

# SHEFFIELD CITY COUNCIL

## Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

### Meeting held 24 November 2021

**PRESENT:** Councillors Steve Ayriss (Chair), Talib Hussain (Deputy Chair), Sue Auckland, Lewis Chinchin, Alan Hooper, Francyne Johnson, Bernard Little, Ruth Mersereau, Ruth Milsom, Alan Woodcock and Dianne Hurst (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, Abtissam Mohamed and Garry Weatherall. Councillor Dianne Hurst attended the meeting as substitute Member for Councillor Weatherall.

#### **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 Alan Woodcock declared a personal interest in Item 8 on the agenda (item 6 of these minutes) Social Care Update – on the grounds that his son accesses home care services.

#### **4. PUBLIC QUESTIONS AND PETITIONS**

- 4.1 There were no questions raised or petitions submitted by members of the public.

#### **5. COVID UPDATE AND FORWARD LOOK**

- 5.1 The Committee received a report giving an update on Covid as the city moves into the winter months.

- 5.2 Greg Fell, Director of Public Health stated that the report was a working brief which he written about a week ago and would update Members as he outlined the key points of the report. He said that infection rates in Sheffield were below the national average and that although numbers had peaked amongst the school age population, there had been a sustained fall following the “half term effect”. Greg Fell stated the booster vaccine programme was having a definitive effect on older people, with 75% of that age group having had the booster and felt that numbers would continue to decline when take-up rates of the over 60s was known. He said that infection rates continued to rise and fall amongst people of the “middle age” groups, the mid-range working people. With regard to international infection rates, he said it was hard to interpret the full extent of the effects of the pandemic, as certainly in eastern European countries, and now amongst western European countries, the take-up of the vaccine was much slower than here at home. Mr Fell reported that 25% of secondary school age children had now had the vaccine and that a significant number of children have had Covid, and the infection rates in Sheffield were lower than anywhere else in South Yorkshire. He said that there were very few cases amongst primary school children. He stated that timing between first and second vaccines was important as there was evidence of the effectiveness of it waning. He said that 70% of the whole population was vaccinated, but obviously that meant there were 30% that were not, and that was a worry as it amounted to tens of thousands of people not vaccinated, from a whole range of areas, some elderly. In Sheffield, there were differences in numbers of those not vaccinated in the east of the City and amongst the BAME community, than residents in the west.
- 5.3 Greg Fell stated that hospital admissions were high and were slowly rising, with most cases, but not all, involving people who were clinically vulnerable, immunocompromised and unvaccinated. He said that although it was one too many, there was one death per day due to Covid. He said that the whole of the NHS and social care services would remain in an exceptionally difficult position throughout winter, due to an increase in the cases of those with flu or people with an acute illness, such patients would be prioritised and that would inevitably have a knock-on effect of those needing hospitalisation as a consequence. Mr Fell anticipated that due to social distancing measures during the pandemic, which have now eased, the magnitude of an outbreak of influenza this winter was impossible to predict, and the infection of both flu and Covid could mean people would be acutely unwell. With regard to a “Plan B” in dealing with an increase in cases, he said it was very much a case of wait and see what comes out of Government as there was not a significant amount of detail. He said the wearing of face masks was impossible to enforce, and that it was a matter of consent and willingness of the public to wear them but added that the wearing of masks would contribute to reducing transmission. He concluded by stating that the overall message was that there was an exceptionally difficult winter ahead and that GPs, ambulances and A&E departments were already seeing record numbers of patients, but the simple things to do were to get vaccinated, have the booster vaccine, work from home wherever possible, wash hands, wear a mask and be patient with the NHS. There were no easy fixes for this pandemic, but he hoped the country would be in a better place by Spring 2022.
- 5.4 Members made various comments and asked a number of questions, to which

responses were provided as follows:-

- Communications inviting people to attend clinics to receive vaccines and the booster were in place, and the strategy for this was moderately effective. The letter to be sent out to everyone in the city regarding GP services, vaccination centres etc., was awaiting final approval before being sent out. With regard to phone and video exclusion, primary care services were aware that there was a significant number of people that don't want to use the telephone or video. The "AskmyGP" service was an online consultation and workflow system that helped GPs manage patient caseload through operational change and digital triage, making it easier for patients to talk to their own doctor and help GPs to prioritise and deliver care through message, phone and video. 90% of patients have said that they preferred remote appointments. In Sheffield, 85% of patients were offered phone or video appointments. GPs and practice nurses occasionally preferred to see their patients face to face based on their medical records. As yet, good data on measuring appointments in primary care was unknown.
- With regard to the level of demand for appointments, during September 2021, there were two million more appointments than two years ago. Locally and nationally, GPs were working extremely hard, and doing their best at managing a very difficult and high demand for services.
- During the last two years, advice and support had been provided to small businesses to enable them to stay open and stay safe, as well as informing what grants were available to keep businesses open. Posters had been made available to display in shop windows, asking people to wear a mask when entering the premises.
- With regard to care homes, 95% of residents were vaccinated so whilst reducing transmission, it was not entirely possible to eradicate. There had been minor lapses in PPE in infection prevention and control, but these numbers were low. Public Health was working with care homes with regard to outbreak prevention, and there was highly functioning machinery in place to work with the sector to continually reinforce the need for prevention of this virus. It was also worth noting that what works to prevent Covid could also prevent the outbreak of flu and the norovirus. Although the norovirus doesn't necessarily kill people, it was highly infectious and could infect large numbers of staff, especially in hospitals, and closed down wards. Care homes were high risk settings and outbreak needed to be carefully managed. There was a weekly dashboard to keep track of infections in care homes, working with the Sheffield City Council and the CCG. Government guidance had been provided to every care home, not only for residents and staff of care homes, but also to visitors.
- With regard to the effectiveness of working from home, data showing the numbers of people working from home was not very clear. About 30% of those that worked in an office were back in the office, with 70% still at home for all, or some of the working week.

