Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 22 July 2020 at 4.00 pm

To be held as an 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, Garry Weatherall and Vacancy

Healthwatch Sheffield
Lucy Davies (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
22 JULY 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 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 5 - 14)
To approve the minutes of the meeting of the Committee held on 16th June, 2020.

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

7. Track, Trace and Isolate System (Pages 15 - 26)
Report of the Director of Public Health.

8. Sheffield Local Outbreak Control Plan (Pages 27 - 48)
Report of the Director of Public Health.

9. Work Programme (Pages 49 - 54)
Report of the Policy and Improvement Officer.

10. Responses to Public Questions (Pages 55 - 62)
To note the report of the Policy and Improvement Officer.

11. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 19th August, 2020, 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 16 June 2020

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020).

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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

1. APOLOGIES FOR ABSENCE

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

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

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

4. PUBLIC QUESTIONS AND PETITIONS

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

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

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

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

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

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

5. MINUTES OF PREVIOUS MEETING

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

5.2 *Matters Arising*

5.2.1 With regard to items 4.2.1 and 4.2.2 of the minutes, which stated that (a) responses from the Clinical Commissioning Group (CCG) with regard to the questions raised at the previous meeting and (b) the information requested with regard to grant funding, would be available at the next meeting to be held in March, it was stated that the responses and information would be reported when the Committee next considers Continuing Health Care.

5.2.2 The Policy and Improvement Officer stated that the Work Plan for the Scrutiny Committee was to have been discussed at the meeting to have been held in March, but would be considered at the end of this meeting.

6. ADULT SOCIAL CARE IN SHEFFIELD DURING COVID-19

6.1 The Committee received a report which provided the Scrutiny Committee with an update on the Adult Social Care impacts and response to the Covid-19 pandemic.

6.2 Present for this item were Sara Storey (Interim Director of Adult Health and Social Care), Louise Brewins (Head of Performance and Intelligence), John Doyle (Director of People Strategy), Nicki Doherty (Director of Delivery, Care Outside of Hospital, Sheffield Clinical Commissioning Group (CCG)), John Macilwraith (Executive Director, People Services), Councillor Jackie Drayton (Cabinet Member for Children and Families) and Councillor George Lindars-Hammond (Cabinet Member for Health and Social Care).

6.3 Sara Storey introduced the report and stated that dealing with the pandemic had proved to be a significant challenge for health and social care and stated that she was very proud and grateful to staff who worked within the Council and across the sector, most having worked on the frontline, delivering direct care and support. She said that the majority of staff had worked really long hours and long days over the past few months and although it might feel that there might now be a brief interlude, the challenge is by no means over. The Government guidance regarding Covid 19 was changing on a daily basis, but she felt that the sector was responding well to the challenges.

6.4 Sara Storey stated that she felt it was important to highlight the really positive partnerships that have been developed with the voluntary sector and health and social care partners, which had been a team effort to find out what people need and respond to it as quickly as possible.

6.5 In response to the first public question asked at this meeting relating to Unsafe Discharge to Care Homes, Sara Storey stated that there were agreed discharge principles to share with the Committee which is an evolving situation and learning rapidly from the Teaching Hospitals. She said that written answers would be provided to any questions she was unable to respond to at this meeting.

6.6 Councillor George Lindars-Hammond thanked Sara Storey for her report and acknowledged that everyone working in the City's care homes were working incredibly hard during these very difficult times and it had been very difficult, but despite these challenges, everyone had worked extremely hard to get through this

and get the city to a better place.

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

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

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

- It had been known for a long time that social care has been underfunded, and one of the additional challenges for care homes was that occupancy levels had reduced due to deaths in the homes, alongside the availability of family members being able to care for those who would normally be in a home for respite. The Council was working with providers to understand new business levels and make changes so that we can work to support providers, perhaps through different models of care – for example by providing a hub and spoke level of care within communities, offering more care within the person's own home. There was to be a strategy review to try and take account of the circumstances and gain a balance of support within the sector.

- Staff shortages due to sickness, shielding and self-isolation had been reported and the Council has recruited additional staff to offer support to care homes to cover such shortages where necessary.

- The Council had to balance the risks of people catching the virus with the risks to those who were isolated and face loneliness, and the impact on their emotional and mental wellbeing and need to be aware of how to support this. During the pandemic, the Service had made 30,000 calls to those in Sheffield that had been identified by the NHS as clinically vulnerable requiring shielding, offering support through a combination of City Council staff, the NHS, voluntary, community and independent sector services offering food deliveries, medicines and social contact for those who live alone. Contact had been made by the Localities Team to 1,000 carers which had been comprised from a list that had been created by the Sheffield Carers Centre, which identified those who were considered to be high risk, to ensure they were safe and made aware of who to contact in a

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

- The Service has been in contact with many organisations to get as much perspective of what people need and offer therapeutic support. Communication through daily emails, regular contact with social workers, help and information regarding sourcing personal protective equipment (PPE) and passing on positive feedback to care homes had worked well.

- It was acknowledged that the Sheffield Carers Centre was doing a great job during this difficult time and, before the lockdown, plans were in place to see how the Council can make improvements and offer more support to the Carers Centre.

- There were many challenges and barriers still to be faced, but there was a feeling of optimism following the positive way of working and community support that had been outstanding, it was hoped that we can continue to maintain partnerships forged during this difficult time. The response to the crisis had allowed many changes to be made.

- There were very positive longer term consequences through staff having to find different ways of working. Additional staff had been recruited to support care homes that have needed additional support, and all this has been managed with the minimum of fuss. The focus has been on what is needed and not about who pays for what. The actions of those who have volunteered to look out for neighbours, collect shopping and prescriptions etc., just being "good neighbours", was commended and it was hoped that this continued after the crisis was over.

- Information was currently not available with regard to the ethnicity of the deceased, due to it not being recorded on the death certificate. There may be ways to gather this information but currently there was no way to analyse the records. With regard to Ward based data, the most recent data released was available and below is the relevant link to that information - *Sheffield Joint Strategic Needs Assessment* *(scroll down the page and click on Covid 19 Vulnerability Index and Data Quilt)* A more detailed analysis into the various causes of death, not just Covid 19, was to be undertaken. There were time lags in obtaining the level of detail. Data and information regarding discharges into care homes needs to be compared from previous years and that analysis was taking place. The levels of discharge were consistent with the level of activity in relation to Covid 19.

- With regard to discharge from hospital into care homes when the outbreak of the virus first became apparent, there was an expectation of a huge impact on hospital capacity and hospital wards needed to be emptied to be able to respond to this. There had been many options to mobilise this, however, fortunately in Sheffield, the reality was that the hospitals coped exceptionally well. Although there were many reports in the media about pushing people into care homes and care home managers being unable to

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

- We have been very fortunate in Sheffield due to proactive and empowered individuals who worked to get us ahead of the game and also have the benefit of multiple partners who put us in the position to support the national ways of working.

- We will learn locally as well as nationally, as to whether we could have done things differently which might have resulted in different outcomes. There was not sufficient consideration nationally to how we could support the whole care sector. Systems were in place to recognise the risks wherever possible.

- One of the national issues that need to be picked up was being able to have unfettered access to testing residents in care homes, which had been too late and in too few numbers.

- In terms of learning from this, we need to find out what had gone wrong and what had gone right. There are some care homes that did everything possible to prevent an outbreak of the virus but infections were still recorded. Care homes have done absolutely everything they can to support people, and blame shouldn't be attached to care home providers.

- The Care Home Working Group was taking advice from the public health team on how the Council can support care homes and was looking into the issue of families being able to resume visiting and contacting residents in care homes. Again, this is about balancing risks from the virus with risks to emotional wellbeing.

- A webpage is available giving information for, and about providers and consideration would be given to placing on the website further information gathered.

- All care homes in Sheffield are independent sector homes. As well as the annual uplift, a 5% covid uplift has been given to providers and they have been asked to identify any additional costs. The Council has committed to supporting providers to cover all covid-related extra costs. Rather than a blanket uplift, because all providers are different, they have different situations and costs, face different problems, and the sector was funded through a variety of different ways. Providers have a different mix of funding streams and the Council does expect them to have their own business plan in place.

- With regard to PPE, the City has responded well in getting PPE to care home providers. Across the region we have a much more secure position in relation to overall stock and have not passed on any additional charges. The Strategic Review will give us the opportunity to meet the needs and see what care looks like in the future and how can we position ourselves to deal with it.

- There was a lot of thinking around meeting needs and supporting people and balancing the risks was difficult due to Government restrictions, and needs were met in different ways, i.e. collecting shopping, and prescriptions. In the longer term, social support and support to reduce isolation was essential. Work had been done regarding communication. It had been found that some, for example persons with autism, responded better to virtual meetings and felt that form of contact was very supportive. The Council has tried to identify those most at risk, and will need to ask what was their preferred form of contact and how the Council can enable it, and this also depends on the lifting of restrictions. Discussions have taken place with Cabinet Members and providers as to how we can reinstate some services, i.e. respite, shared lives, etc., and encourage those in need to get in touch, and the service will provide support.

