and was advised that the information contained in the report was correct at the time of publication and would be updated at the meeting.

6.2 Present for this item were Greg Fell (Director of Public Health), Ruth Granger (Health Protection Manager) and Jason Siddall (Interim Director of Communities). Councillor Jackie Drayton (Cabinet Member for Children and Families) was to attend the meeting during consideration of this item, but submitted her apologies.

6.3 Greg Fell referred to the speaking notes he had circulated to Members the previous day and stated that the situation regarding the effects of the pandemic changed by the hour and it was his intention to provide Members at this meeting with an update on the presentation he gave to all Members of the City Council the previous week. He referred to epidemiology in South Yorkshire and Sheffield, which was a branch of medical science dealing with the transmission and control of the disease and this had shown that the number of cases in the City each week were settling and going down, but were still higher than they were in the summer and still needed to be reduced further. Greg Fell said that, as anticipated during September, the number of infections between 18 to 24 year olds had significantly increased due to the number of students coming into the City, but the Council's Public Health Team, Public Health England and the Universities were managing that outbreak and the numbers had gone right back down. Greg Fell said that although there was cause for concern amongst 65 to 74 year olds and 75 plus, numbers amongst these age groups were stable and starting to decrease but were still too high. He stated that Sheffield Teaching Hospitals were very busy dealing with general patients and also the numbers of patients requiring oxygenated beds and ventilated beds was increasing, as was the death rate, but overall things seemed to be settling down and going in the right direction. It was too soon to say that Wave 2 of the virus was over, but it was plateauing.

6.4 Greg Fell then referred to the current lockdown situation and stated that during the first week it had been less restrictive than the first lockdown earlier in the year and the most important factor was that education remained open. He said most infections were through communities and household transmission due to what people did in their own home and within their communities, so it remained crucial that people followed the guidance on social distancing and gatherings indoors. To get the infection levels back to those in mid-May, out-of-household contacts were limited by lockdown and this in turn should reduce infection. He said that many people were observing the rules and that there had been little evidence of those wilfully flouting those rules. He added that Covid remains a very dangerous virus and lockdown buys time in the fight against it. Post lockdown scenarios remain unclear. The Public Health Team were working with Government policies and encouraging people to get tested if they had symptoms. Greg Fell stated that 80% of people who should self-isolate for 14 days, for a multitude of reasons,

mostly because they can't afford to, did not fully isolate. Work was continuing to develop new vaccines and testing facilities. The exit strategy from lockdown remains unclear. He said we should be careful about our expectations in delivering the vaccine, as it could take as much as a year for the programme to be fully rolled out. In conclusion, Greg Fell stated that testing of staff working in care homes had made a difference to infection rates, as could be seen from other local authorities that a local contact tracing function was effective and that the City Council was taking on responsibility for contacting those people that the national system had failed to reach, and that both Universities in the City were working towards testing students at the end of term with the aim of getting them home and back again in the New Year.

6.5 Ruth Granger stated that there were four local test sites and the City has asked for two more. Consideration was also being given to how to maximise the use of the mobile testing unit currently located at Milton Street which was due to move to another site. She said that the Council was developing local teams to augment the national programme by being in a position to contact those people that the national test and trace service have failed to reach within 72 hours for whatever reason, and the Customer Services Teams had had significant success in contacting these people. She said there were six call handlers who currently were answering up to 71 calls per day and were contacting members of the public to complete the contact tracing process. The advantage of contact tracing was to be able to trace where people have been and use that information in an attempt to inform the public of where transmission of the virus had taken place and, in to enable the Council to do this, more staff were being recruited to enable them to work across seven days. She said the Council was looking to provide face to face visits for those who had not been contactable by phone and was looking at the best way to do this. Ruth Granger stated that there had been a massive response to the test and trace support payment of £500, paid to those who were self-employed and unable work from home but had been asked by the NHS test and trace system to self-isolate. . The Council's community and voluntary sector partners have been working with Local Community Response Teams to promote Sheffield's Local Testing Sites and get across key public health messages to local communities.

6.6 Members asked a number of questions, and responses were given as follows: -

- Home testing kits were available, and the City Council was encouraging the public to request one if they so wished and there has recently been an increase in people asking for these kits.

- At present, it was unclear how long it will take for a vaccine

against Covid to become available in significant quantities and it was unclear which of the various vaccines being developed would be used. Greg Fell said that it was going to take a huge effort to get the vaccine available and vaccinate as many people as possible, and he thought there would be more demand for this than the seasonal flu vaccine. He said it could possibly be six months before the full vaccination programme was available. Planning on how to deliver the vaccine as effectively as possible and by whom, was underway.