- With regard to the Health Impact Assessment (HIA), work had been carried out by many people, and the HIA was presented to the Health and Wellbeing Board about six months ago, which had been broadly accepted. The Health and Wellbeing Board was not a decision-making body, and did not have delegated decision-making powers, so it couldn't accept all the recommendations, but many were taken forward. Health and Wellbeing Boards across the country would stay, and it was anticipated that there would not be much change to the interface between the NHS and the Board, but the Terms of Reference for the Health and Wellbeing Board would be under review.

5.5 RESOLVED: That the Committee:-

- (a) thanks Greg Fell for attending the meeting; and
- (b) notes the contents of the report and responses to the questions raised.

## **6. SOCIAL CARE UPDATE**

6.1 The Committee received a report giving an update on Adult Health and Social Care.

6.2 Alexis Chappell, Director of Adult Health and Social Care first of all apologised for the late circulation of the report and thanked the social care sector for all their hard work carried out during the pandemic. She stated that in addition to dealing with Covid, a whole range of facilities to all kinds of people had been delivered. She stated that her priorities for the people of Sheffield were to provide the best level of social care possible to a wide range of people. There were two key points in the report, firstly the implementation of an enhanced assurance framework for adult social care as set out in the Health and Social Care Bill 2021, through the development of Integrated Care Systems aimed at tackling inequalities, the improvement of population health and wellbeing, the delivery of excellent care and the use of resources. The second key point was to note and identify key areas of priority, and through home care delivery, people could live the life they deserved, and look at a new model giving support for enabling young people to transition well into adulthood and adult services so that young people could have the best start in life. Ms Chappell concluded by stating that the Adult Social Care Service was looking to increase its workforce capacity, so that it could be proactive and responsive.

6.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Relating to practical programming and the impact on the NHS, the Service works closely with the NHS and had a very good relationship with it across the city. There was a Working Group consisting of all directors who work to identify impact pressures and how to deal with them.

- There was an Escalation Hub which comprised Heads of Service and Managers, and which met regularly to look at issues that arose and worked towards solutions to get the best outcomes for people. It was recognised that there was still considerable work required on this issue.
- The Change Programme looked at people's experiences and was trying to put those experiences and views at the heart of what they do. The Service was looking at the national framework and the CQC framework to make sure people's voices were heard when developing the assurance framework.
- There were 117 care homes across Sheffield, not all funded by the Council, as many were self-funded. Whilst it was difficult, there was a promise to gather more data regarding under-occupancy.
- The workforce plan sets out how the Service valued and empowered its social care sector across the city by implementing the national living wage, a career pathway and incentives for working in social care, by using a range of measures and services to do the best they can under sometimes under very difficult circumstances. It was important to value the work of social care workers, and to let people know that they were valued and supported.
- The Service was trying to develop a baseline measure of the care pathway to social care. There was need to understand why people needed social care and also why they chose to leave.
- Like every social care service, the Adult Health and Social Care Service has had to balance many things, but a key priority was to focus on strengths and outcomes by holding conversations with individuals to understand their needs. The Home Care Transformation Programme was a suite of interlinked projects, with the common purpose of supporting transformative improvements in home care in Sheffield. The views of service users were essential to understand how patients go forward and the delivery home care services in the future.

6.4 RESOLVED: That the Committee:-

- (a) thanks Alexis Chappell for attending the meeting;
- (b) notes the introduction of an assurance framework for Adult Social Care through the passage of the Health and Social Care Bill;
- (c) agrees that regular updates on (i) the implementation of the Adult Social Care Assurance Framework and Sheffield City Council preparations and (ii) the progress of priority actions identified arising from the self-assessment, are provided to Committee.

**7. PUBLIC QUESTIONS REPORT**

- 7.1 The Committee received and noted a report of the Policy and Improvement Officer (Emily Standbrook-Shaw), setting out the written responses to the public questions raised at its meeting held on 29<sup>th</sup> September, 2021. Ms. Standbrook-Shaw updated Members by stating that the questioner had now been contacted by the officer dealing with her question, and she had been reassured that her concerns were being looked into.

## **8. WORK PROGRAMME**

- 8.1 The Policy and Improvement Officer (Emily Standbrook-Shaw) gave an update and asked if any Members were interested in being included in the Integrated Care System Scrutiny Liaison Group.
- 8.2 Members asked if dental services and issues around Green Prescribing and mental health could be items on the Work Programme.
- 8.3 RESOLVED: That the Committee notes the information reported and approves the contents of the Work Programme.

## **9. MINUTES OF PREVIOUS MEETING**

- 9.1 The minutes of the meeting of the Committee held on 29<sup>th</sup> September, 2021 were approved as a correct record.

## **10. DATE OF NEXT MEETING**

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- 10.1 It was noted that the next meeting of the Committee would be held on Wednesday, 26<sup>th</sup> January, 2022, at 4.00 p.m., in the Town Hall.