Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 10 February 2021 at 4.00 pm

To be held as on online video conference

The Press and Public are Welcome to Attend

Membership

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

Healthwatch Sheffield
Lucy Davies and Dr Trish Edney (Observers)

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

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

FACILITIES

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

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

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
10 FEBRUARY 2021

Order of Business

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

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

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

5. Minutes of Previous Meeting (Pages 9 - 14)
To approve the minutes of the meeting of the Committee held on 13th January, 2021.

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

7. Access to Dental Services during Covid (Pages 15 - 22)
Reports of NHS England, Yorkshire and the Humber, and HealthWatch Sheffield.

8. Maintaining a Stable Adult Social Care Market (Pages 23 - 32)
Report of the Executive Director, People, Sheffield City Council

9. Work Programme (Pages 33 - 38)
Report of the Policy and Improvement Officer.

10. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 10th March, 2021, at 4.00 p.m.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You have a personal interest where –

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

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

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

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

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

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

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

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 13 January 2021

(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, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Gail Smith, Garry Weatherall and Alan Law (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Vic Bowden and Jackie Satur, with Councillor Alan Law attending as Councillor Satur's substitute.

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 9th December, 2020, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Adam Butcher asked "in light of the report how can we look at health inequalities of people in Sheffield without looking at people with a disability and people with a Learning Disability and Public Health"?

5.2 Greg Fell, Director of Public Health, stated that although the report doesn't contain a chapter relating to disabilities, it doesn't mean that it will be overlooked. He said that people who have a physical or learning disability, tend to have poor health outcomes, which was not acceptable. Councillor Jackie Drayton, Cabinet Member for Children and Families, added that health chances for people with disabilities were less than people without them, and many inequalities had come to light because of Covid and as a Council and a Health Service we must make sure we address these inequalities and make sure that such inequalities are addressed in their strategies and policies. Eleanor Rutter, Consultant in Public Health, commented that data on people with hidden disabilities had not been recorded within the report and stated that some of the recommendations contained within it, was to gather such data from various organisations to collect as much data as possible with regard to health inequalities and the disabled. The Chair, Councillor Cate McDonald, stated that the Marmot Review does reference inequalities amongst the disabled and the Council and the Public Health Team understands that there were high levels of depression, a lack of being able to access care and the impact of confinement during the pandemic and said there was a need to press the Clinical Commissioning Group on addressing the issues for people with learning disabilities.

6. COVID19 AND INEQUALITIES IN SHEFFIELD

6.1 The Committee received a report and presentation on the impact that Covid 19 had had on the health and wellbeing for the people of Sheffield and the inequalities of health in the city. The report was circulated as a background paper and gave a summary of the work that had been carried out to document the impact of the first wave of the pandemic and lockdown in Sheffield.

6.2 Present for this item were Greg Fell (Director of Public Health), Eleanor Rutter (Consultant in Public Health) and Councillor Jackie Drayton (Cabinet Member for Children and Families).

6.3 Greg Fell stated that Covid has impacted on health inequalities and has exacerbated existing inequalities, but unfortunately there wasn't one single solution to solve the problem. He referred to the Marmot Review which had been published in February, 2020, which had been commissioned to examine progress in addressing health inequalities in England, 10 years on from the study undertaken in 2010. The report outlined areas of progress and decline since 2010 and proposed recommendations for future action, setting out a clear agenda at a national, regional, and local level, and he stated that the funding settlement for local government during the past 10 years of austerity, had impacted on health inequalities. The purpose of the background report was to identify the impact of covid in many areas.

6.4 Eleanor Rutter gave a presentation based on an impact assessment carried out during the summer. She stated that the pandemic was now a year old and highlighted the impact this has had on communities since the first case in February 2020, the first death in March, more than 800 deaths, many of those from the most vulnerable communities. Sheffield is a very divided city having some of the most affluent and most deprived wards in the country. She said that the report had been commissioned by the Health and Wellbeing Board last year and the aim was to document the impact of the pandemic and mitigate against further waves. Specific

areas of concern were dealt with by 13 Task and Finish Groups and the final document contains over 400 pages. She stated that the crosscutting themes were inequalities, neighbourhoods and communities, digital inclusivity, mental health, access to health and care, employment and poverty and engagement, all of which themes were inter-connected and caused inequality. She said that many people in low paid jobs had been furloughed or faced losing their jobs, and many low paid workers risked their health and those around them, feeling that they had no choice but to continue to work. She said a total of 103 recommendations had been made to the Health and Wellbeing Board and their response was to consider those recommendations as part of their approach to implementing the Health and Wellbeing Strategy. The Board shared those recommendations with its partners with the aim of working together to learn from the crisis response and the challenges still being faced. Ms. Rutter said that the findings in the Marmot Review were very similar to the findings of the report, but the Review focused on the short, medium and long-term actions needed to be taken to eliminate underlying health inequalities.

