



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee 10th March 2021

Report of: Policy & Improvement Officer

Subject: Report of the Scrutiny Sub-Group on Covid & Disability

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Summary:

At its meeting on 13th January 2021, the Healthier Communities and Adult Social Care Scrutiny Committee looked at the impact of Covid19 on health inequalities in Sheffield. The Committee felt that further consideration should be given to the impact of Covid on disabled people, and so established a sub-group of the Committee.

The Covid & Disability sub-group met on 3rd March 2021, with representatives from Disability Sheffield, HealthWatch Sheffield, Sheffield City Council and NHS Sheffield Clinical Commissioning Group, to consider a report from Disability Sheffield and HealthWatch Sheffield (attached) setting out what disabled people have been telling them about their experiences during Covid, and a set of recommendations.

This report summarises the discussion of the subgroup, and the activity resulting from that discussion for the Committee to formally note.

The Scrutiny Committee is being asked to:

- Receive and note the report and recommendations from Disability Sheffield and HealthWatch Sheffield.
 - Note the discussion and actions arising from the sub-group meeting.
 - Schedule a follow up conversation to look at progress and developments on this issue at an appropriate point in the future.
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Category of Report: OPEN

Scrutiny Sub-Group on Covid & Disability.

1. Introduction/Context

- 1.1 Following discussion at the January 13th 2021 meeting of the Healthier Communities and Adult Social Care Scrutiny Committee, it was agreed that the Committee would set up a sub-group for a one-off meeting to consider the impact of covid on the health and wellbeing of disabled people.
- 1.2 The members of the sub group, Cllr Cate McDonald, Cllr Jayne Dunn, Cllr Angela Argenzio met on the 3rd March 2021 to consider a report from Disability Sheffield and HealthWatch Sheffield (attached as appendix 2), feeding back engagement work that had been carried out
- 1.3 In attendance were:

Disability Sheffield

Emily Morton, Chief Executive,
James Martin, Engagement Officer

HealthWatch Sheffield

Lucy Davies, Chief Officer, Sheffield HealthWatch

Sheffield City Council, People Portfolio

John Doyle, Director of Strategy & Commissioning
Joe Horobin, Head of Commissioning
Andrew Wheawall, Head of Service, Future Options

NHS Sheffield Clinical Commissioning Group

Lucy Ettridge, Deputy Director for Communications, Engagement & Equalities.

2. Key Issues From the Discussion

2.1 Beginning of a Conversation

The group were clear that this is very much the start of a conversation; ways we can begin to tackle the inequalities facing disabled people – rather than a complete and exhaustive set of recommendations. The work carried out by Disability Sheffield and HealthWatch rapidly pulled together existing feedback, and acknowledges that there are gaps in this, people who have yet to be heard from, and impacts that are yet to be explored.

2.2 Covid exacerbating existing inequalities

The group noted that whilst the experiences highlighted in the report are shocking and unacceptable, they are not 'new issues'. Covid is exacerbating and amplifying the inequalities that disabled people have faced. In looking at the city's 'Covid recovery' there is an opportunity to

highlight and address these issues - not just in health and social care – but across the full spectrum of council services.

2.3 Communication

Issues around communication emerged as a key theme – a lack of consistent information; clarity around where to go for information; and accessibility, especially around shielding and vaccination. Officers acknowledged that communication through Covid has been a challenge – made more complex by the speed at which government guidance is issued and changed – and recognise that we need to learn from this, and ensure that future approaches are consistent, person-centred and work for disabled people. The Vaccination Programme Communications and Engagement plan is looking at the barriers disabled people face in accessing the vaccine.

2.4 Coming out of lockdown

The group recognised that for many disabled people, coming out of lockdown and moving into ‘the new normal’ will bring with it fear and anxiety. We need to think carefully about the support that people will need. Capacity in Travel Training and Mobility Training were highlighted as particular issues; as well as helping people to re-engage with services that may look and feel different to pre-covid. Disability Sheffield noted that it would be useful to carry out some engagement work to understand what disabled people need in terms of recovery, and what they are worried about so that we can address the right issues.

2.5 Hospital Experience

HealthWatch Sheffield highlighted the poor experiences in hospital that some disabled people, particularly learning disabled people had reported during Covid. It was agreed that the report would be shared with the Equalities Lead at the Sheffield Teaching Hospitals Trust.

2.6 Children and Families

The group recognised that the focus of the discussion was on disabled adults, given the remit of the Healthier Communities and Adult Social Care Scrutiny Committee – but that the same issues are affecting children and families. It was agreed that the report would be shared with the Children, Young People and Family Support Scrutiny Committee.

2.7 Actions

The group discussed the recommendations set out in section 3 of the HealthWatch & Disability Sheffield report, and the relevant organisations/services at the meeting took away actions as set out in the table at appendix 3.

The group agreed that a further conversation should be scheduled to look at progress and developments.

3. Recommendation

3.1 The Scrutiny Committee is being asked to:

- Receive and note the report and recommendations from Disability Sheffield and HealthWatch Sheffield.
- Note the discussion and actions arising from the sub-group meeting.
- Schedule a follow up conversation to look at progress and developments on this issue at an appropriate point in the future.