- There was a need to look at the People Keeping Well programme which was chiefly important because the Programme engages communities to do work to keep people independent. The Council was looking at how we can restart to maintain the same level of volunteering work with regard to those providing domiciliary care. It had been thought that some of the domiciliary care workers had been made to feel that they had to go to work when they were ill, in fear of losing their jobs if they didn't go to work.

- In terms of deaths in the Crabtree and Fir Vale Middle Super Output Area (MSOA), there have been 66 deaths recorded due to Covid 19 during the period March to May 2020, of which more than two thirds have been associated with care homes, rather than in the wider communities. In terms of comparing numbers and rates, the information will be gathered to allow rates to be looked at, to determine whether it is significant or not. Deaths have been concentrated particularly in people over the age of 60, and over 95% of those who have died had a pre-existing long term condition. Those living in areas of deprivation do tend to have a higher prevalence of long term health conditions. There are seven care homes in the Crabtree and Fir Vale area.

- It is not known how many people who were shielding have died, This will require a full analysis.

6.10 Members made a number of comments as follows:-

- Concerned about the future viability of care homes. Been fortunate in the diversity in the range of care homes in the city which was useful economically, given that the uplift mentioned and the rates we pay to providers is below comparative authorities, bearing in mind where residents from lower income backgrounds were more reliant on social care. When the Strategic Review is carried out, it was hoped there is a serious look into the viability of the homecare market.

- It's about how we move forward. If there is to be a second wave of infections, what are we doing as a city, do we need to find extra resources,

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

- Are we looking at profitability? The care home provision comes under two strategies. We need to be clear whether homes are providing a statutory service on our behalf and what happens there, ultimately, it is the Council's responsibility. We need to try to ensure that excess profits aren't being taken, and make sure we're not putting constraints on care homes and putting staff and those being cared for at risk. Local authorities are still the biggest purchaser of care in the country.

- We need to make sure we use all the information we gather to recommission services.

- All local authorities are working on a recovery plan, and planning for winter to ensure they can cope with the usual winter pressures. Everyone is in a different place and it will depend on the experience of individual teams and providers.

- We need a national solution to social care funding. This cannot be resolved without a national solution. Social Care staff were often seen as second class citizens and this cannot continue. The bottom line was funding. The impact of self-isolation was acknowledged, and we need to be funding and support those who are self-isolating.

6.11 RESOLVED: That the Committee:-

(a) thanks Sara Storey, Louise Brewins, John Doyle, Nicki Doherty, John Macilwraith and Councillors George Lindars-Hammond and Jackie Drayton for their contribution to the meeting;

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

(c) also :

- thanks front line staff and providers who have done a fantastic job during this difficult time, despite national funding challenges;
- during this period – in particular the sad loss of Councillor Pat Midgley, the former Chair of this Committee;
- believes that the current crisis has demonstrated the need for social care staff to be adequately rewarded and recognised for the important role they play; and
- supports the need for a national funding solution to ensure a sustainable future for adult social care;

(d) welcomes :

- the contribution of the VCF Sector to the City's Covid-19 response;

- the strength of multi agency working during this period, particularly the relaxation of financial barriers to multi agency working;
- the development of new and innovative ways of working across the city;
- the approach that the Council is taking to distributing discretionary social care funding to providers during the emergency; and

(e) calls for follow up reports within the next six months on action to :

- maintain and develop sustainable and resilient residential and domiciliary care sectors through the forthcoming strategic review. In order to support this work, the Committee requests the opportunity to consider these reviews before they are submitted to Cabinet;
- identify and share learning from examples of good practice as we move forwards into the 'new normal'; and
- consider systematically how we can sustain positive developments and new ways of working in adult social care that have emerged, or been accelerated, as a result of the city's response to Covid-19.

7. DRAFT WORK PLAN

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

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

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

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

8. DATE OF NEXT MEETING

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

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Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

Report of: Director of Public Health, Greg Fell

Subject: Track, Trace and Isolate System

Author of Report: Ruth Granger, Health Protection Manager with Catherine Pritchard Policy and Performance Officer

Summary:

The Scrutiny committee have requested a briefing paper on the Test Trace and Isolate (TTI) programme elements of the response to Covid-19. The paper outlines key elements of work to prevent and manage the spread of Covid-19. This includes the national 'Test and Trace' programme as well as our local work to support and augment the national work. Locally we refer to this as Test, Trace and Isolate as this summarises the key workstreams where we are working to reduce the spread of Covid-19 and ensure that people in the city can live and work in a safe way.

The report also outlines the local governance arrangements, required by government to prevent and manage Covid-19 including the establishment of an Outbreak Control Board (known locally as the Sheffield Covid-19 Prevention and Management Board). These governance arrangements include the Sheffield system response with a range of partners including the NHS and voluntary sector. The information presented has been requested by the Committee to enable it to scrutinise local involvement during the current COVID-19 pandemic.

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	**X**
Other	

The Scrutiny Committee is being asked to:

The committee is asked to consider and comment on the contents of the report and the rapidly developing work in this area. The committee are also asked to note the national work and our work in Sheffield to support and augment the national system. The committee are requested to use their leadership role in communities to promote the importance of testing, tracing and isolating to reduce the spread of Covid-19 in our city.

Background Papers:

The Sheffield Outbreak Control Plan
https://www.sheffield.gov.uk/content/sheffield/home/your-city-council/coronavirus-public-health-messages.html
Gov.uk Test and Trace Bulletin
NHS information on contact tracing for example
https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

Category of Report: OPEN

Report of the Director of Public Health, Greg Fell

1. Introduction/Context

1.1. This report is brought to the Healthier Communities and Adult Social Care Scrutiny Committee in light of the current Covid-19 pandemic. The apparent spread of Covid-19 in the early months of 2020 globally led to increasingly largescale measures being adopted. On 23 March 2020 the United Kingdom entered into a 'lockdown' due to the Covid-19 pandemic, the lockdown was utilised as a measure to slow the spread of Covid-19. Currently there is no vaccine for Covid-19 with prevention measures limited to reducing the spread of the disease. The most effective ways of reducing spread are through individuals self isolating when they have the disease, identifying contacts and then those contacts self isolating, regular handwashing and maintaining social distance to reduce the spread. National guidance is issued on these prevention measures and is regularly updated.

1.2. This report is being presented to scrutiny on the basis of the current Test, Trace and Isolate work during the Covid-19 pandemic with a particular focus on the 'trace' component which is also known as contact tracing. This report covers the work of both the national NHS Test and Trace service and how we, as Sheffield City Council, with partners in the city are supporting and augmenting the national system locally.

1.3. Sheffield City Council has been working with partners to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall Covid-19 response. This activity will continue in this phase of pandemic management, working closely with Public Health England (PHE). Public

Health England are regionally based and provide expert advice on managing infectious diseases such as Covid-19.

2. National NHS Test and Trace process

2.1. How is testing organised?

The testing component of the work is organised through a national approach which includes Pillar 1 (testing in NHS and healthcare settings) and Pillar 2 testing (testing for members of the public). Members of the public who have symptoms are able to book a test through ringing NHS119 or booking a test through www.nhs.uk/coronavirus. Once a person tests positive their details are passed through to the national Test and Trace service who conduct contact tracing.

2.2. What is contact tracing?

Contact tracing forms one part of outbreak management and sits within other investigative work to reduce the spread of Covid-19. Contact tracing is a method used in control of many infectious diseases. Through finding out the people a person with an infection has been in contact with it is then possible to ask 'contacts' to isolate as quickly as possible, reducing the opportunities for further onward transmission. Contact tracing is only an effective part of reducing transmission if those advised to self isolate do follow that advice and do self isolate.

2.3. What is a contact?

A 'contact' is someone who has been in close proximity with someone who has tested positive for coronavirus and who may or may not have contracted the virus from them. For Covid-19 close contact includes household contacts and sexual contacts or spending more than 15 minutes within 2 metres of someone or having face to face contact with someone less than a metre away. A close contact is also a person who has travelled in a car with a person who has tested positive.

2.4. What is the contact tracing process?

A national contact tracing service NHS Test and Trace has been in place since the end of May 2020.

Contact tracing helps to trace close recent contacts of anyone who tests positive for COVID-19 and then notifies those contacts to self-isolate at home. Self-isolation is for a 14 day period from when you were last in contact with the person who has tested positive. If a person who tests positives identifies you as a contact you will receive an alert which will be either a text, email or phone call. There is an NHS test and trace website you can log into or trained call handlers are available to talk you through what you must do.