6.5 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- With regard to digital exclusion there are things that have been done, but it was obvious that digital exclusion was becoming a much greater problem. It was intended that Councillor Terry Fox (Cabinet Member for Finance, Resources and Governance) was aiming to carry out a city-wide summit to address what was now a major issue. Schools and the Government have put money into providing laptops and connectivity, but it was acknowledged that there were other issues that needed addressing to bridge this divide and there was a need to work seamlessly in dealing with this, but it was still very much work in progress.

- There was unequal access to green space within the city, but investment was being made in the more deprived parts of the city through the Move More Strategy and there was a focus on improving levels of activity for those with mental health problems.

- Some partners have already taken on board the recommendations set out in the report, and the Health and Wellbeing Board have taken chunks of recommendations on subject areas and will be spending more time reviewing them to include the recommendations that came out. Officers make sure things don’t get missed and the thrust was to deal with health inequalities.

- The NHS has done a lot of work with regard to the BAME population. The pandemic has had a disproportionate impact on the BAME population which was mainly due to inequality rather than skin colour, so it was important to connect with the BAME population and build up trust with BAME organisations throughout the city.

- Health inequalities haven’t progressed since the first Marmot report 10 years ago, and given the years of austerity, things haven’t necessarily got worse either, which was testament to the combined efforts of local government, the voluntary and community sector, and the NHS.

- NHS England led the Vaccination Programme carried out by its clinicians, however the Council and the voluntary and community sector play a vital part by ensuring that everyone can get to places and make sure vaccinations are carried out as speedily as possible. There is a very clear and coherent plan, and vaccinations are being carried out in the city at some pace, but the Council is unable to rewrite the national prioritising programme. Fears around the vaccine are recognised, with some people believing there are side effects to it, but there are side effects to all vaccines, and the side effects to the Covid vaccine are minimal. It is a very safe and effective vaccine and will save lives. The Director of Public Health will work with community leaders as an advocate for the vaccine to maximise uptake.

- Regarding site selection, the NHS determine where the sites are, but it was acknowledged that sometimes access problems do arise and this will be dealt with when these problems become known and Public Health will contact the NHS over this. There was a split in opinion regarding 24/7 vaccination, but GPs will eventually contact everyone and make sure the programme is delivered. Public Health will work with local Councillors in identifying hard to reach sectors of the community.

- To get the first priority groups of people vaccinated in two months was optimistic but theoretically possible. It normally takes three months to carry out flu vaccinations, but this programme was a large logistic exercise to carry out.

- Over the years there has been a shift in culture in relation to public health and health and wellbeing within the Council. Health and wellbeing were built into Council policies, and Councils can do so much more to affect public health. It was very strongly felt that public health should be a local government function.

- 80% of people who have lost their live to Covid were aged over 70 and age has been a primary driver of risk of death. One thing was that there had been a focus on the effects of the pandemic on the BAME populations, the impact on the disabled population has not been any less and work was needed to be done to find out such impact.

- Testing for the virus amongst younger adults with a disability who live in care homes was to start soon. It has been found that the testing of staff in care homes for the elderly has made a real difference. The risk of severe illness and death was less amongst younger adults but they still should be tested.

- The Council has offered use of its community transport service to the NHS to assist people in getting to and from vaccination centres. Currently, there was a need for better co-ordination between the Council and the NHS, but it was work in progress.

- There is to be publicity around encouraging people to be registered with GPs, however there could be problems in getting the homeless vaccinated. A huge effort will be made to get to the homeless, asylum seekers, etc., to get them

registered and thereby receive the vaccine.

- The Citizens Advice Bureau has noticed a significant increase in people seeking advice regarding debt. Different online and phoneline systems have been put in place to assist that rise in numbers.

- Work was underway to improve the bereavement services that were available, as there were more services available pre-pandemic, and this needed to be addressed. This comes at a time when public services we were trying to change their approach to end of life and bereavement and there was a need to do something different as death was happening in abnormal circumstances, and the Public Health Team was working with partners at Sheffield Hallam University to discover ways which might help people to talk more openly about bereavement. There is to be a city-wide memorial as the city needs a memorial, something along the lines of the "Thursday night NHS clap", so that people can express their grief, loss, shock etc. It was understood that several Councillors were working on this.

- Unfortunately, the Public Health Team is too busy responding to the pandemic to do a follow-up report. There is a mainstream responsibility to carry out the recommendations in the report. No-one knows how the world will recover from the pandemic.

- With regard to the fluoridation of water, an engineering study has been commissioned to determine whether it could be done, where the plant for the water system could be located and how much it would cost. However, Yorkshire Water have been slow to respond but the answers to that study were needed. Once the study has been done, a report will go back to Cabinet to decide whether to trigger a public consultation.

- One of the blocks to improving public health is poor housing. There was a need for the Government to be pressed for investment into better housing.

6.6 RESOLVED: That the Committee:-

(a) thanks Greg Fell, Eleanor Rutter and Councillor Jackie Drayton for their contribution to the meeting;

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

(c) recognises that given the current work going on to respond to the pandemic, capacity is limited to look at what can be done locally to implement the recommendations of the latest Marmot report, but that this will be revisited in the future;

(d) is keen to see that health inequalities, both in terms of geography and communities of interest, are not inadvertently exacerbated by the vaccination programme through issues such as access, GP registration, vaccine hesitancy

etc.;

(e) recognises the importance of ensuring people know how to register with a GP, especially in communities where we know GP registration to be low; and

(f) will consider further scrutiny work on the relationship between disability and Covid.