What is the impact of the Covid-19 pandemic on disabled people in Sheffield?

Joint submission of evidence to the Scrutiny Committee
from Healthwatch Sheffield and Disability Sheffield, March 2021

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1 Introduction

Since the start of the pandemic, Healthwatch Sheffield and Disability Sheffield have gathered a significant amount of feedback that describes the experience of disabled people during COVID-19. This information has come from a range of sources including individuals contacting either of the two organisations, intelligence from voluntary community sector partners, a dedicated survey with local people conducted in the summer of 2020, a survey about visiting relatives in care homes conducted in November 2020, issues raised during focus group discussions and conversations with statutory sector partners.

This paper sets out what we have heard - much of it has already been shared in other places during the last 11 months, but here it is pulled together in one document, together with further analysis, observations, and recommendations that we hope will aid the task of increasing equality of participation for Disabled people in the city.

We acknowledge that there are many people whose experiences we haven't heard; this report is a collation of existing evidence, and we acknowledge that there will be gaps - there will be impacts that we have not yet explored or described. As such we see this report as the start of the discussion regarding the impact of Covid on disabled people and identifying ways to begin addressing the inequalities.

We have not analysed local data regarding health outcomes or the ONS reporting of coronavirus related deaths by disability status but recognise that this data is crucial in helping to inform and understand the impact on disabled people.

Cross-cutting themes of equality and intersectionality

We recognise that during the pandemic, disabled people from Black, Asian and Minority Ethnic (BAME) communities have experienced additional and specific barriers to achieving equal access and participation in various life domains. These barriers, and resulting inequalities, have been discussed through the BAME public health group and Equality Partnerships, but need further exploration. It has also been recognised that in many instances, there are barriers which have impacted on both Disabled people and people from Black, Asian and Minority Ethnic Communities - for example the provision of appropriate and accessible information. We would like the evidence in this report to be considered in the context of wider work on equality which is taking place in the City.

The report seeks to bring together the experiences of disabled people during the Covid-19 pandemic and then provides some clear recommendations to address the inequalities identified.

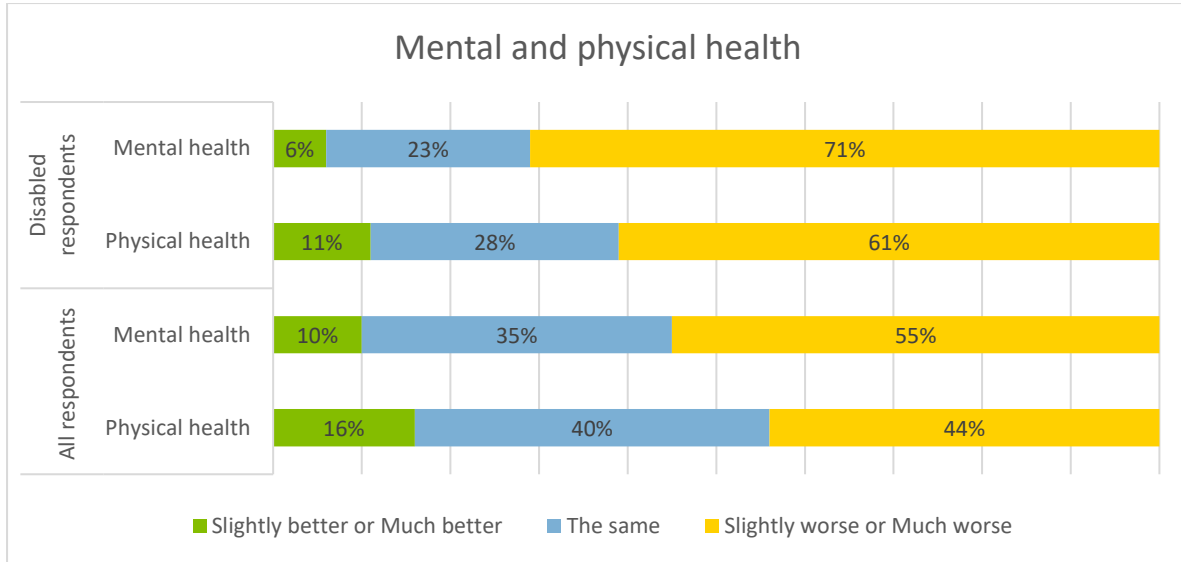
2 Experiences of disabled people

2.1 Health Inequalities



I feel extremely anxious, exhausted and depressed. This is not like me at all and I have never felt this way before. I have had to go on antidepressants.

Physical and mental health: The pandemic has had a disproportionately negative impact on disabled people’s wellbeing. Their mental health seems to have been impacted more so than their physical health

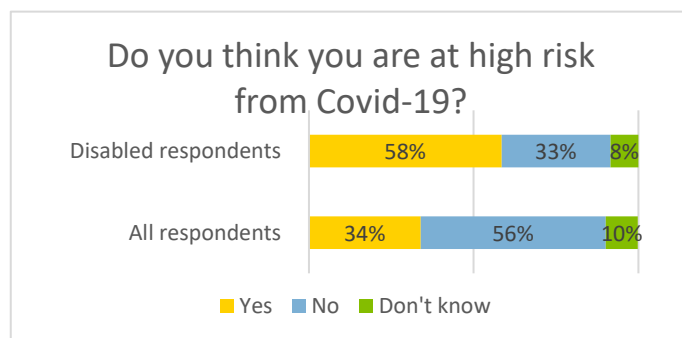


During the pandemic my mental health has been worse because I have been isolated from everyone...