2.5. **Figure 1: NHS Test & Trace process from testing to contact tracing**

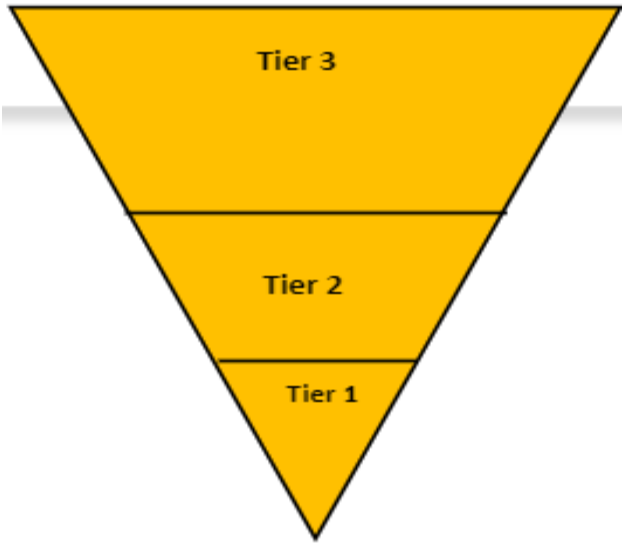
COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.

If the test is positive, this is a referred to as a lab-confirmed case. Community testing for COVID 19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.

In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test and Trace service (Tier 3). They will be asked where there been recently and who they have been in close contact with.

These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)

Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



Tier 3- Call handlers - Phone based contact tracing, only low risk contacts will be managed by this Tier (Contracted external provider)

Tier 2 dedicated professional contact tracing staff-Phone based contact tracing. Risk assessment, follow-up and management of cases, contacts and situations without complexity (staff employed by NHS through NHS Professionals)

Tier 1 Public Health England Health Protection team and Local Authority-Risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces (PHE and LA)

3. Our work in Sheffield

3.1. Sheffield City Council are developing our local capacity to support PHE's existing Tier 1 contact tracing function. This local capacity will work alongside PHE in order to:

- Provide local knowledge and expertise to aid effective contact tracing

- Support and augment outbreak control by providing extra support in settings or groups where additional skills, local knowledge or capacity may be beneficial.
- Support individuals, especially vulnerable groups to be able to self isolate through our established community support work
- We expect to draw on our local capacity when existing PHE capacity is fully utilised. Our Sheffield Tier 1 contact tracing work to support and augment the national service is being developed and will include:
- An operational lead
- Two or three contact tracing 'team leaders'
- A team of contact tracers (up t0 30-50) , using temporarily deployed staff from within the Local Authority.
- This additional capacity will be added to our existing team of Environmental Health Officers who are very experienced in contact tracing. This capacity is being rapidly developed and staff being trained so we are ready to augment the work in complex situations with PHE as soon as possible.

3.2. We have extensive programme management arrangements in place in the council to manage our contribution to the Test Track and Isolate work and this feeds into a number of strategic and operational groups which are further detailed in the governance section of this paper.

3.3. What is the national track and trace system showing us?
Data from the national NHS Test and Trace service shows us that between 28th May and 1st July 1,639,272 people nationally were tested for Covid-19 and 30,797 were positive. Nationally during the same time period 75.7% of people who tested positive were reached to provide details of their contacts.

3.4. Locally we have only recently started receiving more detailed data about cases of people who test positive in Sheffield and who are followed up by the national Test and Trace service. The numbers fluctuate daily due to when the data is uploaded but the average number (based on the previous 7 days up to 7th July) of positive cases reported to NHS Test and Trace from Sheffield residents was 15. We now have some access to more detailed data about these cases for example their postcode but some data which would help us in preventing outbreaks is incomplete for example occupation or ethnicity.

4. The Outbreak Control Board and our governance arrangements

4.1. As part of the national response to the pandemic, all upper-tier local authorities have been required to set up a member-led Outbreak Control Board. In Sheffield we have designated this as the Covid-19 Prevention and Management Board, reflecting our aim of not just controlling outbreaks when they happen but attempting to prevent them from happening in the first place.

4.2. The Board is being established with the aim of developing reach into and understanding of the whole city. Reflecting this, its membership will ensure representation from:
- Cross-party elected members;

- Key response services, including Public Health, South Yorkshire Police and South Yorkshire Fire & Rescue;
- Voluntary and community organisations;
- Faith, BAMER, Disability, Carer and Business groups;
- Specific groups of interest or concern, such older people or student groups.

4.3. In line with the Outbreak Control Plan, the Board's role will be to:
PREVENT the disease from spreading
KNOW what is happening in our communities
RESPOND to outbreaks if and when they do occur
Create CONFIDENCE in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19

4.4. To achieve this, the Board will need to undertake the following:

- Strategic oversight and coordination of the city's work around Covid-19 control including both the prevention and management of Covid-19 outbreaks, as set out in the plan;

- Scenario planning for the approach the city might take in different sets of circumstances (e.g. if we have a greater number of cases than might otherwise be expected);

- Communication with residents, businesses and stakeholders in the city generally in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak;

- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease;

- To build confidence of the community that the city has a clear path and means of keeping Covid-19 transmission low and can safely reopen our economy; and

- Assuring progress towards the delivery of the Outbreak Control Plan.

5. Full Terms of Reference for the Board are being finalised and will be published when complete. Diagram 2 outlines the Governance of the Boards and the logistical requirements to run it.

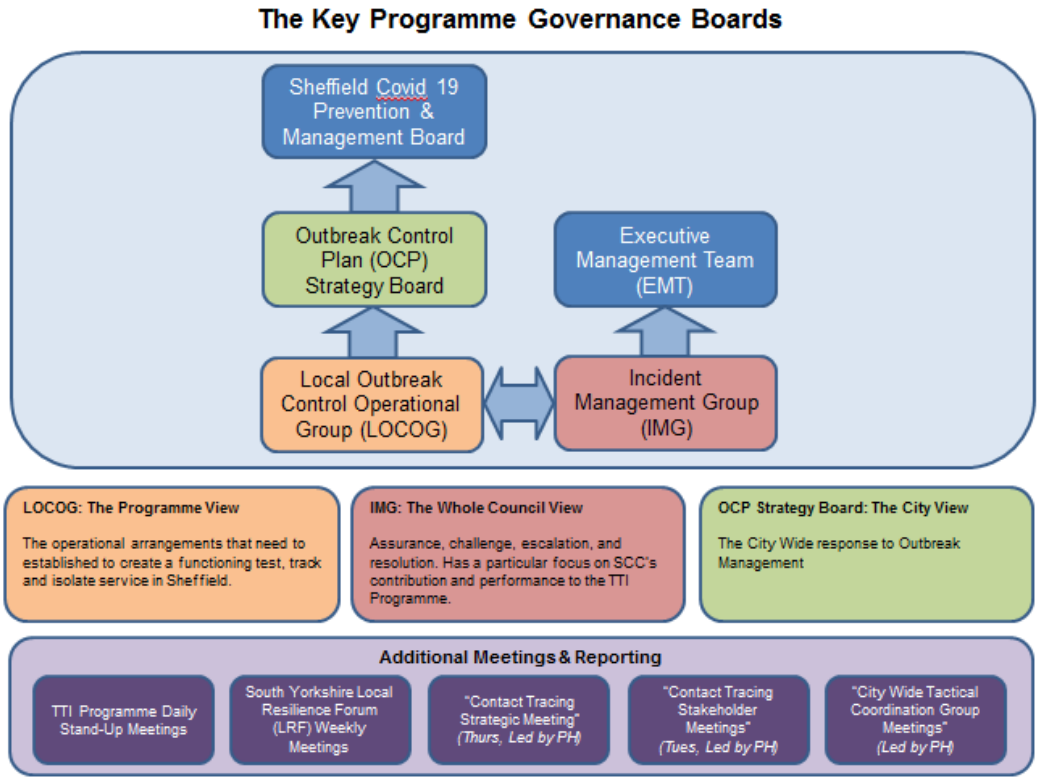


Diagram 2

6. Sheffield's Outbreak Control Plan (OCP) focuses on the seven themes identified by Government (table 1).

Table 1: Government themes

Theme 1: Care homes and schools	Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
Theme 2: Identification of high-risk places, locations and communities	Such as homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies
Theme 3: Local testing capacity	Prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc)
Theme 4: Local contact tracing	Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed
Theme 5: Data and integration	National and local data integration; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
Theme 6: Vulnerable people	Supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet

	the needs of diverse communities
Theme 7: Local Boards	Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public

7. Workstreams in the Outbreak Control Plan

7.1. In Sheffield we have grouped these objectives into six workstreams (table 2). The first four workstreams collectively make up our 'Test, Trace and Isolate' (TTI) programme. The TTI programme has its own programme documentation including named operational leads for each workstream.