- The Council was working with both Sheffield Universities to enable the safe return to their homes of almost 60,000 students in the city. There were no plans to test them all, as some students were from the South Yorkshire region and these would not need to be tested. It was logistically impossible to test all 60,000 students. There was a feeling that such large scale testing carried out by the Universities would not have an adverse impact on the rest of the city, but work would continue to measure this. The negative to this was having the time to put the necessary plans in place by the end of the lockdown period on 2nd December and before the term finishes later in the month, as it would be a humongous challenge to get everything in place in three weeks. The Universities were responsible for the logistics for this and have undertaken to communicate with students to get the message across.

- Data regarding the number of people seeking tests was collected, but not the ethnicity, and the Council doesn't have access to such information, and instead, the Department for Health and Social Care were responsible for collecting that information. However, data on ethnicity was available for those who had tested positive, but we don't have data on mortality rates within the BME community. Studies have shown that the BME community are at higher risk of being infected but it was unknown whether members of such communities were coming forward to be tested for the virus.

- During September, it was difficult to access a test and get test results back quickly due to the large number of people requesting them, but this was no longer the case, results were coming back relatively quickly. The testing system was a national run system and the Council could only feedback comments on this.

- There is a willingness and aspiration regarding testing being carried out to allow visits to care homes, but there was some science problems where the lateral flow test swab tests were less than accurate and gave a false negative. Problems are

being worked through and hopefully these will be finalised through the coming weeks. There was a need to get it right through accuracy and sensitivity of the test.

- The City Council needs to work through a coherent strategy of how to manage mass testing, including learning from the Liverpool Pilot before accepting the offer of lateral flow tests from the Government. These tests can provide results within an hour without the need to be processed in a laboratory. The use of these tests would mean that higher priority and high risk groups, such as domiciliary care workers and those working within service delivery organisations. could be tested on a weekly basis and would pick up more cases where people had no symptoms. The City has the technology to test those with symptoms but do not have the logistics to be able to carry out lateral flow tests. At present, the Director of Public Health was waiting for more information from the Government and felt that the pilot scheme being carried out in Liverpool was just a pilot and hoped to learn lessons from that. It should be recognised that 2,000 troops had been made available to carry out the mass testing, it was not known how this would be affected when the troops have left. In Sheffield, 2,000 members of staff are not available to carry out such a large number of tests.

- Many people were involved in the decision-making for the city, including the Leader of the City Council.

- The Council was making full use of the mobile testing unit until the two new mobile testing sites are available in the New Year. The mobile unit was set up the same way as the fixed sites. People were able to go online or ring up to ask if and where it was possible to get tested and the mobile testing unit does not look very much different.

- The Department for Education are strongly encouraging all Universities to test all outgoing students. What plans will be put in place for their return in the New Year was unknown, although it might be that a period of quarantine would be put in place on their return. The risks will have to be managed in the best way possible. It was thought that many students have already had the virus. For those being tested without symptoms, testing once and getting a negative result was pointless as re-tests must continually be carried out although there were a lot of uncertainties around this. It was not clear how a negative test would affect behaviour, possibly people might think that they are immune just because they had received a negative test and not continue to follow the basic rules to fight the virus.

- Since the beginning of the pandemic, the Community Support phone line has been available to those who have been asked to self-isolate. Support offered has included how to obtain food parcels, financial advice, medicine delivery and social contact. It was accepted that asking someone to stay indoors for 14 days was a hard thing to do and there was a realisation that it would cause hardship for some, so the Communications Teams were looking to send out a thank you message to those who have self-isolated and not passed on the virus to others in their local community.

- It was felt that the Police have got it right during the present lockdown by enforcing a law that was difficult to enforce. When calls have been received regarding those that weren't abiding by the rules, the Police, rather than being heavy handed, have tried to encourage people to stick to the restrictions, but where there was clear defiance, they have enforced the law.

- The majority of businesses in the city have done everything possible to make their premises "Covid secure" and there was nothing more to be done. Regulatory and enforcement action has been taken against those businesses that haven't done so. It was impossible to predict where the transmission of the virus outside of the home was the most virulent. People remember things that they did when they went to a particular event, but they don't realise the normal things they do within families which can often be the cause of spreading the virus.