I am a wheelchair user and the main exercise I do is swimming, but the pool's been shut so I have lost some fitness.

Feeling vulnerable: Disabled people disproportionately felt at high risk from Covid-19.

I feel much more vulnerable now and fearful of going out for food and medicines.



People have reported how they have lost their confidence and become deskilled through shielding and COVID-19 restrictions leading to isolation. For many people, their mental wellbeing has decreased as they have become socially isolated and some disabled people have reported feeling unsafe when out and about, fearing they may catch COVID-19.

Changes to the built environment prompted by COVID-19 have also had an impact - for example alterations to allow social distancing, such as moved bus stops and new pavement layouts, have led to visually impaired people needing to re-learn routes.

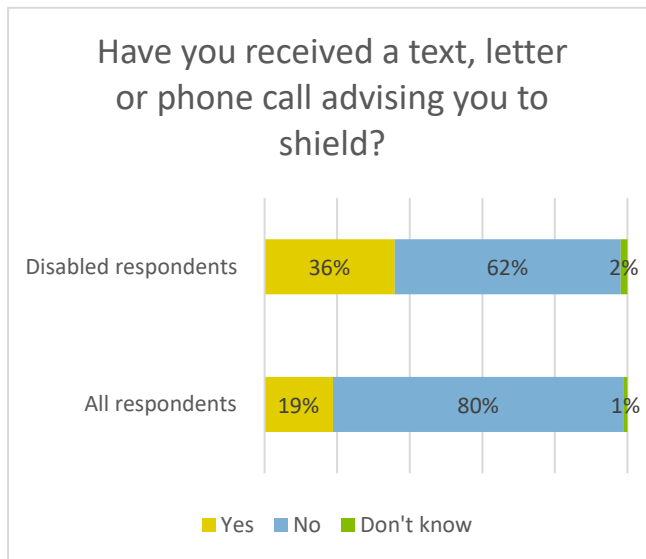
2.2 Impact of Covid-19 restrictions



The experience of shopping, the two metre social distancing makes you feel like a leper!

Confusion about shielding: Disabled people have been disproportionately more likely to receive advice to shield (see the graph below). Throughout Spring and Summer of 2020, we heard a great deal of confusion in relation to shielding:

- People reported that application of the ‘shielding letters’ seemed inconsistent, with many people expecting a letter but not receiving one, and some being surprised to find their doctor considered them vulnerable.
- Inconsistent distribution of shielding letters had wide implications for people and it was unclear whether or not all those at high risk had been told to shield. This directly impacted on the support offer they could access, for example emergency food parcels, priority grocery shopping.
- We heard that conversations about Advance Care Planning had been raised with patients in inappropriate or distressing ways.
- Repeat prescriptions - existing issues with repeat prescriptions have been compounded by covid-19. People spoke about prescriptions being delivered (by the pharmacy or by volunteers) with medication missing, and because they are shielding or otherwise can’t access their GP/pharmacy, these issues were much harder to fix.



A friend helped by getting money out a cash machine for me and then the carers could get my shopping for me. I couldn't get out to get it myself because I was shielding and couldn't get a taxi anyway.

...shielding information on week 9 from NHS/Government, a full week of reminder texts about shielding, then nothing for 3 weeks...

Understanding the restrictions: Understanding changing restrictions has been difficult for everyone. However, we have heard specific concerns from some people with a Learning Disability who found it hard to understand the lockdown rules or restrictions, and did not fully understand the risks associated with catching coronavirus. Some people were choosing to go out into the community more often than government guidance states putting themselves and other people at risk.

My support workers explain to me what is happening and why my life has changed, but this is hard for me to understand.

Lack of clarity around face covering exemptions: We received a lot of enquiries about these, most of which were from people with a disability or health condition which made it difficult to wear a face covering. People were confused about who was exempt, and anxious about having to prove they couldn't wear one. They reported having uncomfortable interactions with staff or other members of the public when they did not wear a face covering.

Face masks are hard because of my autism. I miss even more social cues and can't go anywhere because I can't wear one.

Visual impairment and social distancing: Social distancing can be difficult for visually-impaired people while being supported by a sighted guide or otherwise using assistance from sighted people (e.g. asking shop assistants for help).

Possible restrictions in the future: We are concerned that in the future, venues may only allow people in if they are vaccinated. This could negatively impact some disabled people who are legitimately choosing not to take a vaccine.

Care home visiting restrictions and the impact on residents

In October 2020 visiting guidance in care homes across Sheffield varied. There was hope that the new local guidance would support care homes to enable residents to see their loved ones in a meaningful way. In November 2020, Healthwatch Sheffield and Disability Sheffield supported a [John's Campaign](#) survey which asked people across the country whether they'd been able to visit their relatives in care homes.