7.2. The remaining two workstreams make up the cross-cutting programme of Surveillance & Intelligence; and Governance , Programme Coordination & Resourcing.

Table 2: Sheffield OCP workstreams

	Work stream	**Government theme and additional priorities**
Test, Trace and Isolate Programme	Preventing COVID-19 from spreading	Member-led Board Comms and engagement
	Outbreak management including testing	Care homes Schools Vulnerable people High risk settings Local testing capacity
	Contact tracing	Contact tracing
	Support to isolate	Vulnerable people
Cross-cutting programmes	Surveillance, intelligence and data	Data and intelligence
	Governance, Programme Co-ordination & Resourcing	Member Engagement Board OCP Strategy Board Programme Management Arrangements Effective Delivery Assurance and Evaluation Links to LRF Co-ordination of Capabilities

7.3. Further detail about these workstreams can be found in the Outbreak Control Plan, which is attached in full for further discussion later on the agenda.

7.4. A number of these workstreams are particularly related to Test Trace and Isolate and these are explained in further detail here.

7.5. Communications and engagement.

Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for Test, Trace and Isolate programme has also been developed. This includes using Public Health England communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self isolate. Partners

across the city are willing and able to share communications messages to amplify the messages. A key message is ‘don’t be a contact’ as we recognise that being asked to self isolate for 14 days is a very difficult thing for many people and that preventing being a contact, by for example maintaining social distance, is a key part of avoiding that.

7.6. Increasing access to testing

Sheffield has a Swabbing and Testing group which was established early in the response phase, to provide local NHS swabbing and testing capacity to support the national Pillar 1 and Pillar 2 testing. This local response is particularly important to ensure timely and comprehensive testing.

7.7. We are now in the process of developing this into a service for the duration of the Outbreak Control Plan (likely to be 18 months). The Swabbing and Testing service, in the context of outbreak management, will:

- Compliment the use of the Local Resilience Forum Mobile Testing Units which will be deployed to improve access to testing.
- Provide swabbing and testing of vulnerable individuals at increased risk from COVID-19 or of spreading COVID-19 (because of health or social circumstances), who are highly unlikely to be able to engage with the national NHS Test and Trace system.
- Provide mass swabbing and testing following advice from PHE, in the context of outbreak management if a Mobile Testing Unit is not suitable or available.

7.8. Supporting people to self isolate

If people are a ‘contact’ and are required to isolate, they will be offered support with supplies, medication or befriending for the fourteen days they must isolate. This support may be via NHS GoodSam, doorstep deliveries from various supermarkets, Community Response Teams or Community Hubs.

The Local Community Response Teams will help to co-ordinate the work in communities with other SCC colleagues and partners, VCF and health deliver regular updates to local councillors and provide assistance to reach all our communities to offer the information, support and help they need.

7.9. Supporting people to self isolate has three key aspects of support to enable people to maintain the potentially difficult requirement to isolate for 7 or 14 days. These aspects are:

- Practical support – help with shopping, collecting medicines etc
- Emotional support - calls and contact to support mental health
- Financial support – advice and potentially covering costs

7.10. Supporting people to isolate, particularly vulnerable people, is a key component in reducing the spread of COVID-19. Testing and tracing will not reduce the transmission of the virus unless people also isolate when they have symptoms, have tested positive or have been identified as a contact of a confirmed case. We recognise that groups in our communities who are already more affected by inequalities or those who

have poorer underlying health are more likely to need support to self isolate and we will work to ensure that our support is directed towards those who need it most.

7.11. In Sheffield we have a well established COVID-19 programme for community support and this continues to provide support particularly to vulnerable people in Sheffield in a collaboration between Sheffield City Council and the voluntary sector. This service focuses predominantly on the first two themes of support – practical support providing humanitarian aid, such as food parcels or help with shopping, help with getting medicines, and emotional support including befriending.

7.12. We are exploring options for providing financial support to people, to enable them to self-isolate. Links to organisations who can provide financial advice are already in place (eg Citizens Advice Sheffield) but may need to be expanded.

8. Resourcing

8.1. Sheffield City Council has been allocated £3.1m from the Department of Health and Social Care, to be spent on outbreak control work. This funding has been allocated according to the Public Health Grant formula. While this additional funding is welcome, delivering these plans will require much more than money – it also needs an optimal NHS Test and Trace Service, high quality and timely data flows, the right levels of capacity in all parts of local government and the health and care system, and strong national impetus to promote public health messages.

8.2. An investment plan for the £3.1m is being developed. It will include:

- Additional contact tracing capacity to deploy in vulnerable or complex communities or settings.
- Infection Prevention and Control / Environmental Health resource to deploy flexibly if needed to support outbreaks
- Additional investment in surveillance and analytic capacity.
- Additional support for self isolation through the council and VCF support.
- Increased capacity for the core public health team to support outbreak management and support and augment Public Health England
- Resource to support the communications and engagement plan and to enable it to be effectively implemented

9. Role of the community and community organisations

9.1. From Table 2 on the Outbreak Control Plan workstreams it is clear that the role of the Council and the community sector is crucial in both increasing understanding of the test trace and isolate programme but also in supporting people in our communities to access a test, support contact tracing and be able to isolate. There are many community organisations including Voluntary Action Sheffield (VAS) and local groups contributing to the work in this area as part of the city wide partner response. Within the governance structure community organisations are represented at the Sheffield Covid-19 Prevention and Management Board (the Outbreak Control Board) and the Strategic Outbreak Control Plan Board.

10. Learning from work in communities

10.1. In this complex programme of work we are constantly learning how to best support different elements of the Test Trace and Isolate programme. This includes learning from the pilot contact tracing work that the voluntary group of Sheffield Community Contact Tracers carried out in April and May prior to the national contact tracing programme was in place. This work highlighted the importance of supporting individuals to self isolate and we have been learning from this in incorporating regular contact into our processes for supporting people. We also have community support as a key element of what we will resource through additional national funding.

10.2. Since the national programme was established it has increasingly become clear that the early work by the Community Contact Tracers which asked people to self-isolate if they had symptoms is now inconsistent with the national approach which asks people to self isolate when they test positive. As we have learnt more about the testing data we see that over 95% of people who are tested for Covid-19 test negative and therefore asking people to isolate on the basis of symptoms when the vast majority do not have Covid-19 is a particularly difficult request.

10.3. We know that the message is complex and that we need to be consistent with the national systems and messages we have in place. We are therefore maintaining our focus on asking people to self isolate on the basis of having a positive test result. Our concern is that separate initiatives have the potential to confuse and potentially diminish the effectiveness of the overall effort.

11. What does this mean for the people of Sheffield?

11.1. The Covid-19 pandemic has had a major impact on the communities of Sheffield as well as the UK and the world. The virus continues to be present in our communities and the pandemic is not over yet. We have limited options in preventing the spread of the disease. In this context the national Test Trace and Isolate process is vitally important for reducing the spread of Covid-19 in our city and helping us to keep safe. In Sheffield we are rapidly developing and implementing our work to support and augment the national programme.

11.2. Our work to support and encourage people in Sheffield to engage with test track and isolate will be crucial to reduce the spread. Our focus is on enabling communities to fully engage with these programmes so that we can keep our communities safe. We will as Sheffield City Council continue to provide and enhance our ability to support people being asked to isolate through practical emotional and financial support.

12. Recommendations

12.1. To consider and comment on the contents of this paper and the ongoing work regarding contact tracing with the progress of supporting and augmenting the national trace and track system locally.

12.2. For the Healthier Communities and Adult Social Care Committee to consider the importance and the benefits of encouraging Sheffield citizens to:

- get tested if they have symptoms
- cooperate with the national NHS Track and Trace contact tracing process
- stay at home if asked to self isolate

12.3. As elected embers to support the work communicating and engaging with communities through your role as well respected leaders and ambassadors for keeping our communities safe during covid-19.

Ruth Granger, Health Protection Manger and Catherine Pritchard, Policy and Improvement Officer Sheffield City Council on behalf of Greg Fell Director of Public Health

11th July 2020

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

Report of: Director of Public Health

Subject: Sheffield Local Outbreak Control Plan

Summary:

The Sheffield Local Outbreak Control Plan, summarised in the previous agenda item, is attached for the Committee's consideration.

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	**x**
Other	

The Scrutiny Committee is being asked to:

Consider the Sheffield Local Outbreak Control Plan and its governance arrangements, including its relationship with Scrutiny.

Category of Report: OPEN

COVID-19

Sheffield Local Outbreak Control Plan

Greg Fell
Director of Public Health
Sheffield City Council

Version 1.0
30 June 2020

1. CONTEXT

On 22 May 2020 Government announced that as part of its national strategy to reduce infection from SARS-CoV-2 it would expect every area in England to create a local Outbreak Plan. Government expects that local plans, led by the Director of Public Health, will be produced by the end of June 2020. National Guidance was issued jointly by Public Health England with five key partner agencies.