7. WORK PROGRAMME

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

7.2 RESOLVED: That the Committee approves the contents of the Work Programme.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 10th February, 2021, at 4.00p.m.

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

Subject: Access to Dental Services during Covid-19

Following a request from the Committee to consider how dental services in Sheffield have been impacted by the Covid-19 Pandemic, the attached papers have been provided by:

a) NHS England Yorkshire and the Humber, on the commissioning of dental services in Sheffield

b) HealthWatch Sheffield on feedback received from service users.

Representatives from NHS England, the Local Dental Network, the Local Dental Committee and Public Health England will attend the meeting for further discussion and questions.

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 how access to dental services has been affected by the Covid-19 pandemic, and identify any areas for follow up or recommendations.

Category of Report: OPEN

NHS England - Yorkshire and the Humber - Sheffield Scrutiny Committee – Dentistry

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across South Yorkshire & Bassetlaw (SY&B). Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. Dental services include, Primary care (general high street dentistry) and urgent care, Community Dental Services (CDS), orthodontics and secondary care

2. Dental Provision in Sheffield

NHS England commissions a total of 996,975 Units of Dental Activity across the 66 dental practices in Sheffield. A number of additional services are commissioned by NHS England for Sheffield residents including orthodontics, hospital services (provided by Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield Children's Hospital), community dental services (provided by Sheffield Teaching Hospitals NHS Foundation Trust) and urgent care; accessed via NHS111.

3. Impact of Covid-19 Pandemic

Covid-19 has impacted, and continues to impact, on NHS dental services. There have been a number of changes, since March 2020, to manage services safely through the COVID-19 outbreak for patients and clinicians alike.

At the end of March 2020, following advice from the Chief Dental Officer, dentists were asked to stop routine treatment and provide remote consultations and triage. An urgent dental care system was established to ensure that patients, who were in pain, could access remote triage and then (face to face) treatment where it was clinically necessary and appropriate. Since 8 June 2020, dental practices have been able to re-open, to resume NHS dental services in accordance with advice set out by the Chief Dental Officer and Public Health England. However, to ensure that clinicians and patients are safe, all practices must follow the stringent infection prevention and control measures published by the Chief Dental Officer and Public Health England. This is impacting on the level of service that can be delivered by dentists and is as low as one-fifth of the activity that was being delivered prior to Covid at some practices. All dental practices are expected to follow the guidance outlined in Standard Operating Procedures, including:

- Being open for face to face care unless there are specific circumstances which prevent it.
- To prioritise patients with urgent care needs. NHS England advice is that the sequencing and scheduling of patients should take into account the urgency of needs; the particular unmet needs of vulnerable groups and practices' available capacity to undertake activity.
- Patients requiring an urgent appointment should be offered an appointment, whether or not they have been treated on the NHS previously at the practice.
- An expectation that priority must be given to patients in pain, irrespective of whether they are new patients or not to a practice, over the provision of routine dental care.

Practices are prioritising urgent dental care for those patients who require immediate attention. In addition, they are also prioritising the health and safety of both patients and staff. The nature of the treatments involved means adhering to strict infection control procedures

between appointments, this reduces the number of patients that are able to be treated on a daily basis.

The other impact is on those patients wishing to resume their routine dental check-ups and treatments. Practices have been asked to prioritise those patients with an urgent or emergency dental need. Therefore, patients requiring routine dental care such as check-ups and scale and polish will inevitably experience longer waiting times.

Current advice on accessing urgent dental advice/treatment

- Anyone with an urgent dental issue should telephone their dental practice (or any NHS practice if they don't have a regular dentist) for advice on what to do next.
- They will be triaged first over the telephone. If they need face to face care, they will be given an appointment and encouraged to attend as long as they do not have any COVID-19 symptoms or are being required to isolate. Patients who have COVID-19 or are isolating but require urgent dental care (which cannot be delayed), may be seen following individual risk assessment.
- Anyone requiring treatment is given clear instructions by the dental practice on what they need to do prior to their face-to-face appointment and arrival at the practice.
- If after telephone triage the clinician decides the issue is not deemed urgent, the patient may be given advice on how to self-manage their dental problem. They will be advised to make contact again if their situation changes.

4. Resumption – General Overview

The focus of NHS England's dental commissioning team is to support providers to resume services, in line with Standard Operating Procedures and IPC guidance.

Primary Care
All primary care providers are open and providing services outlined in national Standard Operating Procedures. Urgent care is the priority for all dental care at this time and there are 2 ways of accessing care, i.e. via a high street dentist or via NHS111.

Community Dental Services – Sheffield Teaching Hospitals Community Dental Service continue to provide face to face treatments.

Orthodontics – Due to the pandemic, routine dental services, including orthodontics, were closed for several weeks in line with government policy at the end of March 2020. From 8 June 2020, dental practices and orthodontists began to reopen to provide face to face appointments.