Through this survey, we have heard from 23 people about 18 care homes across Sheffield.

Key findings include:

- There were concerns about a lack of clear information about visiting, with just under half of respondents saying a visiting policy had been shared with them.
- Only 1 respondent said that they had been involved in an individual visiting risk assessment.
- 10 respondents said the homes were allowing no visiting at all during this period.
- 5 respondents said they received regular updates from the home about their relative - 11 received none, and 7 said the updates were variable.
- Use of technology is variable; lack of time, and access to equipment is having a negative impact on some individuals.
- Some respondents felt that without their visits, their relative wasn't getting the care they needed. For more findings, and to read about people's experiences in greater detail, [read the briefing](#).

Dad is depressed as he feels we have abandoned him, he is a very loving tactile person.

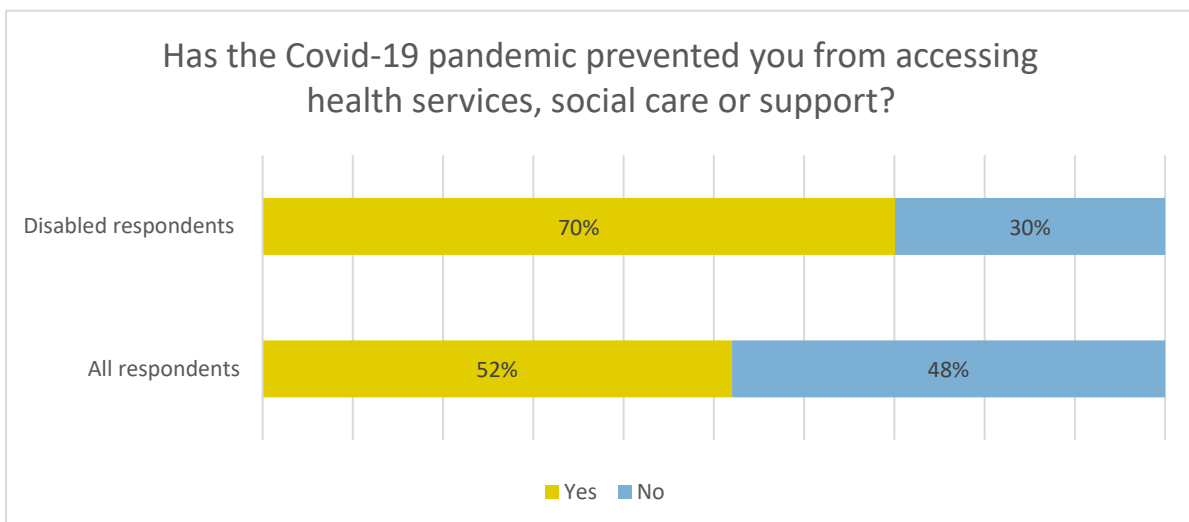
Visiting in supported living services: We heard some negative stories about inflexible decision-making policies in supported living services. For example, one person, who despite having their own tenancy, was not able to make their own decisions about visitors to their self-contained property. They were expected to follow guidelines which were stricter than those issued by government at the time.

We also heard some examples of good practice in supported living services, where people have been able to have visitors, and also go out and meet family members in a public place (with the support of a carer).

2.3 Barriers to accessing Services

Disabled people disproportionately felt that the pandemic had prevented them from accessing health/social care services or other support (e.g. missed appointments, not seeking care or support when needed).

It just felt as if my life was on hold, nothing happening, nothing to do, nowhere to go and I felt so isolated despite friends and neighbours being willing to help - because they were so more successful than I was at accessing things I needed.



Virtual meetings/assessments: We heard from advocates who supported people in virtual meetings and assessments. They told us that when people are able to use technology, it generally goes well. Many people are more able to attend when the appointment is virtual, as it doesn't involve travel and can be more flexible. On the other hand, some people do not have access to technology or may not be able to use it. Many individuals are dependent on support staff or family to help set up and use the technology, which leads to concerns around a lack of privacy and control, and the ability to have open communication.

I missed having real conversations with people. Didn't have access to Skype, Zoom, etc. and to be honest it wouldn't have helped as I dislike having to use technology

I do not have a computer and I can not 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.

Accessible information: There are several areas where public bodies have poorly implemented accessibility legislation such as the NHS Accessible Information Standard. This is making it harder to achieve easy and equitable access to items such as the Vaccination programme as well as general services.

Most of the issues raised existed before Covid-19, but the rapid changes to services as a result of the pandemic have made them an even more pressing problem. For people who need information in a particular way (eg. BSL, braille), many have felt that they were not considered as part of these changes.

In early 2021, a person with a Learning Disability told us about their Annual Health Checks. This year, because of Covid-19, they have been sent an Easy Read form to fill in instead of having a face-to-face appointment. They were glad the Checks hadn't been forgotten but were worried that they wouldn't be able to fill in the form properly alone.