This Local Outbreak Plan builds on existing health protection plans and puts in place measures to contain any COVID-19 outbreak and protect the public's health. This is led by the Director of Public Health and involves a wide range of organisations in order to enable agencies in Sheffield to prevent, know about and respond to outbreaks of COVID-19 infection in our city.

This plan sets out the arrangements for surveillance of and response to local outbreaks and infection rates. Some of these (such as work in Care Homes) are already in place and have been working for some weeks. Other parts (such as how the National and Local Contact Tracing Systems interface) are still being developed nationally. Locally we acknowledge we have further work to do on some themes, for example further supporting those who need to isolate, and developing our resourcing plan.

The plan identifies aims, objectives, workstreams and the appropriate governance and responsibilities for each of those. This plan is supported by programme documentation, the detail of which is not reproduced in this plan for purposes of clarity and brevity.

2. INTRODUCTION

Sheffield City Council, alongside multiple organisations and partnerships across the city, has been working to support a range of settings (e.g. schools, care homes, workplaces) and communities, both proactively and reactively as part of the overall COVID-19 response. This activity will continue in the next Test, Trace and Isolate phase of pandemic management, working closely with PHE. However the focus of both the proactive and reactive work will need to change, as workplaces and schools open (requiring support with ensuring this is done safely), and as contact tracing programmes are established.

The COVID-19 pandemic can be viewed as a number of smaller outbreaks in local areas or groups of people. Outbreak control or outbreak management is the approach to both identifying where are there are cases of disease and then putting in place control measures to reduce the spread of the disease. Control measures can include contact tracing to enable speedy isolation of people who are potentially infected to reduce spread. In Sheffield City Council we work routinely with Public Health England and other local partners (for example NHS organisations) to manage outbreaks of a number of different infectious diseases using standard guidance. As local partners we have insight and relationships locally that can support outbreak control and this also applies for COVID-19.

This document is Sheffield's Outbreak Control Plan (OCP), and focuses on the seven themes identified by Government (table 1).

Table 1: Government themes

Theme 1: Care homes and schools	Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, potential scenarios and planning the required response)
Theme 2: Identification of high-risk places, locations and communities	Such as homeless shelters, migrant worker dormitories/accommodation for vulnerable migrants, high-risk workplaces (e.g. meat packing plants, slaughter-houses among others), places of worship, ports and airports. Defining preventative measures and outbreak management strategies
Theme 3: Local testing capacity	Prioritise and manage deployment of testing capacity quickly to the places that need it for outbreak management (e.g. NHS, pop-up, mobile testing units etc)
Theme 4: Local contact tracing	Led by PHE, but for LAs to consider mutual aid and support structures - identifying specific local complex communities of interest and settings. There is a need to develop assumptions to estimate demand, developing options to scale capacity if needed
Theme 5: Data and integration	National and local data integration and ability to measure R number locally; links with Joint biosecurity centre work (to include data management planning, data security and data linkages)
Theme 6: Vulnerable people	Supporting vulnerable people to self-isolate (e.g. facilitating NHS and local support, identifying relevant community groups etc) and ensuring services meet the needs of diverse communities
Theme 7: Local Boards	Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public

3. AIM AND OBJECTIVES OF THE OUTBREAK CONTROL PLAN

The aim of this Plan is to:

- **PREVENT** the disease from spreading
- **KNOW** what is happening in our communities
- **RESPOND** to outbreaks if and when they do occur
- Create **CONFIDENCE** in partners and residents in the city that a plan is in place for the city to prevent, know and respond to COVID-19.

There are a number of interventions available to us to achieve the aim of the Plan:

- Preventing outbreaks and cases before they occur via good infection prevention and control; rigorous messaging around hand hygiene, social distancing and staying at home when symptomatic.
- Significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.
- Managing outbreaks as they occur via routine outbreak management processes and Standard Operating Procedures (SOPs). Contact tracing is part of outbreak management.
- Developing local surveillance mechanism and early warning indicators. This will involve an integration of intelligence we receive from the Joint Biosecurity Centre and locally sourced intelligence, to help us intensify action where needed (specific geographies, settings, communities of interest).

The objectives of this Plan are to:

1. Outline the procedure for managing and responding to COVID-19 outbreaks in single settings and/or institutions e.g. schools and care homes, and in other high risk places, locations and communities of interest.
2. Outline local methods and access routes to timely testing and interfaces with national systems.
3. Outline the local and regional contact tracing capability and process in complex settings, and interfaces with national systems and programmes.
4. Summarise process and coordination of support for vulnerable people needing help to self-isolate.
5. Provide an overview of national and local data, intelligence and surveillance flows and role of the Joint Biosecurity Centre.
6. Summarise the governance structures for the management and response to localised outbreaks of COVID-19 in Sheffield, and across South Yorkshire including mutual aid processes
7. Outline the communications and engagement work needed to ensure the plan is successful.
8. Identify the resources needed to deliver the plan.
9. Define the roles and responsibilities of responding organisations and professionals.

We have grouped these objectives into six workstreams (table 2). The first four workstreams collectively make up our ‘Test, Trace and Isolate’ (TTI) programme. The TTI programme has its own programme documentation including named operational leads for each workstream. This detail has not been reproduced in this Plan, for brevity and readability.

The remaining two workstreams make up the cross-cutting programme of Surveillance & Intelligence; and Governance , Programme Coordination & Resourcing.

Table 2: Sheffield OCP workstreams

	Work stream	**Government theme and additional priorities**
Test, Trace and Isolate Programme	1. Preventing COVID-19 from spreading	• Member-led Board • Comms and engagement
	2. Outbreak management including testing	• Care homes • Schools • Vulnerable people • High risk settings • Local testing capacity
	3. Contact tracing	• Contact tracing
	4. Support to isolate	• Vulnerable people
Cross-cutting programmes	5. Surveillance, intelligence and data	• Data and intelligence
	6. Governance, Programme Co-ordination & Resourcing	• Member Engagement Board • OCP Strategy Board • Programme Management Arrangements • Effective Delivery • Assurance and Evaluation • Links to LRF • Co-ordination of Capabilities

WORKSTREAM 1: PREVENTING COVID-19 FROM SPREADING

A. Workstream purpose and key activities

The purpose of this workstream is to identify gaps in preventive action and act to fill them. Key activities will include:

- Advice and guidance to workplaces, settings and communities on preventing spread of COVID-19
- Identify areas of prevention where action or resource is missing and ensure action is taken
- Provision of technical and scientific support, advice and guidance - reactive and proactive
- Use of behavioural Sciences to inform action
- Development of tools and resources for other workstreams to use (eg Care Homes Guidance)
- Maintain overview of all preventive action
- Resource communications functions and advice on communications strategy to populations and settings
- Develop prevention guides for any settings which don't yet have them

B. Role of the Sheffield Outbreak Control Board in prevention

Outbreak control management only has a small impact on overall transmission reduction, estimated to be as low as 15%. At least half of transmission reduction to date has come from people staying at home, and 30% from social distancing. So these prevention measures of staying at home and social distancing will continue to be crucial in keeping cases of COVID-19 low in Sheffield. Studies are also suggesting that nationally, only approximately half of people with symptoms suggestive of COVID-19 are reporting them to the national NHS Test and Trace system. We need this to be much higher in Sheffield, therefore there is a very significant communication and engagement programme needed that will need to continue for at least 12 to 18 months.

One of the most significant roles for the Board will be preventing outbreaks and cases before they occur through rigorous messaging around hand hygiene, social distancing and staying at home when symptomatic. This needs significant and ongoing communication and engagement with individuals and communities, reaching into every bit of the city through work with partners and trusted message-givers.

C. Communications and engagement

Sheffield has an overarching communications plan for COVID-19. This plan balances the need to keep people safe and reduce transmission of COVID-19 with the need to also ensure that businesses can reopen. A detailed communications plan for Test, Trace and Isolate programme is in draft form. This includes using PHE communications assets as well as locally tailored messages particularly in relation to support for people to enable them to self isolate. Partners across the city are willing and able to share communications messages to amplify the messages.

WORKSTREAM 2: OUTBREAK MANAGEMENT INCLUDING TESTING

A. PHE/LA joint standard operating procedures and local guidance for settings

We will follow the PHE/LA Joint SOPs to guide our outbreak management actions. These SOPs cover the following:

- Care homes
- Domiciliary care
- Education settings
- Residential education setting
- Underserved groups
- University settings
- Vulnerable population in residential settings
- Workplace settings
- Primary care

In addition to the SOPs, we have produced local guidance for settings. This guidance is provider/setting-focused, based on the SOP, that helps providers/settings to understand what they need to do, should they become aware of an individual with symptoms, or on notification of a positive case. Currently the guidance for settings is available for schools and for hostels for homeless people. We will continue to develop guidance for settings to help them to understand their role should they become aware of cases.

