

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 November 2020

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

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

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

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

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

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

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions received.

6. UPDATE ON TEST, TRACE AND ISOLATE

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

- 6.2 Present for this item were Greg Fell (Director of Public Health), Ruth Granger (Health Protection Manager) and Jason Siddall (Interim Director of Communities). Councillor Jackie Drayton (Cabinet Member for Children and Families) was to attend the meeting during consideration of this item, but submitted her apologies.
- 6.3 Greg Fell referred to the speaking notes he had circulated to Members the previous day and stated that the situation regarding the effects of the pandemic changed by the hour and it was his intention to provide Members at this meeting with an update on the presentation he gave to all Members of the City Council the previous week. He referred to epidemiology in South Yorkshire and Sheffield, which was a branch of medical science dealing with the transmission and control of the disease and this had shown that the number of cases in the City each week were settling and going down, but were still higher than they were in the summer and still needed to be reduced further. Greg Fell said that, as anticipated during September, the number of infections between 18 to 24 year olds had significantly increased due to the number of students coming into the City, but the Council's Public Health Team, Public Health England and the Universities were managing that outbreak and the numbers had gone right back down. Greg Fell said that although there was cause for concern amongst 65 to 74 year olds and 75 plus, numbers amongst these age groups were stable and starting to decrease but were still too high. He stated that Sheffield Teaching Hospitals were very busy dealing with general patients and also the numbers of patients requiring oxygenated beds and ventilated beds was increasing, as was the death rate, but overall things seemed to be settling down and going in the right direction. It was too soon to say that Wave 2 of the virus was over, but it was plateauing.
- 6.4 Greg Fell then referred to the current lockdown situation and stated that during the first week it had been less restrictive than the first lockdown earlier in the year and the most important factor was that education remained open. He said most infections were through communities and household transmission due to what people did in their own home and within their communities, so it remained crucial that people followed the guidance on social distancing and gatherings indoors. To get the infection levels back to those in mid-May, out-of-household contacts were limited by lockdown and this in turn should reduce infection. He said that many people were observing the rules and that there had been little evidence of those wilfully flouting those rules. He added that Covid remains a very dangerous virus and lockdown buys time in the fight against it. Post lockdown scenarios remain unclear. The Public Health Team were working with Government policies and encouraging people to get tested if they had symptoms. Greg Fell stated that 80% of people who should self-isolate for 14 days, for a multitude of reasons,

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

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

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

- Home testing kits were available, and the City Council was encouraging the public to request one if they so wished and there has recently been an increase in people asking for these kits.
- At present, it was unclear how long it will take for a vaccine

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

- The Council was working with both Sheffield Universities to enable the safe return to their homes of almost 60,000 students in the city. There were no plans to test them all, as some students were from the South Yorkshire region and these would not need to be tested. It was logistically impossible to test all 60,000 students. There was a feeling that such large scale testing carried out by the Universities would not have an adverse impact on the rest of the city, but work would continue to measure this. The negative to this was having the time to put the necessary plans in place by the end of the lockdown period on 2nd December and before the term finishes later in the month, as it would be a humongous challenge to get everything in place in three weeks. The Universities were responsible for the logistics for this and have undertaken to communicate with students to get the message across.
- Data regarding the number of people seeking tests was collected, but not the ethnicity, and the Council doesn't have access to such information, and instead, the Department for Health and Social Care were responsible for collecting that information. However, data on ethnicity was available for those who had tested positive, but we don't have data on mortality rates within the BME community. Studies have shown that the BME community are at higher risk of being infected but it was unknown whether members of such communities were coming forward to be tested for the virus.
- During September, it was difficult to access a test and get test results back quickly due to the large number of people requesting them, but this was no longer the case, results were coming back relatively quickly. The testing system was a national run system and the Council could only feedback comments on this.
- There is a willingness and aspiration regarding testing being carried out to allow visits to care homes, but there was some science problems where the lateral flow test swab tests were less than accurate and gave a false negative. Problems are

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

- The City Council needs to work through a coherent strategy of how to manage mass testing, including learning from the Liverpool Pilot before accepting the offer of lateral flow tests from the Government. These tests can provide results within an hour without the need to be processed in a laboratory. The use of these tests would mean that higher priority and high risk groups, such as domiciliary care workers and those working within service delivery organisations, could be tested on a weekly basis and would pick up more cases where people had no symptoms. The City has the technology to test those with symptoms but do not have the logistics to be able to carry out lateral flow tests. At present, the Director of Public Health was waiting for more information from the Government and felt that the pilot scheme being carried out in Liverpool was just a pilot and hoped to learn lessons from that. It should be recognised that 2,000 troops had been made available to carry out the mass testing, it was not known how this would be affected when the troops have left. In Sheffield, 2,000 members of staff are not available to carry out such a large number of tests.
- Many people were involved in the decision-making for the city, including the Leader of the City Council.
- The Council was making full use of the mobile testing unit until the two new mobile testing sites are available in the New Year. The mobile unit was set up the same way as the fixed sites. People were able to go online or ring up to ask if and where it was possible to get tested and the mobile testing unit does not look very much different.
- The Department for Education are strongly encouraging all Universities to test all outgoing students. What plans will be put in place for their return in the New Year was unknown, although it might be that a period of quarantine would be put in place on their return. The risks will have to be managed in the best way possible. It was thought that many students have already had the virus. For those being tested without symptoms, testing once and getting a negative result was pointless as re-tests must continually be carried out although there were a lot of uncertainties around this. It was not clear how a negative test would affect behaviour, possibly people might think that they are immune just because they had received a negative test and not continue to follow the basic rules to fight the virus.