Access to services for Deaf people

GPs: Back in March and April 2020, we began to hear from people who were Deaf or hard of hearing. They told us they couldn't get in touch with their GP practice as the only way to contact them was over the telephone. With online booking being suspended, and people being unable to drop into the practice, those who could not use the telephone were finding it hard to access care. Telephone appointments were not accessible to them, and video appointments (when these were implemented later in the year) were also not always possible, especially without an interpreter.

Primary care: In January 2021 we heard from someone who was partially Deaf, who had a telephone appointment with IAPT (Improving Access to Psychological Therapies) - when they missed the call, they were not offered an alternative type of appointment to better suit their needs.

Communication breakdown, as a deaf patient I need face to face; see familiar face or person to understand.

Access to technology and different apps can be helpful, but there are many different options which can be confusing. Information is mostly written in English, and contains a lot of medical jargon, which is not always accessible. There is also concern that a significant number of Deaf people do not have access to, or know how to use, the technology which can support them with this.

Access to public services: With many council services becoming phone only this has led to the Deaf community being excluded from accessing services, including the Covid-19 community response-line. The provision of alternative communication methods, for example the provision of SMS as introduced by Citizens Advice Sheffield for their advice line, would significantly improve accessibility.

When **face coverings** became more widespread, this caused major problems for people who rely on lip reading. For instance, one person who told us they rely on lip-reading visited their optician but could not communicate with them. The optician would not remove their face covering or work to find an alternative way of communicating. This is in contrast to care they had received outside of Sheffield, where a medical professional had made good use of whiteboards and computers to help them. Another person who wears a hearing aid told us that a face covering interferes with this.

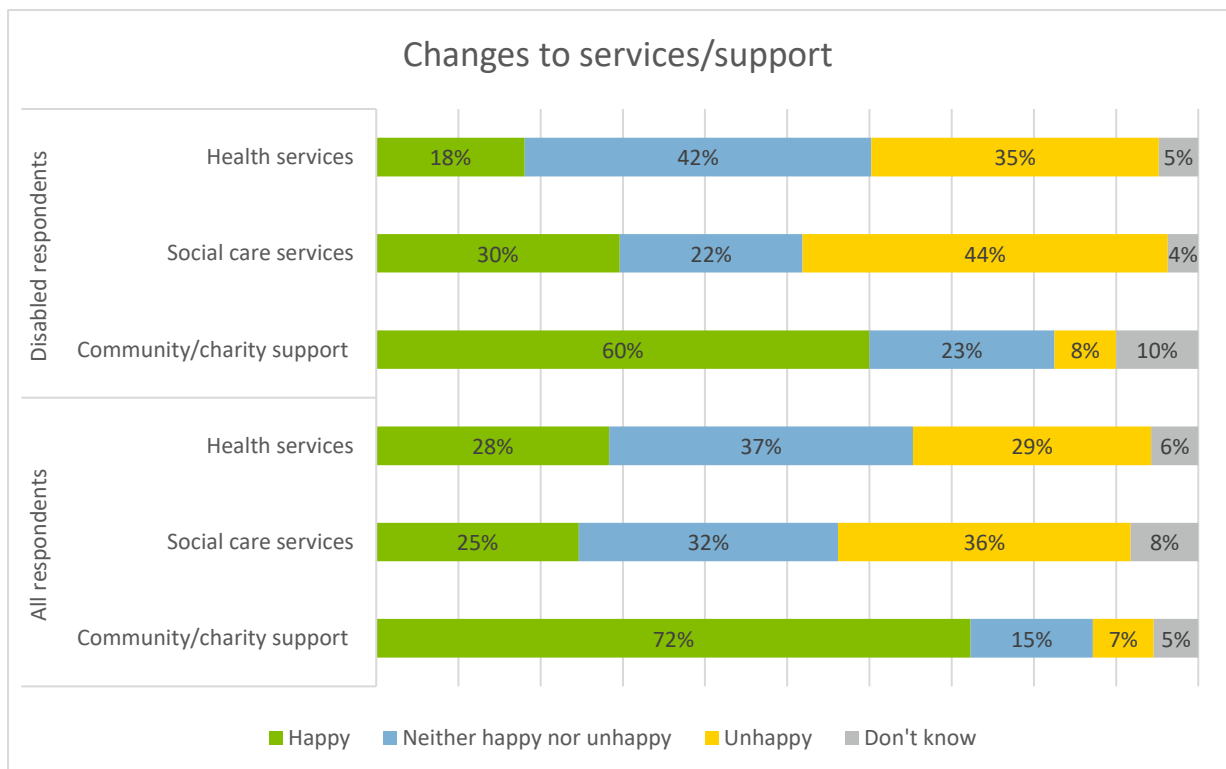
Susan's story (see video linked below) is a really powerful example of what happens when communication fails deaf people. Healthwatch Sheffield worked with Citizens Advice Sheffield to raise awareness about this story:
<https://youtu.be/-7XeWDo47nk>

2.4 Changes to services and arranging support



I have not used private carers who used to come in and have relied on my daughter for full time care. I have been frightened of contacting the doctors and visiting the doctors

Satisfaction with changes: Overall disabled people appeared disproportionately dissatisfied with Changes to Health and Social Care Services. The majority of disabled people were happy with Community/Charity Support but the level of satisfaction was disproportionately low, relative to all respondents.