- Community Response Teams have continually worked throughout the pandemic and the key was to get the message across regarding prevention and advise the community on how they can get involved in tackling the virus. The Council has received a considerable amount of applications from businesses asking for information on how to prevent outbreaks and give support to their local communities. The Teams have also been giving help and support to those in isolation, and details of hardship payments were available online to those who were struggling to buy food or be able to pay their utility bills. The Government have identified people who are extremely clinically vulnerable, and along with the Council, have written out to them, giving advice, and offering support. The Government has a website for people giving advice on how to register for priority shopping slots, and the Community Support Teams were on hand to help with this.

- Before the pandemic, Public Health and the local authority had formulated a plan to carry out the seasonal flu vaccination which is carried out every year. Vaccination

programmes are within the remit of NHS England and the Sheffield Teaching Hospitals are to take the lead on rolling out the Covid vaccination programme. There was much that could be learnt from the seasonal flu programme, but dealing with the current pandemic will be a substantial endeavour and work was needed to be carried out at great pace to be able to put everything in place in terms of obtaining the vaccine, storing it and administering it. Whilst GP surgeries have the capacity to store vaccine at minus 70^{o} consideration was needed to be given as to who was best placed to be able to carry out the programme. There was an assumption that this will be carried out by GPs, but as they are extremely busy dealing with the pandemic as well as day to day medical needs of the public, consideration needs to be given as to whether GPs will have sufficient capacity to carry out the vaccinations.

- The initial funding of £3.1m received from the Government at the start of the pandemic was used across a whole range of other services to respond to the outbreak, including funding a significant number of Council staff which had been brought in to help, to set up the swabbing service and set up the local contact services and new testing sites. However, there was a shortfall of £2m and it was thought that some of the additional money promised by the Government for the implementation of Tier 3 restrictions in South Yorkshire, will be used to address that shortfall. A detailed breakdown on how Government funding has been spent will be provided to Members.

- There hasn't been any consideration given to the City Council "topping up" the £500 self-isolation support grant.

- The Council is in the process of recruiting more contact tracing staff to work over seven days so that it has the capability to take cases from the national system earlier. It has been seen that other local authorities have had success in setting up local contact tracing teams. The national system has a substantial amount of resource available to it, but in Sheffield we want to make sure we can manage extra capacity. The Government are not going to provide any more resources to local contact centres.

- There was merit in everyone taking extra Vitamin D supplements. "Over the counter" supplements can be bought relatively cheaply, and this would negate the need for expensive prescriptions. It might or might not help but would certainly do no harm, especially at this time of the year, for everyone to take in extra vitamins. However, there was no strong evidence that Vitamin D would reduce the severity of

the virus.

- Whether information is being collected on who is applying for the £500 self-isolation support grant, in order to target and develop the service, would be followed up and reported to Members.

6.7 RESOLVED: That the Committee:-

(a) thanks Greg Fell, Ruth Granger and Jason Siddall for their contribution to the meeting;

(b) notes the contents of the report and the responses to the questions;

(c) requests that the Chair writes to the appropriate organisation to request that data on ethnicity of the people attending testing centres is made available to Local Authorities;

(d) is pleased that the mass vaccination plan has been developed, and whilst recognising that the situation is changing rapidly, would like to look at the plan in the new year;

(e) welcomes that there is community support in place for those who self-isolate, and seeks clarification on the role of Local Response Teams in the process;

(f) agrees that the funding from Government for self- isolation is not sufficient, both in terms of the £500 payment for individuals, and in terms of the money given to Councils to administer and fund the scheme;

(g) is pleased to hear that the Local TTI scheme is working better than the national scheme; would like to see national resources transferred to the local scheme, and supports further lobbying on this;

(h) recognises the need to address long term gaps in Voluntary, Community and Faith infrastructure in some parts of the city; and

(i) notes that the Tier 3 funding from Central Government has not yet been received; and believes strongly that the Tier 3 funding deal should be honoured by the Government.

7. WORK PROGRAMME

7.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme for the Committee.

7.2 RESOLVED: That the Committee approves the contents of the Work Programme for 2020/21.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 9th December, 2020 at 4.00 p.m.