Secondary Care – Sheffield Teaching Hospitals NHS FT dental specialties (oral surgery, orthodontics, oral medicine, oral and maxillofacial and restorative) and Sheffield Children's NHS FT (Theatre space only for: special care, paediatrics, oral surgery, restorative) continue to provide care. The Trusts have reported that services have recommenced and that they are accepting new referrals which are clinically triaged, and a prioritisation model is in place.

5. Next steps

- For the final quarter of 2020/21, primary care providers are expected to achieve 45% of their contract target.
- This figure reflects the ongoing challenges of delivering services in the current climate.
- Arrangements for the next financial year are unconfirmed and budgets have not yet been allocated.

- NHS England continues to work with providers to ensure that services are delivered in line with the Standing Operating Procedure and the prioritisation of patients in need which is supported by Public Health England.

6. Communicating with the public

NHS England has been posting messages on social media platforms on a weekly basis. Examples of these (local) posts are shown below.

Tweet: Please be aware that dentists are currently prioritising those patients with urgent dental needs; it is therefore unlikely that routine dental care such as dental check-ups will be available at this time. #helpushelpyou

Report prepared by:
Debbie Stovin
Dental Commissioning Manager, NHS England and NHS Improvement – North East and Yorkshire (Yorkshire and the Humber)

Date: 29nd January 2021

What we've heard about dentistry

Throughout the pandemic, enquiries about dentistry have increased significantly, and remain one of the most common services we hear about. The overall theme is one of confusion; people have felt unable to access clear information about the changes to dentistry services over the course of the pandemic. Now that many dentists are beginning to offer more treatment, we are still hearing from people who aren't able to access care.

We know that dentists have been trying to treat patients as much as possible, and have to operate with limited capacity and strict safety procedures; we also acknowledge that local action is constrained by complex national challenges around the commissioning and contracting of dentistry services. However, the impact on people trying to access dental care during Covid has been significant, and we know that many people have been left distressed and confused by the situation.

The early stages of the pandemic – a summary:

April 2020

Dentistry is treating critical emergencies face-to-face – eg uncontrolled bleeding. Other urgent cases are being handled via telephone, with advice on self-care, or prescriptions for pain medication or antibiotics.

Many people didn't know how to access urgent care, and didn't know how to find out about changes to services. Many enquiries focussed on what people should do when they were in pain, and what to do if they didn't have a regular dentist – advice to phone NHS 111 wasn't clear to them.

May 2020

Urgent Dental Care centres open, and are treating patients by referral. Most care needs are still being managed via telephone, but there is slightly wider scope for in-person treatment.

People began to worry about deterioration as ongoing treatment plans were paused. It was difficult for members of the public and for us as Local Healthwatch to find clear information about the development of the treatment hubs and the scope of what might be offered.

June & July 2020

Local dentists begin to re-open to deliver urgent care. They can still offer limited appointments and treatment but this has expanded. Non-urgent care continues to be managed by telephone.

We worked with Healthwatch across Yorkshire & Humber to highlight joint issues, including concerns for groups who were being impacted more severely, such as people with Autism or hearing loss. Communication from dentists to their regular patients has been mixed – with some still unclear about whether treatment is resuming.

August & September 2020

Some dentists resume routine work, while others are still treating only urgent cases.

We begin to hear a more mixed picture across the city; some practices resume check ups, while other people tell us they're still unable to access even urgent care.

What is happening now?

Some themes have continued into the Autumn and Winter, and some new themes are emerging. Below is a summary of the concerns we're currently hearing.

Impact of delayed treatment

We are beginning to hear from people about the longer term impacts of delayed or paused treatment. People who needed fillings or root canal work told us that they had been left in pain for a significant amount of time, and the pain medication prescribed over the phone isn't always enough to help them.

"I am aghast how he can be left in such a terrible state, in so much pain"

Lack of clarity about what is 'urgent' care

We know that dental pain can be very distressing – so when people are told their issue isn't urgent or they can't access care, it can be confusing. Local Dental Network guidance advises that dentists should triage people who contact them for treatment, but we've heard this doesn't always happen, and some people do not get chance to explain their issue. One person told us her dentures had broken and she could not eat properly, but after phoning several dentists without being triaged and being able to explain her issue, she didn't know what else to do.

"Called NHS 111, but […] issues regarding dentures do not count as an emergency"

Others feel it's unclear what is considered urgent – for example a person with gum disease who's been unable to get this checked for over a year, as he was told it wasn't urgent.

We know that dentists have limited capacity while trying to care for patients and maintain proper safety procedures; however for patients who are told their issue isn't urgent enough, it can be difficult to accept. For these individuals, who are often in a significant amount of pain, it would be helpful to have clearer public communication about what their options are, and what they can expect when phoning a dentist for triage.

"Been trying to get an appointment for over a year, but can't get one"

Accessing a new dentist

Patients who aren't already connected with a dentist appear to be having more problems accessing treatment than those who do have a regular dentist. This includes people who are new to Sheffield, or families trying to make an appointment for a child.

NHS England guidance states that patients can phone a local dentist for urgent care even if they have not been treated there before.