Reductions to social care packages: Through Spring 2020, we heard from a lot of people whose care packages were being reduced. Although Care Act easements hadn't taken place in Sheffield, some people were receiving fewer hours of care and support than usual because community/social elements were being taken out. We did hear some examples of social workers being creative in order to otherwise meet people's needs, but often the reduction didn't seem to take into account alternative ways of supporting people's needs for shopping, socialising, exercise

etc. In some instances, lack of support to go shopping led to people having to access foodbanks as they could not buy their own food. One person felt that they were chastised for making a complaint when a support worker stopped contact through lockdown.

There has been no opportunity for social visits due to staff shortages so I have done no exercise or been outside, which I love.

My carers have been great. They have managed to keep a full supply of PPE and have even made their own masks. They have taken over administration of my medication during the pandemic as I was getting very confused due to my dementia and having to take my medication.

Paying for the care they didn't receive and communication: Where people had a direct payment to pay for their care, they were often charged for the care they usually receive rather than the altered/reduced package. For example, where a trip out has been replaced by a phone call, the provider had still charged for the time a trip would have taken. We know that Sheffield City Council implemented this policy to ensure the continued availability of services after restrictions ease, however some people in receipt of care did not feel this has been explained clearly to them.

About 10 weeks into lockdown I was officially told that if I couldn't spend my Direct Payment on activities that were specified in my Support Plan (e.g. if Services were closed or Activities were not available) then I could spend money on books and jigsaws instead. It would have been good to know that much, much earlier. Similarly, it would have been good to know that I should pay my PAs if they were unable to support me, and that there would be additional money available to pay for alternative support if necessary.

Reshaping Social Care Packages: Many support packages may need reshaping temporarily to steadily adapt to reduced restrictions and new (if less social) activities that have filled the gaps from disrupted routine. The goal of returning to activities may take time and funding needs protecting to allow for a steady recovery where an individual's needs require this. Practically this means not removing future years budget because some support is not required over the coming year as people take time to move towards accessing their normal activities once again.

Less contact from services: In the first national lockdown (March and April 2020) we began to hear some concerns from members of the public and from voluntary sector partners. People with Autism who usually received support from services began to receive less contact, and telephone support wasn't always suitable.

Over the phone meetings are hard because I am autistic so I miss appointments and meeting my therapist has been impossible.

Lack of respite provision: We heard from people who were unable to access the respite care service they usually use and had been told that respite beds will no longer be available to them. They were concerned about a lack of communication regarding these changes and had not been told about alternative options for support. The lack of respite was placing a strain on carers which may also have a knock-on effect on the cared for people.

Respite services were in lockdown so I couldn't access them when I needed to.

Restarting day services: During later stages of the pandemic, some day services began to reopen. However, voluntary sector organisations told us that blanket choices were being made for people about whether they can start accessing these again. They wanted to see people being supported to make informed decisions about when and how to access these services, as well as supporting services to open safely.

I had to pay for additional carers to come in on the days I used to go to Day Care. This has cost me a lot of money as no one helps with the cost.

I understand why I cannot go to day service and the staff at the home are keeping me busy with activities and I have zoom sessions with friends so I feel okay

Continuing Healthcare (CHC) Assessments: During early stages of the pandemic, we began to hear confusion about changes to the way CHC was being implemented. Initially, we were told about someone who was confused about their assessment, which was being held over the phone. We were later made aware of further instances of people with increasing health needs who were not being offered CHC eligibility assessments. It was difficult for people and support organisations to find up-to-date information about how CHC assessments were being implemented locally, and then about how long they would be paused for.

Accessibility of CHC assessments: After a national pause, CHC assessments restarted in September. In October we heard some feedback about how the assessment processes were working for people. There were challenges with participating in the process over Zoom - due to lack of internet at people's homes, not having the right devices, or carers/personal assistants not being able to use Zoom. Personal assistants spoke of being "bombarded" with calls in order to arrange a DST (Decision Support Tool), which they found intrusive. However, we did hear some positive feedback about a DST meeting that had worked well over Zoom.

I don't think the needs and wishes of people who use services have been properly assessed or addressed during the pandemic. I don't think they are properly addressed at any time but the pandemic has made this worse.

Concerns about funding for organisations, voluntary and community sector organisations have played a crucial role in the City responding to the impact of covid on the communities they work in and with. Many organisations are worried that within the current economic climate they may struggle or cease to be available in the future.

2.5 Access to Vaccinations

There are several issues for disabled people accessing vaccination. These issues have been identified from a mixture of site and process access visits and some feedback from initial vaccinees.

Accessible information: People do not always know where to go to access information in an accessible format, for example easy read or audio versions.

Pre and post-vaccination information is not always made available in an accessible format. The issues can be the lack of onsite accessible formats, to the pre-sending of BSL or audio versions where at up to 17 minutes long this would be better to have prior to arrival, where people are digitally enabled.

People have reported not receiving an invitation to vaccination directly in the format that meets their individual communication needs.