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Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Primary & Community Care

An overview of service changes throughout the COVID-19 pandemic

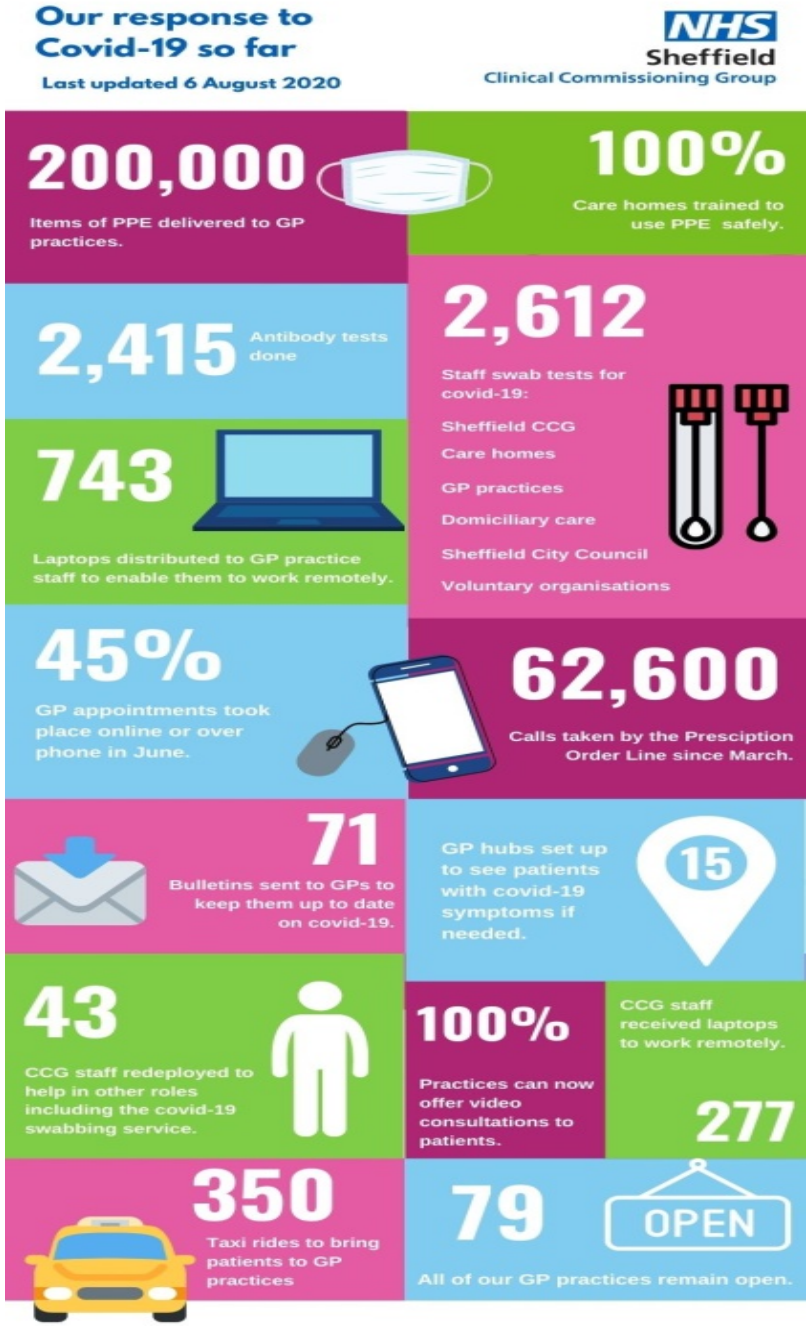
NHS Sheffield Clinical Commissioning Group & Primary Care Sheffield

- Partnership arrangements focusing on:
  - System wide leadership development
  - Primary care resilience
  - Workforce, education and training
- Coordinated response with CCG/PCS sharing command structures and communications
- Shared workforce to align operational priorities
- Preferred primary care provider at scale

Primary Care Challenges

- National guidance and expectations – daily changes/updates
- Managing information flows, support and advice
- Creating a COVID-19 secure environment
  - PPE
  - Estates
  - Virtual working
- Maintaining the workforce
  - At risk staff
  - Remote Working
- Managing the impact of inequalities

COVID-19 Response



Our Response

- Our top priority was and is protecting the people of Sheffield while keeping services running.
- Forecast additional spend in Primary Care for the full year is £2.7m, of which £1.9m has been spent to date.
- Rapid mobilisation of hot hubs (extended hours) in and out of hours
- Implemented taxi service for patients to travel further for the hot hubs
- Established a COVID testing service for primary care staff in April – shortlisted for Health Service Journal Award
- Support to care homes
- Support to people who are homeless
- Mental health support for staff
- CCG staff redeployed
- Local arrangements put in place to provide PPE for primary care

Our Response

- Drive through phlebotomy service
- Cold visiting service
- Coordinated response to support practices
- Sheffield system health and care gold cell response
- Digital solutions
- Funded pulse oximeters for practices (test to measure oxygen levels in the blood)