We have established processes and increased our capacity to support PHE in outbreak management via the following:

- Established a Single Point of Contact (SPOC) email and phone number for PHE to alert the Local Authority to outbreaks; and a rota of staff (Public Health and Environmental Health) to staff the SPOC on a 7 day service (9am-5pm)
- Trained Local Authority Public Health staff to be able to participate in Outbreak Control Teams (in addition to Environmental Health staff, who already participate in Outbreak Control Teams)
- Trained Local Authority Public Health staff to chair these teams as needed by PHE

B. Access to testing

Sheffield has a Swabbing and Testing group which was established early in the response phase, to provide local swabbing and testing capacity to support the national Pillar 1 and Pillar 2 testing. This local response is particularly important to ensure timely and comprehensive testing.

We are now in the process of developing this into a service for the duration of this Outbreak Control Plan (likely to be 18 months). This service plan will include how the local testing service can be mobilised in the event of local testing being required, operational details about how this will be staffed and managed and the costs of this service. A service specification is currently being developed by the testing group to include a single point of contact and what capacity is available to be stood up in the even of outbreaks (potentially concurrently) that will require local testing support.

The Swabbing and Testing service, in the context of outbreak management, will:

- Provide swabbing and testing of vulnerable individuals at increased risk from COVID-19 or of spreading COVID-19 (because of health or social circumstances), who are highly unlikely to be able to engage with the national NHS Test and Trace system. This will be on an individual basis, based on a assessment by the outbreak control team with support from relevant providers such as General Practice and the Sheffield Drug and Alcohol Service.

- Provide mass swabbing and testing following advice from PHE, in the context of outbreak management (the LRF Mobile Testing Units will also be used, when necessary and when they have developed so that they are able to support outbreak management).

- Potentially provide swabbing and testing in event of the NHS Test and Trace system failing to work properly, for high risk situations or individuals.

WORKSTREAM 3: CONTACT TRACING

Contact tracing (also known NHS Test and Trace) forms one part of outbreak management and sits within other investigative work to reduce the spread of COVID-19. It is part of a wider approach to reducing the spread of COVID-19 which includes testing, tracing and isolating people who have COVID-19 so that the spread of the disease can be reduced. Contact tracing is a method used in control of many infectious diseases. Through finding out who a person with an infection has been in contact with it is then possible to ask those who may have been infected to isolate as quickly as possible, reducing the opportunities for further onward transmission. Contact tracing is only an effective part of reducing transmission if those advised to self isolate do follow that advice.

A national contact tracing service NHS Test and Trace is in place (figure 1). We are also developing our local capacity to support PHE's existing Tier 1 contact tracing function. This local capacity will work alongside PHE in order to:

- Provide local knowledge and expertise to aid effective contact tracing
- Support and augment outbreak control by providing extra support in settings or groups where additional skills, local knowledge or capacity may be beneficial.
- Support individuals, especially vulnerable groups to be able to self isolate through our established community support work

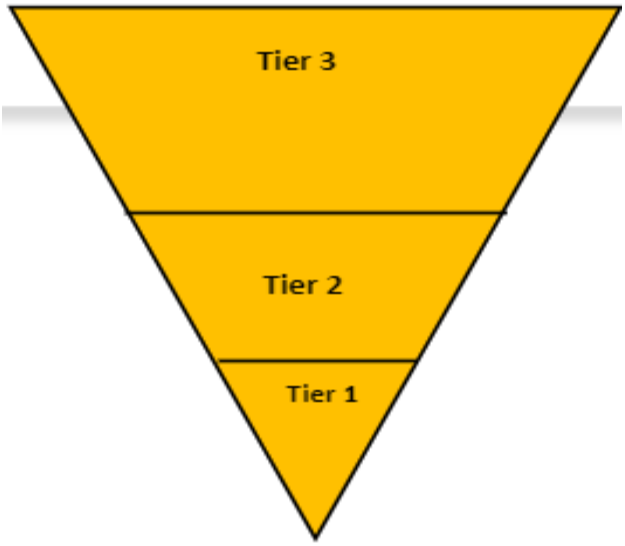
We expect to draw on our local capacity when existing PHE capacity is fully utilised. Our Sheffield Tier 1 contact tracing service will consist of:

- An operational lead
- Two or three contact tracing 'team leaders'
- A team of 30-50 contact tracers, using temporarily deployed staff from within the Local Authority.

Full details of the contact tracing function are contained in the Test, Trace and Isolate Programme Definition Document.

Figure 1: NHS Test & Trace process from testing to contact tracing

- COVID-19 cases are identified by taking specimens from people and sending these to laboratories around the UK to be tested.
- If the test is positive, this is a referred to as a lab-confirmed case. Community testing for COVID 19 is now in place through a variety of routes and is now open to anyone in England with compatible symptoms.
- In England, anyone who has a lab-confirmed case will receive an email, text or call from the NHS Test and Trace service (Tier 3). They will be asked where there been recently and who they have been in close contact with.
- These contacts are then advised or required to take certain actions, such as self-isolation, with the aim of interrupting the onward transmission of communicable diseases. (Tier 3 for low risk contacts and Tier 2 high risk contacts)
- Tier 1 working with PHE Local Health Protection Teams (HPTs) delivering their usual responsibilities of investigation and control of complex outbreaks and situations working with local authorities.



Tier 3- Call handlers - Phone based contact tracing, only low risk contacts will be managed by this Tier (Contracted external provider)

Tier 2 dedicated professional contact tracing staff-Phone based contact tracing. Risk assessment, follow-up and management of cases, contacts and situations without complexity (staff employed by NHS through NHS Professionals)

Tier 1 Public Health England Health Protection team and Local Authority- Risk assessment and management of complex cases, contacts and situations e.g. care homes, schools and workplaces (PHE and LA)

WORKSTREAM 4: SUPPORT TO ISOLATE

Supporting people to self isolate has three key aspects of support to enable people to maintain the potentially difficult requirement to isolate for 7 or 14 days. These aspects are:

- Practical support – help with shopping, collecting medicines etc
- Emotional support - calls and contact to support mental health
- Financial support – advice and potentially covering costs

Supporting people to isolate, particularly vulnerable people, is a key component in reducing the spread of COVID-19. Testing and tracing will not reduce the transmission of the virus unless people also isolate when they have symptoms, have tested positive or have been identified as a contact of a confirmed case. We recognise that groups in our communities who are already more affected by inequalities or those who have poorer underlying health are more likely to need support to self isolate and we will work to ensure that our support is directed towards those who need it most.

In Sheffield we have a well established COVID-19 programme for community support and this continues to provide support particularly to vulnerable people in Sheffield in a collaboration between Sheffield City Council and the voluntary sector. This service focuses predominantly on the first two themes of support – practical support providing humanitarian aid, such as food parcels or help with shopping, help with getting medicines, and emotional support including befriending.

We are exploring options for providing financial support to people, to enable them to self-isolate. Links to organisations who can provide financial advice are already in place (eg Citizens Advice Sheffield) but may need to be expanded.

Full details of this workstream are contained in the Test, Trace and Isolate Programme Definition Document.

A key aspect of asking people to self isolate to prevent the spread of COVID-19 is ensuring that our communications messages across the city are clear, and this is also addressed in Workstream 1.

WORKSTREAM 5: SURVEILLANCE, INTELLIGENCE AND DATA

A. Overview of this workstream

The data flows from the NHS Test and Trace system are essential for improving the understanding of the location and spread of the virus within the local population. This needs to be integrated with local surveillance data to provide a fully integrated city-wide early warning system. This section of the plan sets out the details of how such an early warning system for Sheffield will be established.

We are establishing a Sheffield Outbreak Data Monitoring Cell (citywide early warning system), based on elements of the clinical "big rooms" that acute hospitals use to refine and monitor processes through collaborative development and constructive challenge. The key principle would be to analyse data in near real-time, using time series and trend/forecasting analyses with the aim of:

- Identifying local outbreaks and hotspots through data analysis and mapping
- Providing evidence to aid decision makers about local lockdowns
- Provide evidence to aid decision makers looking to redistribute resources
- Provision of support (where required) to people self-isolating
- Where possible, undertake forecasting and predictive analytics

The objectives of the Sheffield Outbreak Data Monitoring Cell are:

- To receive, share and process data to and from a range of sources in a timely way to deliver all local Covid-19 outbreak management functions including contact tracing; and
- To integrate test, track and trace data from all sources to enable a) contact tracing, b) infection mapping and surveillance; c) epidemiological analysis to enable decisions and monitor effectiveness and impact; and d) provide support to people self-isolating as required and appropriate.