Public transport availability to appointments: This is an issue for people beyond the disabled community as well where cost is an additional factor. Some GP practices have shown good awareness and considered public transport availability and practicality by highlighting on information pages, or by identifying people with multistage bus journeys and where this was impractical providing alternative vaccination arrangements.

Invites for vaccination: The short notice of an invite for vaccination can lead to difficulties in arranging transport and/or a support worker to enable attendance.

Vaccination sites: The lack of choice between sites means that people are unable to ensure that they receive their vaccination at the site which is best able to meet their accessibility needs.

Eligibility for the vaccine: There is a lack of clarity and in some instance's inconsistent information regarding the priority list for vaccination.

One person reported being told by his consultant that he should be on the clinically vulnerable list but had not received an invitation for a vaccine and was unable to get through to his GP surgery by phone to chase up.

2.6 Impact of changes to the physical environment

Consultation: The lack of consultation on temporary changes and short consultation windows for permanent changes to the physical environment can cause unequal or excluding outcomes.

Temporary highway changes: These have led to the closing of some parking spots (ordinary and blue badge) and displaced bus services in the City Centre. This has impacted on both workplace and exercise needs of disabled people during the operation of the tier system and will resume as the unlocking process takes effect.

Pavement widening: Some decisions to close parking bays in order to increase pavement width have led to delivery drivers mounting the filled in parking bays and causing an obstruction on the widened pavements. Where pavement widening schemes are essential for social distancing it is important to highlight that difficulties caused by transport displacement may harm economic recovery for retail where disabled and older people form a significant proportion of the customer base. Therefore, timing for removal of temporary highway changes will be critical both for the economy and equality of access.

2.7 Disabled people having a voice



Consultation periods are often very compressed reducing or removing realistic contribution of disabled people and others as a direct result. During Covid-19 short consultation timescales have proved even more challenging as capturing of views and experiences have been limited to on-line feedback and virtual meetings.

Where insufficient time is given to allow disabled people to work through the implications of complex changes such as the Minimum Income Guarantee and then respond this can harm equitable outcomes of schemes due to unintended gaps or lost understanding of the impact of proposed changes and developments.

3 Recommendations

These recommendations come from the areas of concern highlighted in this report. We know this is not the full picture - there will be many people whose experiences we haven't heard, and there will be data that we don't have access to; therefore these recommendations should be considered a starting point for consideration, and not an exhaustive list.

Understanding impact: To support responses to the impact of COVID-19 on disabled people statutory sector organisations should undertake to gather and share relevant data they hold; for example the demographic take up on vaccines and the number of people with a learning disability in Sheffield who have died as a result of Covid-19.

Supporting disabled people to get out and about post lockdown: Support Travel Training and Mobility Training teams to respond to confidence and skills building. This may require additional resources.

Communication needs: Provision of consistent and accessible communication and information needs to be made available including the need to ensure,

- Consistent recording of communication needs on health records and systems
- A variety of communication methods are available to enable people to make direct contact with Public Services (in line with the Accessible Information Standard)
- The availability of information in different formats for example Easy read, Audio, BSL

BSL interpreters: Take immediate action to improve access to BSL interpreters in both council and health services. This could be supported by referring to previous recommendations in the Healthwatch Report Not Equal, auditing actions taken as a result of that report, identifying and addressing gaps.

Vaccine access: Develop a longer lead in time for invitations to vaccination so that people can arrange transport and/or a support worker to enable them to attend

Monitoring and addressing barriers to vaccines: To continue to monitor and address barriers, with clear information on how to report any issues, including what action you should take if you believe you have been missed off the vaccination priority list.

Support packages: Many support packages may need reshaping temporarily to steadily adapt to reduced restrictions. Returning to activities may take time and funding needs protecting to allow for a steady recovery.

Respite: Ensure respite needs are being met. Plan for extended respite cover needs to help Disabled people and carers recover from continuous care.

Care homes and supported living Develop ongoing mechanisms for listening to the experiences of people who are accessing these services and their families and be responsive to addressing concerns raised

Care home visiting Actively promote good practice to support visiting in care homes

Disabled people having a voice: Any COVID-19 based health and social service changes which are likely to become long term / permanent need to be consulted on. Where services (or parts of services) are being re-designed, those accessing care and support should be involved as equal partners in the process.

Tackling discrimination: Develop and promote public communication messages to help raise awareness and tackle discrimination. For example, messaging to support consideration of needs eg face mask exemptions, and understanding the challenges of social distancing for people with visual impairments.

Changes to the physical environment: Consultations on proposed changes should be done on an extended timescale to give greater time for people to respond. Particular care should be taken to ensure views have been sought from disabled people, with a range of consultation methods. There should be an open and transparent process which sets out how consultations and responses have actively informed and shaped the Equality Impact Assessment.