Practices Response

- GPs and practice staff are at the frontline of the NHS and are working hard to ensure services remain open for patients who need care or treatment.
- Services remained open at the height of the first wave - no practices closed in the city due to the pandemic, although some branch surgeries closed, and all 75 remain open today.
- All 79 practices stayed open to their patients during first and second waves.
- One of the changes made is to triage patients over the telephone
- Face to face appointments are being offered but only when necessary to limit the numbers of people physically coming into practice as much as possible.
  - Bloods (in practice and home visits)
  - Vaccines
  - Diabetic foot checks
  - Cervical screening
  - Urgent appointments for patients who have serious conditions
- People who don't need face to face appointments are offered a telephone or video consultation with a GP or nurse, the patient will receive the same level of care as if they were face to face with the clinician
- Practices stayed open, continued to see patients despite many staff self-isolating or shielding.

What our public said

- CCG commissioned two pieces of work to gain insight into changes to the NHS during the pandemic – telephone survey with representative sample of the Sheffield population and semi structured interviews via local community groups.
- Heard from 1,270 people.
  - 36% of residents stated that they were less likely to access services during the lockdown period, compared to less than a tenth (8%) who were more likely to access services.
  - 80% were confident that health services were now safe - Black, Asian and minority Ethnic residents were significantly less confident overall compared to White respondents (67% vs 79%).
  - The most frequent route of accessing healthcare since Covid remained through contact with a GP, although there has been a notable increase in telephone engagement, particularly via the NHS 111 number.
  - 25% of respondents reported that their GP surgery had closed during the Covid-19 outbreak. This does not correlate to the actual number of known closures of surgeries (15%).
  - 25% of respondents reported that their GP surgery had closed during the first wave. This does not correlate to the actual number of known closures of surgeries (15%)
  - All communities groups said people were refraining from contacting their GP in the way they would in normal circumstances with a reduction in residents contacting their GP for their most recent health issue (66% down to 55%).
  - 85% considered their experience of primary care to be no different or better than before Covid. Those aged 16-34 tended to say they had a better experience of accessing primary care than before Covid-19. Respondents aged 45+ tended to feel their experience was worse. Those from a BAME background were also more likely to rate their experience as worse than white respondents (25% vs 15%). This tallies with concerns expressed about access to interpreters to enable accurate diagnosis and care.
  - The closure of extended access hubs at Crookes Practice, Burncross Surgery, and The Health Care Surgery, Palgrave has caused limited impact on residents as more than 84% said they wouldn't have used these sites anyway. However, 12% said they will have to travel further as a result of the restrictions.

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Primary & Community Care

Strategic plan and next steps

South Yorkshire and Bassetlaw
Integrated Care System

Strategic Plan for Primary Care 2020-2024

V.1.10

Who is the plan for?

The ***we*** in the plan are:

- Commissioners and providers together, commissioning in partnership with primary care
- Primary care providers (GPs, Primary Care Networks, GP Federations, community pharmacies, opticians) .
- The staff working in primary care (all roles as well as leadership teams) , Voluntary and Community services and partner organisations working with primary care where it is necessary for them to understand the collective ambition of primary care in order to interface effectively with it

The ambition : that Primary Care is an equal and valued partner within our system

Our commitment to work together

"Our thinking starts with where people live, in their neighbourhoods, focusing on people staying well. We want to introduce new services, improve coordination between those that exist, support people who are most at risk and adapt our workforce so that we are better at meeting peoples needs"

South Yorkshire & Bassetlaw Sustainability and Transformation Plan October 2016

- SYB ICS published its strategic plan in September 2019. Within that document our five Places are recognised as having plans which set out what local partners want to achieve.
- Each has plans for transforming care out of hospital and across primary and community care. They include the further development of Primary Care Networks and explore the role of Federations and the opportunity for delivering primary care 'at scale'.
- Strong collaboration between CCGs, PCNs and Federations has resulted in creating efficiencies in the delivery of primary care services and avoiding duplication.
- Our recent experience of Covid-19 reinforced the role of PCNs and Federations across Place, linking in to ICS infrastructure, giving practices the space to focus on delivery for local populations and communities
- The role of community pharmacy, electronic repeat dispensing and remote consulting has begun to transform the interface between the public and primary care.