However, we have heard confusion about this – whilst dental practices don't have a patient list in the same way that GP practices do, people tell us that their local dental practice has cited 'not being registered' as a reason they cannot access an appointment. It is unclear where this miscommunication is coming from, but clearer information both publicly and internally may help to alleviate this confusion.

"Contacted several dentists who have all said that she must be registered with them as an NHS patient to be seen."

NHS vs private dental care

Some people have told us there is a long waiting list – sometimes 18-24 months long – to see an NHS dentist. Others have told us that their local dental practice were unable to see them as an NHS patient at all, but said they could pay for private care and be seen more quickly. The number of people telling us about this has increased significantly since November – and people who cannot afford to pay for private care tell us they're very concerned about this disparity. Access to NHS vs private dental care could have an ongoing impact on existing health inequalities.

"Cannot afford the private prices"

"Dentists were prioritising people who had more money"

Access to clear information

Services had to change how they operate very quickly at the start of the pandemic, and this rapid change had an impact on how easily people could find out what was going on. Many of the people who phone us say they are struggling to find information online, or that they hear an out of date answerphone message when they phone their dentist.

As a local Healthwatch, we also struggled to access clear information in order to support people with their enquiries. This is partly because prior to Covid-19, access to dentistry in Sheffield and South Yorkshire was good compared to some other areas of the country. This meant we weren't previously hearing from as many people with complex access issues, and we had not developed strong routes to seek information. It took some time to find the right routes to raise issues and gather information to help the public.

We also used public communications and information; however this wasn't always detailed enough to answer the specific questions people had about their circumstances. Advice that we gave people based on this public information didn't always match their experience when they phoned their local dentist.

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Maintaining a stable adult social care market in Sheffield 2021/22

1. Purpose of Report:

The purpose of this report is to set out the Council's approach to reviewing the adult social care market and setting the fees for contracted, independent sector care homes, home care, extra care, supported living and day activity providers in Sheffield for the next financial year 2021-22. The report also describes the review of rates for Direct Payments for people who choose this means of arranging their own care and support.

This report sets out the process and methodology that Council Commissioners have followed to ensure that fee rates next year will support a sustainable, quality and diverse social care market that meets the needs of people in Sheffield. The final recommendation for fee rate increases will be put forward for decision in the Cabinet Decision Report (Form 2 and appendices) on 17th March 2021 and implemented from the 12th April 2021.

2. Legal Duties of the Council:

The Council has some very specific duties which are outlined within the Care Act 2015. The Act sets out a range of measures, in order that local people can choose from a diverse range of high quality care services, to drive up the quality of care and put people's needs and outcomes centre-stage. The legal framework reinforces the local authority's duty to promote a diverse, sustainable and high quality market of care and support services.

Local authorities are required to ensure that there is a range of providers offering services that meet the needs of individuals, families and carers. The local authority must be satisfied that the service will support and promote the wellbeing of the individuals who will be in receipt of those services.

This duty requires local authorities to understand the level of risk and the quality of support for people receiving support in order to satisfy itself that the care and support available:

- Meets the minimum standards as set out by the Care Quality Commission
- Is sustainable and supports continuity of care for people who need it
- Has sound leadership and that all staff are appropriately trained
- Is focused on delivering quality care that is evidence based

The Council must evidence that it has properly consulted with providers during its process of setting fee levels to take account of relevant factors in understanding the actual cost of care to them as well as taking into account the needs and views of individuals who use services.

Setting a reasonable fee will evidence that the Council is delivering its obligations to support a sustainable market which enables people to have choice in meeting their assessed care and support needs.

3. Context of the market and fees annual review

2020/2021 has been an exceptionally challenging year for the care sector in Sheffield and nationwide due to the Covid-19 pandemic. Many providers have had outbreaks with some sadly losing significant numbers of people in care as a result. All care providers have had to adapt to new ways of working such as increased requirements for Infection Control and Personal Protective Equipment, changing guidance around visiting, testing for staff and vaccinations. Staff have been exposed to extremely stressful working conditions with many staff having to work additional shifts to cover staff sickness and isolation and to avoid the use of agency staff. Providers report ongoing sickness and the impact of trauma and fatigue on staff resilience and morale. Care providers and their staff have risen to the challenges faced and continue to provide caring and compassionate care to their residents.

It is clear that Covid-19 will continue to have a significant impact on the care market in 2021/2022 and that decisions about the fee rate and any additional support for providers to cope with additional costs may have both short and long term impact on the shape of the market in Sheffield.

4. Scope of the annual review

The review seeks to ensure that funding arrangements for framework, and individually contracted fee rates and direct payments are aligned with inflationary cost increases to mitigate the risk of market failure and to maintain and improve the care and support experience of people using council arranged services and Direct Payments in Sheffield. The Council expects that ensuring the fee rates meet the cost of delivering care in Sheffield will enable providers to work with us to build a resilient, quality and diverse offer of care and support services for people who need them.

