

How is covid-19 impacting on people's access to and experience of health and social care services in Sheffield?

These emerging issues are based on feedback that we have received from individuals, as well as issues that have been brought to us via voluntary and community sector partners. This briefing is intended to be a snapshot of what we are hearing about; we hope that it is of use to services, and commissioners of services, in indicating potential areas of focus.

Background: [Please see here for previous weekly summaries](#)

Key issues from the two weeks commencing 04/05/2020 and 11/05/2020

- **Unclear government messaging** - we've been hearing from voluntary sector organisations that there is widespread confusion and heightened levels of anxiety following the most recent government announcement easing the lockdown.
- **Shielding** - we continue to hear from people who are shielding about the communication they receive. One person told us that they receive daily texts from their GP, reminding them that they are vulnerable and at increased risk of dying if they catch the virus. They find this unsettling.
- **CHC** - we have been made aware of someone who is CHC funded and has been confused about assessments being done over the phone. This is only one case, but has highlighted the need for some clear information on how changes to CHC processes are being implemented locally.
- **Dementia:**
 - We've continued to hear from voluntary sector organisations about the challenges facing people living with dementia and those who care for them. Building on previous concerns that PPE can be distressing for those who don't fully understand the situation, we've heard that opaque PPE makes it more difficult to communicate with people who rely heavily on nonverbal communication and facial expressions in order to understand what's being said.
 - We have continued to hear from carers that it is challenging for staff in care homes to implement social distancing guidelines with people who have dementia. This raises questions about whether further support or guidance could be implemented for this group.
- **Care Package reductions:**
 - Although Care Act easements haven't taken place in Sheffield, some people are getting fewer hours of care and support than previously because lots of social/day activities aren't possible. In some instances, this part of a support package has been used in a different way - we've been told that some social workers have been creative and supportive. But we've also been told that some people have lost part of their care package, and haven't had the chance to talk about alternatives. We also heard that for some people, losing the community support part of their package meant they could no longer go shopping. In some cases this has led to people having to access foodbanks instead of being able to buy their own food.
 - Where people have a direct payment to pay for their care, we have heard that in some cases they have been charged for the care they usually receive rather than the altered/reduced package. For example, where a trip out has been replaced by a phone call, the provider has still charged for the time a trip would have taken.
- **Care homes** – we have heard from members of staff in 7 care homes, as well as hearing from advocates who are supporting clients in 31 care homes across Sheffield. We are in ongoing discussions with Sheffield City Council about issues raised.
 - **What we've heard from staff:**
 - Care homes report struggling with staff shortages at the beginning of lockdown, but for some this has now improved. Linked to staff shortages, some staff members told us they are feeling under pressure to go into work when they are unwell or shielding.

- Several people working in care homes have told us that lack of information, or information not being passed to them in a timely way, has negatively impacted their work and planning.
- We've heard mixed feedback about GPs – some GPs are extremely supportive, while others have reportedly been unwilling to visit care homes even when residents are very unwell.
- Staff at one care home told us they had ample PPE, but most of those who got in touch with us raised real worries about PPE supplies. Some homes managed to stock up in March but these supplies are now dwindling and they're struggling to source more, while others have had very little for several weeks now.
- Staff members at several care homes told us of the difficulty they're having in getting staff tested, particularly those who are asymptomatic but in some cases those who are displaying symptoms as well. Some told us they're also still having trouble getting residents tested.
- Staff members told us about the impact covid-19 is having on relatives who cannot see their loved ones. Some homes have been able to arrange end of life visits but this is challenging.
- Admissions from hospital – one care home spoke about good practice in this regard, reporting that they are requesting tests if a hospital patient has been on a ward with covid-19 patients, and all new residents are isolated for 14 days. They shared concerns that one resident went into hospital for other health concerns, and was discharged back into the care home without being tested, despite having been on a ward with covid-19 patients.
- In care homes who haven't had any covid-19 cases, or who have managed to limit spread within the home, there is a sense that this is because of good leadership decisions, willingness of staff to be extremely flexible, and taking action before government guidelines came into force, rather than being the result of following national or local guidance.
- One care home reported involving residents in decisions about social isolation and other guidance, which has made them more confident in following the advice.

What we've heard from advocates:

- We've heard positive stories about many care homes who are supporting residents to be able to speak to their relatives and advocates. Many care homes have begun using video calls, while others are supporting people to talk on the phone over loud speaker or conference calls. One care home is allowing relatives to come to the garden and see their loved one through the window, while another is making good use of social media and their website to keep relatives up to date. Some care homes report not having the capacity for these initiatives – there is a need for support so that all homes can provide these opportunities.
- Many care homes are making proactive contact with advocates, and note taking and information sharing about clients is generally good.
- In some instances however, advocates reported that care home staff are not sharing adequate information about their clients, and some care homes are difficult to contact. One advocate raised concerns about their client not being able to speak to them privately, as poor telephone signal in the home meant they had to speak in the office rather than a private area.
- We heard from one advocate that communication with relatives had been an issue, where a relative had not been given information about their loved one's death.
- Advocates told us that some Deprivation of Liberty Safeguards (DoLS) conditions cannot be met due to current restrictions, and not all care homes are considering alternative ways they could try to meet these conditions.