There are a range of groups where partners come together to collaborate at a system level, giving both space and focus for partnership working between NHS, Local Authority and key stakeholders

"Our vision is for everyone in South Yorkshire & Bassetlaw to have the best possible start in life, with support to be healthy and live well , for longer"

South Yorkshire & Bassetlaw Integrated Care System September 2019

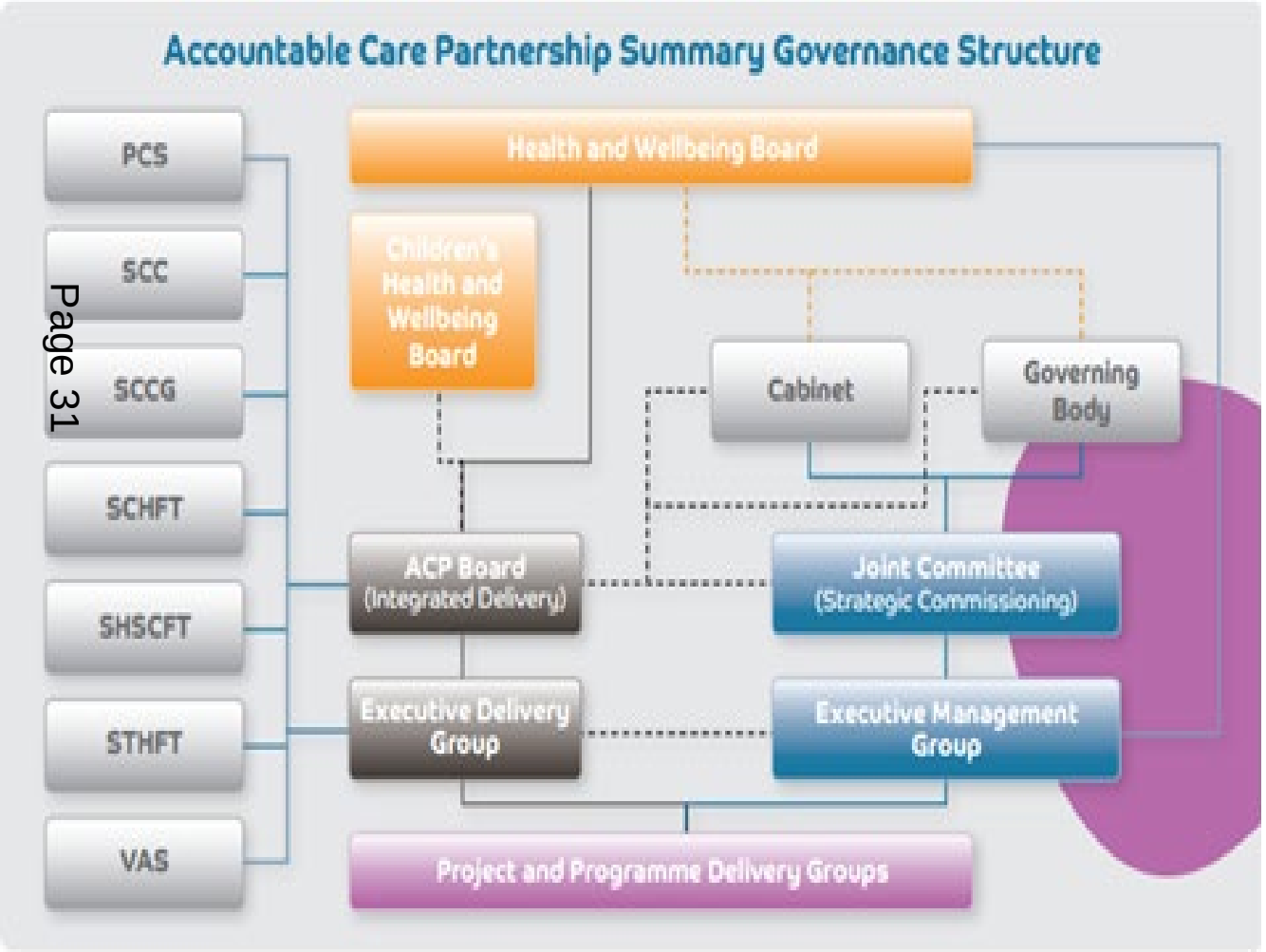
Four Themes

- Developing a population health system
- Strengthening our foundations
- Building a sustainable health and care system
- Broadening and strengthening our partnerships to increase our opportunity

Guiding Principles *SYB ICS September 2019*

- **Ambitious for our citizens, patients and staff .**
- **Building constructive relationships with partner organisations, groups and communities.**
- **Do work once and avoid duplication, making best use of our resources.**
- **Our work and actions will take place at the most appropriate level and be as local as possible.**
- **No Place will be worse of as a result of our shared action.**

Place Partnerships - Sheffield



Key priorities for 2020/21 forwards …

Primary care will remain resilient through the wrap around infrastructure supporting PCN's and practices in Estates, Digital, Workforce and Financial priorities.