Community organisations who provide support to disabled people: Acknowledge the key role played by the voluntary and community sector and support the development of sustainable organisations including,

- CCG and SCC to maintain dialogue with charitable organisations providing health and social care services to disabled people to ensure there is understanding of risks to sustainability.
- Rolling over contracts that were due for review in 21/22 to allow organisations to focus on recovery and service delivery.

| Recommendation from Healthwatch Sheffield/Disability Sheffield Report | Action |
|--|---|
| <p>Understanding impact: To support responses to the impact of COVID-19- 19 on disabled people statutory sector organisations should undertake to gather and share relevant data they hold; for example the demographic take up on vaccines and the number of people with a learning disability in Sheffield who have died as a result of Covid-19.</p> | <ul style="list-style-type: none"> • CCG to investigate what data is collected around vaccination and protected characteristics, and if possible to share with Disability Sheffield. |
| <p>Supporting disabled people to get out and about post lockdown: Support Travel Training and Mobility Training teams to respond to confidence and skills building. This may require additional resources.</p> | <ul style="list-style-type: none"> • Director of Strategy & Commissioning to consider how need will be met. |
| <p>Communication needs: Provision of consistent and accessible communication and information needs to be made available including the need to ensure,</p> <ul style="list-style-type: none"> ➤ Consistent recording of communication needs on health records and systems ➤ A variety of communication methods are available to enable people to make direct contact with Public Services (in line with the Accessible Information Standard) ➤ The availability of information in different formats for example Easy read, Audio, BSL | <ul style="list-style-type: none"> • CCG to look at how we can improve the recording of communication needs on health records. • Scrutiny Chair to share the report with the Equalities Partnership, with a focus on corporate communication and consultation standards |
| <p>BSL interpreters: Take immediate action to improve access to BSL interpreters in both council and health services. This could be supported by referring to previous recommendations in the Healthwatch Report Not Equal, auditing actions taken as a result of that report, identifying and addressing gaps.</p> | <ul style="list-style-type: none"> • The Council, CCG and Teaching Hospitals to meet with HealthWatch Sheffield and Disability Sheffield to consider the issues BSL users are having and how this might be improved through the retendering of the interpreting services contract later this year. |

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| <p>Vaccine access: Develop a longer lead in time for invitations to vaccination so that people can arrange transport and/or a support worker to enable them to attend</p> | <ul style="list-style-type: none"> • CCG to look at how access to vaccination could be made easier for disabled people; whether there is scope to influence the national programme, or local flexibility – raise with Citywide Vaccination Group and feed back to Disability Sheffield. |
| <p>Monitoring and addressing barriers to vaccines: To continue to monitor and address barriers, with clear information on how to report any issues, including what action you should take if you believe you have been missed off the vaccination priority list</p> | <ul style="list-style-type: none"> • CCG to consider how communications approach could help tackle barriers to accessing vaccination. |
| <p>Respite: Ensure respite needs are being met. Plan for extended respite cover needs to help Disabled people and carers recover from continuous care.</p> | <ul style="list-style-type: none"> • Head of Service, Future Options to raise with Leadership Team and share report/liaise with Care Trust re respite needs. |
| <p>Disabled people having a voice: Any COVID-19 based health and social service changes which are likely to become long term / permanent need to be consulted on. Where services (or parts of services) are being re-designed, those accessing care and support should be involved as equal partners in the process.</p> | <ul style="list-style-type: none"> • Scrutiny Chair to share the report with the Equalities Partnership, with a focus on corporate communication and consultation |
| <p>Tackling discrimination: Develop and promote public communication messages to help raise awareness and tackle discrimination. For example, messaging to support consideration of needs eg face mask exemptions, and understanding the challenges of social distancing for people with visual impairments.</p> | <ul style="list-style-type: none"> • Scrutiny Chair to share the report with the Equalities Partnership, with a focus on corporate communication and consultation |
| <p>Changes to the physical environment: Consultations on proposed changes should be done on an extended timescale to give greater time for people to respond. Particular care should be taken to ensure views have been sought from disabled people, with a range of</p> | <ul style="list-style-type: none"> • Scrutiny Chair to share the report with the Cabinet Member for |

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| <p>consultation methods. There should be an open and transparent process which sets out how consultations and responses have actively informed and shaped the Equality Impact Assessment.</p> | <p>Transport and Planning, highlighting the issues around consultations on changes to the physical environment and the need to ensure views are sought from disabled people.</p> |
| <p>Community organisations who provide support to disabled people: Acknowledge the key role played by the voluntary and community sector and support the development of sustainable organisations including,</p> <ul style="list-style-type: none"> ➤ CCG and SCC to maintain dialogue with charitable organisations providing health and social care services to disabled people to ensure there is understanding of risks to sustainability. ➤ Rolling over contracts that were due for review in 21/22 to allow organisations to focus on recovery and service delivery. | <ul style="list-style-type: none"> • Director of Strategy and Commissioning reported that contracts are dealt with on a case by case basis and will consider how approach to contracts due for renewal in 2021/22 can help organisations focus on recovery and service delivery. |
| <p>Additional Actions from the meeting:</p> | |
| <ul style="list-style-type: none"> • Report to be shared with Chair of Children, Young People and Family Support Scrutiny Committee, recognising that these issues also affect children and families (Scrutiny Chair) • Report to be shared with Equality Lead at STH – noting the negative experiences disabled people have had in hospital during Covid (CCG) • Consider further engagement work with disabled people on ‘covid recovery’ and what support people need and want as we move back into a new normal (Disability Sheffield) | |

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