In previous years, the Council has reviewed the market and consulted with care homes and with framework home care and supported living providers on the standard rate for these sectors. Last year the review was expanded to include non-standard rate residential care for people with complex support needs for the first time. In March 2020 the Cabinet Report set out the ambition to expand the scope of the annual review to include day activities provision and direct payments and this report outlines the work that has been undertaken this year to include these.

Day activities provision has not previously been included in the annual market analysis and fees review. The last year has seen the development of a proactive commissioning approach with this vibrant and creative sector despite the huge impact on providers of the pandemic and ongoing lock down restrictions. Day activities provision will therefore be included in the fees recommendations with further work committed over the next year to undertake more detailed consultation with the market on a longer-term procurement and funding strategy for the sector.

Direct Payments have also previously been outside the scope of the annual market analysis and fees review. The last year has seen the development of a coproduced improvement programme to develop the Council's approach to direct payments and supporting people who wish to use this flexible approach to managing their own care and support. The work has included a review of PA rates (the amount allocated to pay for a personal assistant). This progress means that direct payment rates will be included in the fee recommendations this year with recommendations for both the element of the payment to be spent on providers and the PA rates.

5. **Approach to the annual review of the adult social care market and fee rates:**

The Council's commissioning and contracts team use a combination of:

- Ongoing local, regional and national market intelligence and
- Feedback from providers through formal consultation and open book exercise

Commissioners work with commercial services and finance colleagues to undertake a detailed analysis of each market and the cost pressures it faces using the information above before putting forward recommended changes to fee rates for the next financial year.

6. **Strategic review of Older People's Care Homes:**

In addition to the annual review process, in March last year the Council committed to undertaking a strategic review of the older people's care home market in the city. External consultants, Cordisbright in partnership with LangBuisson, were commissioned in October 2020 to undertake the strategic review of the older peoples care home market on behalf of the Council and in consultation with other key stakeholders in the health and social care system. The strategic review is due to report in mid March 2021 with medium to long term recommendations for the future demand for and shape of the care home market and support models for older people. An interim report based on the consultants' interviews with 29 providers and 22 stakeholders will make a valuable contribution to the market analysis and fee setting work.

Kingsbury Foxhill have also been commissioned by the Council, in collaboration with the Sheffield Care Association, to undertake data based analysis of future demand for older people's care home beds in the city.

The Council will reflect on and include the findings of these two pieces of independent market analysis to support the market review and fee setting process for 21/21.

7. **Fee rate methodology**:

The Council did not undertake a full scale formal cost of care exercise as part of this year's fees review. The impact of Covid-19 meant that most markets have experienced very volatile costs and factors that impact on income such as

occupancy or adapted models of care delivery as well as placing huge demands on commissioners and providers to focus on safe care delivery. The Council carried out full cost of care exercises in 2016 for home care and supported living and 2017 for care homes. This year, in common with previous years, providers have been invited to submit financial information in support of their feedback and to help evidence the costs and pressure experienced by the sector. This information will support information received from formal consultation sessions and the independent consultancy work and will inform the final recommendation and March 2021 Cabinet decision on 2021/22 fees.

A key part of the formal consultation with providers is gathering feedback on an initial proposed fee rate. The initial fee rate proposal is shared with providers in December followed by the consultation period. The initial proposed fee rate for care homes, home care and supported living was calculated this year, in line with previous years, based on the increase in the national minimum wage (2.18%) and consumer price index (1.2%) increase to calculate the proposed fee rate. The minimum wage increase and the CPI increase are weighted by the ratio of staffing to non-staffing spend for each type of provision.

Care Homes Rates:

The ratio of staffing to non-staffing costs for care homes is based on previous cost of care exercises and open book returns from providers and is 71% staffing costs and 29% non staffing costs. The same ratio is used for day activities provision.

For staff costs this means:
• The increase in the national minimum wage (NLW) of 2.18% is applied for all staffing costs. Weighted at 71% of the fee rate this is.55%
And for non-staff costs this means
• The increase in the consumer price index (CPI) of 1.2% is applied for all non-staffing costs. Weighted at 29% of the fee rate this is 0.348%

The initial proposed rate for care homes was therefore an increase of 1.9% which would take the current standard fee rate of £505 per week to £514.60 per week for both Residential and Nursing care. The Nursing care figure excludes the additional Funded Nursing Care (FNC) payment.

Home Care and Supported Living Rates:

The ratio of staffing to non-staffing costs for home care and supported living is based on previous cost of care exercises and open book returns from providers and is 85% staffing costs and 15% non staffing costs.

For staff costs this means
- The increase in the national minimum wage (NLW) of 2.18% weighted to 85% of the fee rate is 1.85%.
- And for non-staff costs this means:
- The increase in the consumer price index (CPI) of 1.2% weighted is 0.18%.

The initial proposed rate for home care and supported living was therefore an increase of 2.03%.

Day Activities:

More work will be undertaken over the next 12 months with the day activities market to understand the cost base of this very varied provision. This year however it is proposed that the increase for this sector is based on the same increase calculated for home care.

Direct Payments:

The rate for Personal Assistants (part of someone's direct payment) must be sufficient to meet all their employment costs. The rate for other areas of direct payment spend is based on the same increase as home care and supported living.