The Cell will be responsible for producing a high level exec summary extract of the full data analysis for daily review (using PHE's Template for sit reps as a guide). The key areas for the status report will be:

- Care Homes
- Hospitals
- Hostels/accommodation for homeless people
- Schools
- Local geographies (by postcode with Community Hub and PCN boundaries shown)
- Spotlight on BAME and Shielded groups

Information will be presented using ARC GIS maps and PHE Fingertips-like RAG ratings, indicating whether we are seeing stable trends; increasing trends; or falling trends relative to expected. As time-series data are developed, these will be used to forecast (we know that deaths in 16 days can be estimated from 111 and 999 data for example) and generate scenarios.

Additional information required:

- There is an important role for soft intelligence to support the work of the Cell, including information about what's happening 'on the ground' in communities from the VCF Sector. It is proposed this will operate as a weekly 'touch base' with VCFS partners, the hospital (front door team, A&E) and adult health and social care colleagues to assemble a sense of what is happening on the ground
- Sentinel GP practices are too dispersed in the City to provide a meaningful real-time update, but the primary care networks should nominate practices to provide sentinel surveillance to the Cell
- There are too many businesses locally to fully keep track of developments on an individual basis. It is therefore proposed that a regular online Citizen Space survey of local businesses is undertaken on a weekly basis to identify any emerging issues.

B. Information governance and legal basis

All organisations will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.
The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, and GPs. These notices require that data is shared for purposes of coronavirus (COVID-19), and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here: https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

WORKSTREAM 6: GOVERNANCE, PROGRAMME COORDINATION & RESOURCING

A. Sheffield COVID-19 Outbreak Control Board (Elected Member-led)

Local authorities are a required to establish a member-led Local Outbreak Control Board, alongside the OCP. In Sheffield this Board will be called the Sheffield COVID-19 Prevention and Management Board, as its remit is much broader than just outbreak control. This Board is currently in development and will be established by 1 July 2020, with likely ongoing iteration over time (figure 2).

The role of the Board is three-fold:

- PREVENT the disease spreading.
- KNOW what is happening in our communities.
- RESPOND to outbreaks if and when they do occur.

The Board will be sighted on and oversee a range of activities:

- Oversight and coordination of the city's work around COVID-19 control including both the prevention and management of COVID-19 outbreaks, as set out in this plan.
- Scenario planning for the approach the city might take in different sets of circumstances, where data suggest this is needed.
- Communication with residents, businesses and stakeholders in the city in relation to outbreak prevention and management, including an understanding of the interventions that might be required for different types/scales of outbreak.
- Engagement with communities and groups where outbreaks may be more likely or where they have occurred, with a particular focus on strategies to effect shifts in behaviour to limit the spread of the disease.
- Assuring progress towards the delivery of the Outbreak Control Plan.
- Understand the regulatory and enforcement powers we have and need in the city; and consent to use those powers and other mechanisms to keep infection rate low.
- Ensure line of sight to the Council's Cabinet agreed principles, in particular the first three: keep people safe and well, reopen economy and society, follow government policy.
- Providing assurance to partners and the public in order to build confidence and trust and promote working towards a common aim of reducing transmission of covid-19 in our city.

The Board will receive regular high level strategic oversight updates from the Outbreak Control Plan Strategy Board via the Director of Public Health and through these updates it will provide oversight and assurance of progress on the implementation of the Sheffield Outbreak Control Plan and the NHS Test and Trace programme locally.

The Board will identify areas of concern or barriers to delivery and, with the advice of the Director of Public Health, identify the appropriate action to take, including, where necessary, the escalation of issues through the OCP Strategy Board or LRF Strategic Coordinating Group/Recovery Coordinating Group as needed.

The Board will oversee the development and implementation of a unified city-wide communications and engagement strategy to support the effective prevention and management of outbreaks, with a particular focus on working with communities who may be more vulnerable to COVID-19.

The Board will also ensure that it identifies existing good practice and that lessons learned from other cities are taken into account in its work.

The Board will work alongside the city's recovery and renewal arrangements to ensure that its efforts are aligned, reflecting that recovery and renewal will be taking place in parallel with its work

B. Outbreak Control Plan Strategy Board

The OCP Strategy Board reports into the Outbreak Control Board. The scope of this strategic meeting covers the Outbreak Control Plan. Membership is drawn from Sheffield City Council, NHS, Community and VCF Sectors. The purpose of the meeting is to provide city wide leadership and direction, in order to assure the Outbreak Control Board that the Outbreak Control Plan is delivered.

C. Local Outbreak Control Operational Group

This meeting consists of the operational leads for the programme workstreams. Its purpose is to keep all operational leads informed and to ensure the smooth running of the TTI programme by identifying and removing barriers to progress and by identifying risks at an early stage.

D. Resourcing

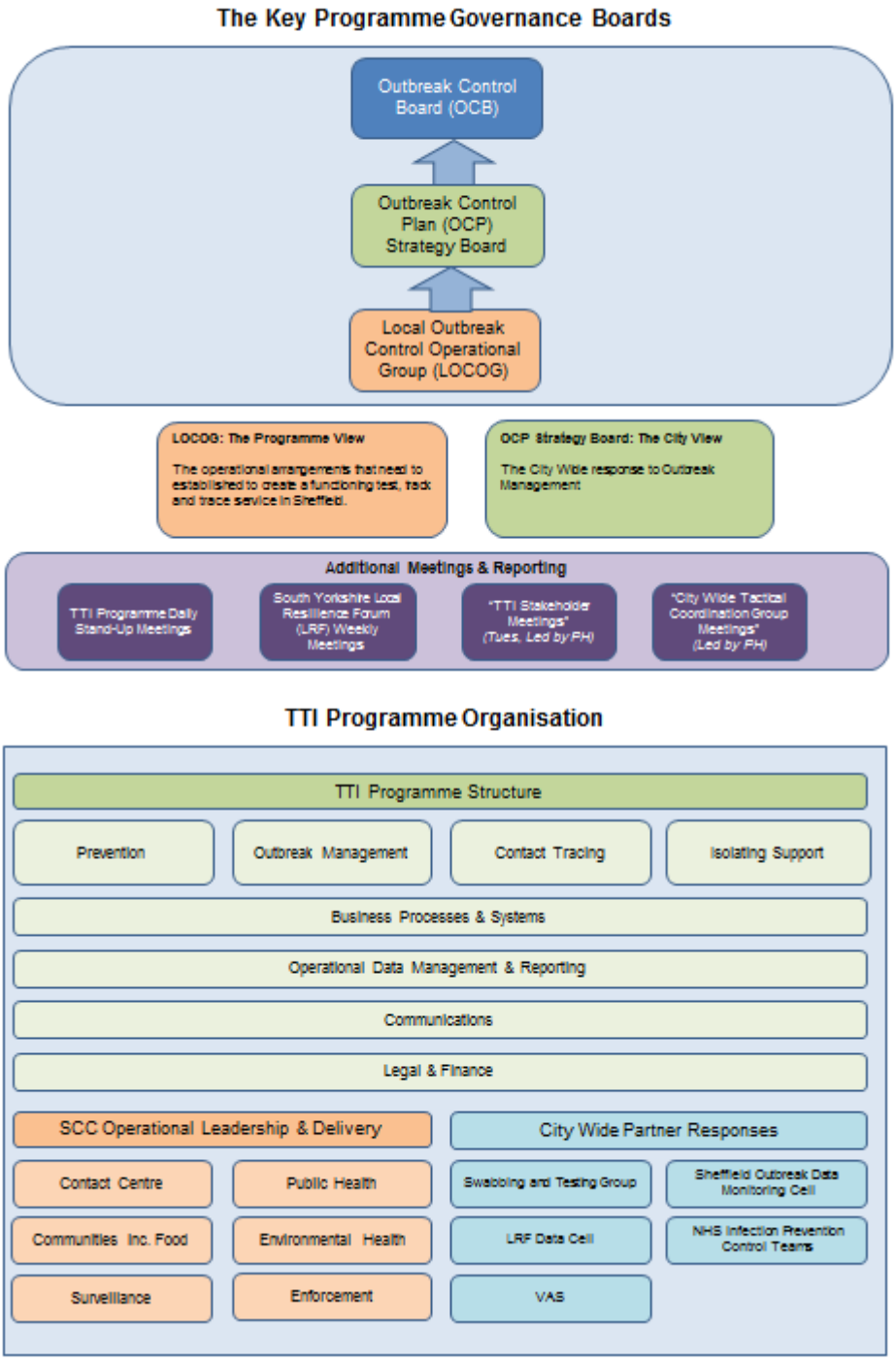
Sheffield City Council has been allocated £3.1m from the Department of Health and Social Care, to be spent on outbreak control work. This funding has been allocated according to the Public Health Grant formula. While this additional funding is welcome, delivering these plans will require much more than money – it also needs a fully operational NHS Test and Trace Service, high quality and timely data flows, the right levels of capacity in all parts of local government and the health and care system, and strong national impetus to promote the public health messages that we all know save lives.