Covid-19 – addressing winter pressures, flu and the second surge in general practice with responsive support, hot and cold hubs will continue to mobilise matching capacity to demand and delivering vaccination programmes.

Primary Care Access- We'll work to create equitable , joined up access to primary care both in and out of hours ensuring an integrated approach across practice, PCN and citywide footprints and with partner organisations.

Planned care- For people needing non-emergency care, we are taking a joined-up approach across primary and secondary care including integrated working between generalist and specialist.

Community and supporting people at home The connections between our community-based services will be clear and people will understand how different services work together. These connections are strengthening.

Workforce wellbeing we will support the primary care workforce with additional roles and focus on staff retention, training and development. We will continue to look after our staff health and wellbeing.

PCN Development we will focus on the co-ordination of care and support for patients with escalating and complex physical , mental and social care needs across disciplines and organisations.

Reducing Health Inequalities through support and investment in areas of high deprivation and greatest need.

2020/21 Commissioning Intentions

- Resilient primary care – estates, digital, workforce, finances
- Performance and Quality
- Third surge/Winter pressures/Flu/COVID vaccination
- Homeless/rough sleepers and asylum seekers
- Primary care network development
- Ongoing implementation of PCN DES – Care homes
- Re-commissioning Extended Access
- Access
- Post COVID-19 recovery City wide services to support primary care

Long Term Plan

- Boosting ‘out-of-hospital’ care, to finally dissolve the historic divide between primary and community health services
- Giving people more control over their own health and more personalised care when they need it
- Supporting digitally-enabled primary and outpatient care to go main stream across the NHS
- Increasing focus across all organisations on population health, moving towards integrated care systems
- Focus on health inequalities, including smoking, obesity, alcohol, air pollution and antimicrobial resistance
- Focus and progress on care quality and outcomes
- Growing the workforce to ensure we have trained clinical and non-clinical staff to support the growing and changing population of Sheffield
- Delivery of services in primary care networks and neighbourhoods.

How is the Covid-19 pandemic impacting people's experiences of accessing GP services in Sheffield?

Submission to the Scrutiny Committee

This document outlines people's experiences with accessing GP services during the Covid-19 pandemic. Healthwatch Sheffield has received this information from various sources:

- Individuals contacting Healthwatch Sheffield
- Issues brought to our attention via our voluntary and community sector partners
- A dedicated survey we conducted in the summer of 2020 on people's experiences with Health and Social Care in Sheffield during the Covid-19 pandemic

Emerging issues:

Phone and remote appointments - We have heard about frustrations with telephone triage systems at GPs, which have made GP services feel inaccessible to some. One person pointed out that "sometimes you might not have the credit to call the surgery and yet you need to see the doctor".

- **Problems getting through** - Patients from different GP practices have shared that they were unable to get through on the phone, or were waiting for a long time to speak to someone. In one example, the automated process was so long that the patient's phone cut off before reaching a person to talk to. Someone else had tried for 3 consecutive days to have a discussion about medication without success. Some people noted it's difficult to explain symptoms over the phone.

- **Accessibility issues for the Deaf community**
    - With online booking being suspended, and people being unable to drop into the practice, those who cannot use the telephone have been finding it hard to access the care they need.

    - Apps such as Ask My GP work for some Deaf people, but communication is in English which can make it hard to understand and get the information they need. This will be more difficult for some Deaf people than for others. Access to technology and different apps can be helpful, but there are many different options which can be confusing. Deaf people need information about what is available. There is also concern that a significant number of Deaf people don't have access to, or know how to use, the technology which can support them with this.

- **Digital exclusion of people living with dementia** – one person told us:

> I do not have a computer and I cannot remember how to turn on the TV. No one seems to think that dementia sufferers may like a good old fashioned letter from the GP.

- **Positive experiences** - Some people welcomed online and telephone appointments. One person told us about a positive experience of an asthma review at their GP practice. They were sent a questionnaire to fill in, and a nurse followed this up with a telephone consultation and discussed medication adjustments. They felt that the telephone appointment worked well for their needs. Appointments might also be helpful for people with childcare responsibilities:

> Use of phone appointments for GP was really helpful as it's usually hard for me to get to appointments with my child or for myself due to childcare so for some needs, a telephone appointment was much better.