8. Approach to Consultation

The Council wrote to care home, supported living and home care providers with the initial proposed fee rate increase as set out above. The letter with proposed fee rate was sent to providers on 1st December for them to consider and provide feedback on. Providers were able to provide feedback by several channels including by return email or letter, via an online Citizen Space survey or via Zoom consultation sessions. Consultation sessions were held during this formal consultation period with home care, supported living and care home providers in December and January to provide opportunities for providers to feedback directly to senior Council officers and the Cabinet Member for Health and Social Care.

Day activities provision has not previously been included in the annual market analysis and fees review. The last year has seen the development of a proactive commissioning approach to this sector despite the huge impact on providers of the pandemic and ongoing lock down restrictions. Given the specific volatility of this market currently it is recommended that a fee increase be proposed this year with a view to carrying out detailed consultation with the market over the next year on a longer term funding strategy for the sector.

Direct Payments have also previously been outside the scope of the annual market analysis and fees review. The last year has seen the development of a coproduced improvement project to improve the Council's approach to direct payments and supporting people who wish to use this flexible approach to managing their own care and support. It is therefore recommended that an increase to the direct payment rate be proposed this year based on the work of this project and the input of a range of people engaged in this as well as the feedback from providers from the consultations on homecare and supported living. The proposal is that the Direct Payment rate is considered in two separately costed elements: activity costs (based on care home fee rate model) and PA rates which must cover the total cost of someone's employment.

9. **Care Home Consultation**:

22 care home providers (out of 48 providers operating in the city) completed the online survey in response to the fee proposal letter sent in December. 15 providers also attended the online engagement sessions in January 2021.

9 providers (representing 22 homes in the city) submitted financial and costings information. These represented 22.65% of the nursing and dual registration bed base in the city and 31.3% of the residential care home bed base.

10. Home Care Consultation:

19 providers were present at the consultation meetings and 8 submitted online feedback, representing 63% of the total market share in terms of weekly hours delivered.

11. Supported Living Consultation:

The response rate to the formal consultation on the proposed fee rate was 79.3% of the 22 active supported living framework providers. 9 responses were received as part of the online survey.

12. Themes from Consultation:

Providers also told us about challenges and pressures which impact on their costs. The feedback broadly aligned with the feedback received in previous consultations with the sectors with the addition of Covid-19 related concerns and pressures. The key themes are highlighted below:

Cost of care and return on investment

Providers have questioned whether the costing model used by the Council accurately reflects the cost model of care within care homes. Some providers cited non staffing costs rising by more than the CPI rate (1.2%) used to calculate inflation on these costs. Providers indicated that they need to see an improved return on investment within the fee rate and for some, capital investment will be important to ensure that the physical infrastructure of their care homes remains fit for purpose longer term.

Staffing costs:

Providers fed back their view that the fee rate should be increased to enable providers to appropriately reward staff and pay above the national minimum wage. There are challenges for providers in recruiting and retaining staff, particularly nurses, which mean that many seek to offer staff slightly above the minimum wage in order to remain competitive employers. Providers also told us that maintaining wage differentials between front line and management staff is key to retaining good managers and sustaining care quality through strong leadership. Some care homes

cited higher staffing costs in order to operate at a higher staffing ratio in response to increased complexity and needs of residents.

Ongoing impacts and pressures caused by the pandemic:

The key issue raised by providers across all types of care provision were the impacts and pressures caused by the ongoing effects of the pandemic. The pandemic continues to place significant pressure on providers in terms of additional costs relating to infection control measures, staff sickness and changes in demand for care. The overarching view from providers was that costs associated with the pandemic should be separated as part of the fee review exercise. Providers were concerned that current government grants to support with infection control costs and PPE might not be extended beyond the current end date in March 2021.

13. Challenges of managing markets during period of significant impact and uncertainty:

There are some significant ongoing challenges facing the market which have made the annual fee review process particularly complex this year. In particular, the Council and providers face difficulties in modelling the ongoing and future demand for the different sectors of the care market as well as the likely costs for this. This will remain a challenge until the worst effects of the pandemic settle down. Such volatility cannot easily be managed via an annual fee rate and more proactive market management is required to manage risk and support a sustainable market. As a result, there is a need for ongoing work to effectively monitor and work closely with the care sector to ensure the stability of the care market in Sheffield.

14. Support from Sheffield City Council:

A large number of respondents were keen to highlight their appreciation for the support they have received from Sheffield City Council during the pandemic.
The Council has provided a wide range of support for contracted and non contracted providers summarised below (*denotes support offered to framework providers only):

- PPE support including a 7-day free supply of equipment where providers were unable to replenish their own supplies. This applies to all providers in the city (contracted and non-contracted)
- Support through regular virtual forums and at least fortnightly telephony-based support from our commissioning and contract managers*
- A dedicated ‘providercovid19 inbox’ and weekly updates via email to all providers or specific sectors as appropriate
- A dedicated Web Page ‘Coronavirus - Support for Adult Social Care providers’ sharing information and sign posting to support services for providers.5% uplift - COVID supplement on fee rate*
- Advance fortnightly payments for homecare* during the first four months of the pandemic