An investment plan for this £3.1m s being developed. It will include:

- Infection Prevention and Control / Environmental Health resource to deploy flexibly if needed to support outbreaks
- Additional contact tracing capacity to deploy in vulnerable or complex communities or settings.
- Developing our own Health Protection team to complement PHE
- Additional investment in surveillance and analytic capacity.
- VCF support to isolate.
- Project support for the core public health team.
- Admin support – to maximise the specialist capacity.

- Operational lead for outbreak management (job role to be confirmed) and operational management generally for the range of tasks to stand up this response over a long period.
- Resource to support the comms plan and to enable it to be effectively implemented
- Possible backfill for core functions as PH team and others may be involved in this response for some time. This may include agency roles or retired / returnees.

Figure 2: Governance arrangements



APPENDIX 1: ROLES BY SETTING

	Setting									
	Care and residential homes (including LD)	Schools, College and Universities	Children's settings, Childcare and nurseries	Workplace – not open to public	Workplace – open to public	Prison	Vulnerable people – Homeless, hostels	Faith Settings	Hospital and health care	Other, including Faith, Public Transport, Community settings
Receive notification	PHE – positive lab test LA – symptomatic possible cases (local notification)									
Gather information and undertake risk assessment	PHE (initial risk assessment) LA ongoing risk assessments – working with PHE where needed									
Arrange testing	Local Laboratories and via national scheme	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE/national testing sites. Wider screening - TBC	PHE	Local service TBC	PHE/national testing sites. Wider screening - TBC	Local Arrangements	PHE
Provide advice and recommend control measures	PHE with support from LA for complex situations and groups LA to provide support for those self-isolating									
Provision of results	PHE									
IPC follow up	Care Homes – CCG Dom care – LA/CCG	LA	LA	Regulatory Services	Regulatory Services	NHS E	LA with Districts	LA	CCG	LA with Support from districts
Access	LA	LA	LA							

to PPE										
Chair IMT if required	PHE (or LA in certain situations)									

APPENDIX 2: Organisational roles and responsibilities - PHE, Local Government, Partner Organisations

PHE will fulfil its statutory duty as outlined below by receiving notification of cases, clusters or possible outbreaks (directly, or through testing data/local intelligence), undertaking the risk assessment and providing public health advice in accordance with national guidance or local SOPs.

As per this OCP and in line with the statutory roles outlined below, Sheffield City Council or PHE will conduct follow up of these settings as a shared responsibility with NHS partners and fulfil their statutory duty for safeguarding and protecting the health of their population.

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Sheffield City Council, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The NHS system has a shared responsibility for the management of outbreaks of COVID-19 in Sheffield.
3. Infection control support for each setting will be provided in line with current local arrangements.
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age.
5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communication to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements, this collaborative arrangement creates a shared responsibility between the Sheffield City Council and PHE Yorkshire and Humber in dealing with COVID-19 outbreaks.
9. In practice Sheffield City Council and the PHE Health Protection Team (PHE HPT) will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.

Public Health England Yorkshire and Humber Health Protection Team will:

- Advise on swabbing and testing for symptomatic individuals when first aware of an outbreak in line with local arrangements.
- Undertake a risk assessment and give advice to the setting and the local system on the management of the outbreak.

- Provide advice on complex situations on request from local systems, including advice on closing and opening care homes to admissions.

Sheffield City Council (via the Director of Public Health) will:

- Continue with wider proactive work with particular settings and communities in order to minimise the risk of outbreaks/clusters of cases.
- Work with PHE to support complex cases and outbreak management (in a range of settings/communities), looking to mobilise/re-purpose existing capacity within public health, environmental health, trading standards, infection control, education, as well as wider professional workforces as appropriate (school nursing, health visiting, TB nursing and sexual health services, academia).
- Provide a single point of access for communication with the Council on matters relating to the reactive response, as well as out of hours contact.
- Establish regular proactive meetings with 'link' PHE colleagues to discuss complex outbreaks, local intelligence, alongside enquiries being managed by local authorities, alongside wider issues/opportunities. This may be at both local and sub-regional footprints.
- Underpinning this work will be a need to rapidly work jointly with PHE on a workforce plan to ensure capacity in the system for delivery of the above.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 22nd July 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
0114 273 5065

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		
Topic	**Reasons for selecting topic**	**Lead Officer/s**
August 19th 2020		
Mental Health	To consider: Update on Mental Health Investment Plan Impact of Covid on Mental Health and accessing services Sheffield Health & Social Care Trust: Improvement Plan.	Steve Thomas, Clinical Director, Sheffield CCG. Jan Ditheridge, Chief Executive, Sheffield Health and Social Care Foundation Trust Jim Millns, Deputy Director of Mental Health Transformation.
September 16th 2020		
October 14th 2020		
Items to be scheduled		
Public Health Legacy – tackling health inequalities.	*To understand the impact of Covid19 on different groups in the city and to consider how the City's recovery plans will address health inequalities.*	
Impact of lockdown and social isolation on health and wellbeing – possible working group.	*To understand the impact of lockdown and isolation on Sheffield people's physical and mental health and wellbeing; to consider action the City is taking to minimise the negative impact of this.*	
Strategic Review of Adult Social Care Fees	*To consider the strategic review of adult social care fees prior to its consideration by Cabinet.*	

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

Report of: Policy and Improvement Officer

Subject: Written responses to public questions

Author of Report: Emily Standbrook-Shaw
emily.standbrook-shaw@sheffield.gov.uk

Summary:

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

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

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	**X**

The Scrutiny Committee is being asked to:

Note the report.

Background Papers: None

Category of Report: OPEN

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1 Response to Andy Hiles, National Care Workers Union

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

- The Council's Supported Living Framework does not specify what Out of Pocket expenses providers should pay for, but requires the provider to have an Out of Pocket expenses policy in place. This is the only reference to Out of Pocket expenses in the contract.

- At the time the last framework was tendered there were different policies in place with different providers, some covering some costs. Some providers have access to charitable donations for these costs.

- As it is not reasonable for the support worker to pay these costs, some providers require the person supported to pay them if the occasion is at their request e.g. attending a concert, a meal that they want the support worker to eat with them. Most providers try to secure attendance for free as a support worker e.g. cinema tickets, gym passes. Support workers will often bring their own food and drinks.

- Out of pocket expenses are not factored in to the hourly price paid by the Council for supported living.

2 Response to Sheffield Save our NHS

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

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

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

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

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

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

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

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

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

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

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

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

Is additional funding available to all care settings in Sheffield?

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

Following the initial release of 5% additional (Covid emergency) funding, can SCC confirm that a further 5% minimum additional funding has been, is being, or will very soon be released to care providers to meet the government's recommendation of 10%?

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

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

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

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

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

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

Introduction

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

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

The Principles

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

The principles are:

- **We will seek to discharge patients back to their own homes wherever that is possible.**
  - This first principle applies to where the patient lives and includes a care home setting if that was the usual place of residence.

- **Care Homes will be clearly identified as shielded communities**.
  - Where discharge back to a person's own home is not possible, people will only go to a care home setting where this is the right setting for their needs and they can be cared for safely. For the significant majority of patients with care needs the care home is their usual place of residence. However, remaining in hospital may also expose them to significant risk. This means that the risks to them of returning home need to be weighed against the risks of them not returning home. Each case will be considered in the knowledge of these risks and therefore cannot be subject to a single or blanket rule.

  - We will minimise the chances of transmission of COVID-19 within these communities.

- We will make every effort to ensure that mitigating measures have been put in place to make it safe to discharge patients with COVID-19 symptoms or testing

  positive for the condition to a shielded community setting (home or care home), considering whether they should stay in hospital until they are no longer

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

- **Discharges will be managed on an individual patient focussed basis.**
  - We will ensure that a comprehensive discussion occurs between all the relevant stakeholders which will be documented and monitored.
  - This discussion will include all aspects of the safe transfer including the adequate provision of personal protective equipment.

- **We will respect the care homes independence**
  - So that they decide whether or not they are able to take an admission (discharge from hospital/admission from community/transfer from other care home) safely

  - Where someone is not able to go to their identified care home, we will make a decision with the person and those that support them, whether they remain in hospital or whether they move to a temporary placement in another home that is able to support them based on an assessment of the risk and that persons needs on an individual basis.

- **All patients will be tested prior to discharge to a care home setting.**
  - The results of the testing will available before discharge

- **We will provide continued support to care homes**.
  - This includes testing of staff and residents, Infection, Prevention and Control practice; training; mutual aid for PPE where it is required; palliative care, mental health, GP and community nursing expertise; workforce.

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