Prescriptions

- Existing issues with repeat prescriptions have been compounded by covid-19. People have spoken to us about prescriptions being delivered (by the pharmacy or by volunteers) with medication missing, and because they were shielding or otherwise couldn't access their GP/pharmacy, these issues have been much harder to fix. One person told us:

> Needed my medication but was not arranged by the GP. So had to go out with out for a few days which affected my health.

- It has not been clear how to collect prescriptions from the GP practice if they are not automatically sent to the pharmacy

Communication – People explained that GPs sent communications with health information, and about how services have changed. However, communications were not always clear or appropriate:

- A confusing text was sent out by a GP practice advising patients to take Vitamin D supplements to guard against covid-19, and it was unclear whether this was official advice.

- 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 found this distressing.

Care home visits – at the early stages of the pandemic we were told about some issues around visits from GPs to care homes. It seemed GPs were taking different approaches, and it was not clear to people what service they should be expecting in relation to this.

Continuity - One person told us that previously it was easy to see the same doctor but recently it has been more difficult to see a GP who knows them and their condition well.

Face covering exemption cards - We spoke to several people who did not have access to their own computer or printer to print an exemption card, and were unable to get one from their GP.

Flu vaccines – People have had mixed experiences. Some people across Sheffield were sharing positive stories of GP practices and other health clinics, describing them as safe environments with friendly staff. At least 10 of these people were attending the practices to get their flu vaccination. However, we have heard from others (particularly later on in the vaccination campaign) that despite being eligible for a flu vaccine, their GP has not yet been able to provide this

Fear - Some people have been reluctant to go to their GP due to fear of catching the virus.

Support while shielding - We have heard from people who were shielding for months, on the advice of their GP, who hadn't received support for a significant length of time. One person told us:

> After receiving shielding letter, no further information or check-ups from anyone, neither the council, the government nor the NHS/GP. No help accessing food parcels, felt very much left to my own devices. Had to rely on the media for updates on shielding.

Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 9th December 2020

Report of: **Policy and Improvement Officer**

Subject: **Draft Work Programme**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk

The report sets out the Committee's draft work programme for consideration and discussion.

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	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme

Category of Report: OPEN

1 What is the role of Scrutiny?

1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement.

1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with agenda items, single item 'select committee' style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.

1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a 'substantial variation' to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration.

2 The Scrutiny Work Programme

2.1 Attached is the draft work programme for the Committtee's consideration. The response to the Covid-19 emergency has implications for how scrutiny operates. There is a recognition that working through virtual meetings requires a different approach to traditional Town Hall meetings, and a suggestion that Committees should meet for a maximum of two hours, with a more limited number of agenda items. The draft work programme reflects this.

2.2 Given the constantly evolving nature of the Covid-19 emergency, we will take a flexible approach in planning scrutiny work, to enable us to respond appropriately as new issues emerge. Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme

HC&ASC Draft Work Programme	
Date	**Issue**
January 13th 2021	***Health Inequalities and Covid 19 –*** *to consider how the Covid-19 has affected health inequalities in the City, and plans to tackle this. (Greg Fell)*
February 10th 2021	***Impact of Covid 19 on Hospital Waiting lists –*** *to consider what the impact has been in Sheffield and plans moving forwards.*
March 10th 2021	***Sheffield Health & Social Care Trust – CQC Improvement Plan Progress Update –*** *focussing on what the changes will mean for people who use services**.** (Jan Ditheridge/Mike Hunter SHSCFT)* ***Mental Health and Covid 19*** *– update following August 2020 Scrutiny discussion including progress made on actions from the Rapid Health Impact Assessment work. (Heather Burns, Steve Thomas, NHS Sheffield CCG, Sam Martin SCC)*
Potential Issues for consideration	
Impact of Covid on access to dental services and opticians. ***Impact of lockdown and social isolation on health and wellbeing – possible working group -*** *To understand the impact of lockdown and isolation on wellbeing; to consider action the City is taking to minimise the negative impact of this.* ***Direct Payments*** *To consider the review of the direct payment model and help shape future direction* ***All Age Disability Approach -*** *Transition for young people into adulthood – improving outcomes. Initially focussed on social care. Possible joint work with Children and Young People Scrutiny Committee* ***People Keeping Well –*** *to consider how the People Keeping Well programme is operating and performing.* ***Changes to National Public Health Structures*** *– to consider local impact of national public health structure changes.*	

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