- Flexible block payment for homecare* during the first four months of the pandemic
- Demand focused financial support and incentives for homecare* which remain ongoing
- Occupancy support for Council funded care homes experiencing high vacancy levels as a result of higher than expected deaths and covid outbreaks
- Support for supported living and day activities providers to top up under delivery related to covid and to cover additional costs of supporting people differently
- Support with additional and exceptional costs relating to covid
- Administration of grants to support the care sector including Infection Control Fund (Rounds 1 & 2) and Lateral Flow Device Testing support for care homes

- Support to access the national PPE supply chain introduced by the Department of Health and Social Care

15. Financial Support to date:

The following gives an indication of the level of financial support offered to the care sector as a result of the pandemic:

- Infection Control Fund grant amounting to almost £11m
- 5% Covid enhanced rates (April to July) payments £1.3m
- Occupancy Payments £4.2m with more to be made ongoing
- Additional exceptional costs £1.3m
- Incentive payments to providers to support market management £103k

The total spend to date with the care sector is in excess of £150m this financial year.

16. Financial implications of fee rates:

The Council spends a significant proportion of its budget on independent sector care provision. Changes in the fee rates therefore present considerable pressure on the Council's budget.

The forecast financial implications of the initial proposed fee uplift rates are set out below:

Type of Provision	**£ '000**
Standard Care Homes	**1,005**
Homecare Framework	**645**
Supported Living Framework	**435**
Non-standard Residential	**325**
Day Activities	**80**
Direct Payments	**1,075**
Total Cost	**3,565**

The initial proposal presents the Council with a cost pressure which has to be met within the Council's overall financial resources and any additional increase to the fee rate will add to this pressure. There is urgent need for financial intervention from Government to ensure long term sustainability of the market.

17. Next steps

The Council's commissioning team will continue to analyse the information returned by providers and consultants as outlined above. There are strong and consistent themes regarding staffing costs and the ambition of providers to improve terms and conditions for their workforce. Care homes in particular also emphasise that the current rate is insufficient to cover their non staffing costs fully and therefore is not sustainable long term without economic losses.

The feedback and analysis will inform final recommendations to Cabinet for rates that should ensure sufficient sustainability for the care market in Sheffield to meet its legal obligations as set out in the Care Act 2015. Final recommendations for fee rate increases will be detailed in the Cabinet Decision Report (Form 2 and appendices) on 17th March 2021 along with a full report on the feedback received from providers during the consultation.

The Council will continue to work with the market closely to respond to the ongoing challenges relating to the pandemic in the short to medium term. The Council will work closely with providers on the ongoing strategic market development and longer term reshaping of some areas of the market.

18. Focus for fee review 22/23:

Whilst recognising the challenges faced by the Council and the care market in contributing to the fee review process for 21/22, we recommend that the following activity would further improve the quality of the fee review for 22/23:

- Ongoing coproduction of quality and improvement work
- Engagement with people who use the services
- Voice and service user groups and forums
- Build in more customer voice around quality and experience
- National and regional research and development of care models, costs and market development

Commissioners welcome the views of Scrutiny in helping to shape the approach to market analysis, understanding the cost of care and reviewing fee rates in the future.

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 10th February 2021

Report of: **Policy and Improvement Officer**

Subject: **Draft Work Programme**

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

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

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

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

The Scrutiny Committee is being asked to:

- Consider and comment on the work programme

Category of Report: OPEN

1 What is the role of Scrutiny?

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

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

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

2 The Scrutiny Work Programme

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

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

3 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme

HC&ASC Draft Work Programme	
Date	**Issue**
February 10th 2021	***Maintaining a Stable Adult Social Care Market*** *- to consider the* ***s****trategic review of care provider fees before a decision is made by Cabinet (Joe Horobin)* ***Impact of Covid 19 on Access to Dental Services –*** *to consider what the impact has been in on services in Sheffield. (NHS England, HealthWatch Sheffield)*
March 10th 2021	***Sheffield Health & Social Care Trust – CQC Improvement Plan Progress Update –*** *focussing on what the changes will mean for people who use services****.*** *(Jan Ditheridge/Mike Hunter SHSCFT)* ***Mental Health and Covid 19*** *– update following August 2020 Scrutiny discussion including progress made on actions from the Rapid Health Impact Assessment work. (Heather Burns, Steve Thomas, NHS Sheffield CCG, Sam Martin SCC)*
Potential Issues for consideration	
Covid & Disability – *what work is being done to understand the experience and impact of covid on disabled people.* ***Impact of Covid on hospital services*** *– waiting times and lists****.*** ***Community Pharmacy –*** *impact of Covid 19 and the new pharmacy contract.* ***Vaccine Roll-Out*** ***Response to Scrutiny's Continence Services Report*** ***Direct Payments*** *To consider the review of the direct payment model and help shape future direction* ***All Age Disability Approach*** *- Transition for young people into adulthood – improving outcomes. Initially focussed on social care. Possible joint work with Children and Young People Scrutiny Committee* ***People Keeping Well –*** *to consider how the People Keeping Well programme is operating and performing.*	

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