- Since the beginning of the pandemic, the Community Support phone line has been available to those who have been asked to self-isolate. Support offered has included how to obtain food parcels, financial advice, medicine delivery and social contact. It was accepted that asking someone to stay indoors for 14 days was a hard thing to do and there was a realisation that it would cause hardship for some, so the Communications Teams were looking to send out a thank you message to those who have self-isolated and not passed on the virus to others in their local community.
- It was felt that the Police have got it right during the present lockdown by enforcing a law that was difficult to enforce. When calls have been received regarding those that weren't abiding by the rules, the Police, rather than being heavy handed, have tried to encourage people to stick to the restrictions, but where there was clear defiance, they have enforced the law.
- The majority of businesses in the city have done everything possible to make their premises "Covid secure" and there was nothing more to be done. Regulatory and enforcement action has been taken against those businesses that haven't done so. It was impossible to predict where the transmission of the virus outside of the home was the most virulent. People remember things that they did when they went to a particular event, but they don't realise the normal things they do within families which can often be the cause of spreading the virus.
- Community Response Teams have continually worked throughout the pandemic and the key was to get the message across regarding prevention and advise the community on how they can get involved in tackling the virus. The Council has received a considerable amount of applications from businesses asking for information on how to prevent outbreaks and give support to their local communities. The Teams have also been giving help and support to those in isolation, and details of hardship payments were available online to those who were struggling to buy food or be able to pay their utility bills. The Government have identified people who are extremely clinically vulnerable, and along with the Council, have written out to them, giving advice, and offering support. The Government has a website for people giving advice on how to register for priority shopping slots, and the Community Support Teams were on hand to help with this.
- Before the pandemic, Public Health and the local authority had formulated a plan to carry out the seasonal flu vaccination which is carried out every year. Vaccination

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

- The initial funding of £3.1m received from the Government at the start of the pandemic was used across a whole range of other services to respond to the outbreak, including funding a significant number of Council staff which had been brought in to help, to set up the swabbing service and set up the local contact services and new testing sites. However, there was a shortfall of £2m and it was thought that some of the additional money promised by the Government for the implementation of Tier 3 restrictions in South Yorkshire, will be used to address that shortfall. A detailed breakdown on how Government funding has been spent will be provided to Members.
- There hasn't been any consideration given to the City Council "topping up" the £500 self-isolation support grant.
- The Council is in the process of recruiting more contact tracing staff to work over seven days so that it has the capability to take cases from the national system earlier. It has been seen that other local authorities have had success in setting up local contact tracing teams. The national system has a substantial amount of resource available to it, but in Sheffield we want to make sure we can manage extra capacity. The Government are not going to provide any more resources to local contact centres.
- There was merit in everyone taking extra Vitamin D supplements. "Over the counter" supplements can be bought relatively cheaply, and this would negate the need for expensive prescriptions. It might or might not help but would certainly do no harm, especially at this time of the year, for everyone to take in extra vitamins. However, there was no strong evidence that Vitamin D would reduce the severity of

the virus.

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

6.7 RESOLVED: That the Committee:-

- (a) thanks Greg Fell, Ruth Granger and Jason Siddall for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) requests that the Chair writes to the appropriate organisation to request that data on ethnicity of the people attending testing centres is made available to Local Authorities;
- (d) is pleased that the mass vaccination plan has been developed, and whilst recognising that the situation is changing rapidly, would like to look at the plan in the new year;
- (e) welcomes that there is community support in place for those who self-isolate, and seeks clarification on the role of Local Response Teams in the process;
- (f) agrees that the funding from Government for self- isolation is not sufficient, both in terms of the £500 payment for individuals, and in terms of the money given to Councils to administer and fund the scheme;
- (g) is pleased to hear that the Local TTI scheme is working better than the national scheme; would like to see national resources transferred to the local scheme, and supports further lobbying on this;
- (h) recognises the need to address long term gaps in Voluntary, Community and Faith infrastructure in some parts of the city; and
- (i) notes that the Tier 3 funding from Central Government has not yet been received; and believes strongly that the Tier 3 funding deal should be honoured by the Government.

7. WORK PROGRAMME

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

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

8. DATE OF NEXT MEETING

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

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