

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held virtually on Monday, 6th July, 2020

Chairman:

\* Councillor Roger Huxstep

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|-----------------------------|--------------------------------|
| * Councillor David Keast    | * Councillor Pal Hayre         |
| * Councillor Martin Boiles  | * Councillor Neville Penman    |
| * Councillor Ann Briggs     | * Councillor Mike Thornton     |
| Councillor Adam Carew       | Councillor Rhydian Vaughan MBE |
| * Councillor Fran Carpenter | * Councillor Michael White     |
| Councillor Tonia Craig      | Councillor Graham Burgess      |
| * Councillor Rod Cooper     | * Councillor Lance Quantrill   |
| * Councillor Alan Dowden    | * Councillor Dominic Hiscock   |
| * Councillor Jane Frankum   | Councillor Martin Tod          |
| * Councillor David Harrison |                                |

\*Present

**Co-opted members**

Councillor Trevor Cartwright MBE, Councillor Alison Finlay and Councillor Diane Andrews

Also present at the invitation of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health.

**200. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Adam Carew, Tonia Craig, and Rhydian Vaughan.

**201. DECLARATIONS OF INTEREST**

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

Councillor Dominic Hiscock noted that his wife is a consultant radiologist at University Hospital Southampton.

202. **MINUTES OF PREVIOUS MEETING**

The minutes were agreed with the revision of a typo “do not” on page 11 of the minutes in the Agenda Pack.

203. **DEPUTATIONS**

The Committee did not receive any deputations.

204. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

- The Chairman noted that Cllr Rosemary Reynolds had stepped down from her position as a co-opted Member on the HASC and wished her the best.
- The Chairman welcomed Cllr Rod Cooper replacing Cllr Marge Harvey on the HASC who was elected as Vice-chairman of Hampshire County Council for 2020/21.
- The Chairman congratulated the NHS on its 72nd anniversary.

205. **PROPOSALS TO VARY SERVICES**

**a. Modernising our Hospitals and Health Infrastructure Programme - Hampshire Hospitals Foundation Trust**

Representatives from the Hampshire Hospitals Foundation Trust outlined accelerated plans for modernizing services with £5 million received from the Health Infrastructure Programme (HIP). This funding is a catalyst for much needed and multifaceted changes in primary care, mental health, a new midwife unit, ambulance services, to the meet the changes and challenges of the growing population.

Building improvements come at significant cost and have been identified to be on the plan. These changes, implemented in close collaboration with partners, will allow for the provision of services closer to home and benefit patients and staff in terms of wellbeing, flexible for future needs, and even in addressing pandemics.

Engagement has continued through June and July alongside considering various sites which will be reviewed in September with stakeholders and a pre-consultation business case for approvals with formal consultation to follow.

The clinical vision and focus are for the right care in the right place at n the right time and the capacity to care for people using digital technology and innovation with support to access services quickly to maintain their health. Centralized emergency services for offering the best care and outcomes with an outstanding,

brilliant staff who can be retained and providing high quality innovative care with a focus on research and training.

Covid has accelerated working in new ways and connecting services for the better. The joining up of services and users needs to be an equal partnership in this journey. Slick, efficient, and first-class services will help patients feel they are in control of their lives again with the support of health care partners and adults' services. There is a need to ensure that the new ways and technologies adopted will develop and nurture the right relationships in providing care and services.

Currently consultations are at a midway point with staff and public using video meetings and new ways of engagement. It has been possible to reach more residents and to run daily meetings with different parts of the geography and various groups and partner organisations in north and mid-Hampshire.

In response to questions, Members heard:

While some services will be digital, a location hub is necessary for clinical services. Similar endeavours around the country are being looked at for examples as this is a long-term opportunity to make significant improvements. With regards to the development of diagnostic services post-Covid, they may be helpful in general practices and community care locations. However, the picture is evolving, with each aspect of diagnostics being considered, alongside innovations to meet a national need for diagnostic hubs.

In terms of timelines, this project is different from previous ones undertaken in that it is a government led initiative and plan, where current infrastructure is no longer fit for purpose. A lot has been learned from previous endeavours and with the integration of health and social care the collaboration and partnership has deepened. Rethinking delivery of all services within the accelerated plan and milestones will be critical.

Clinical conversations with all neighbouring Trusts are taking place to understand priorities and impact. There will not be gaps in secondary care services and active engagement and consultations will continue to be progressed.

Conflicting Information Technology (IT) systems and handover remain a challenge, however there will be a significant component looking at communication, digital and analogue. Recognizing the variety of IT systems and working to reduce error by limiting duplication and consistently using "My Medical Record" for example will allow for patients, carers, service providers, and care homes to have digital collaboration for care and medical plans. Covid has positively affected digital innovation in having to quickly develop non-face-to-face care. The County Council will be involved in collaboration and integration in every work stream in this process.

The condition of the current estates requires urgent improvements and the backlog of maintenance is due to the limited budget allocation and lack of capital. This is a strategic opportunity for change and the new hospital should

see residents through approximately 5 decades. Clinical and capacity-based modelling, changes in services, and the impact of digital technology will be considered, and capital requirements narrowed down accordingly in the business case.

The hospital is currently well-staffed and retaining them will be key. Staff often work in difficult circumstances and Covid has highlighted those challenges. Combined nurse banks are easing options for working in different locations. Focusing on patient wellbeing, but also staff wellbeing and meeting their needs is critical.

Training for agency staff is in place and work is being done with the University of Winchester and University of Southampton nursing programmes to expand training offers and an opportunity to increase numbers. Physician's Assistants (PAs) are a different part of the work force and hold high science degrees to be able to support nurses and doctors. All staff members from porters to administration will be trained and be able to rotate across areas in exciting new roles in the community, without taking staff from other partners.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the report, engagement plan, and current challenges as well as any recorded issues addressed and/or resolved,
- b. Requested a further update in November 2020

#### **b. Building Better Emergency Care Programme – Portsmouth Hospitals Trust**

Representatives from the Portsmouth Hospitals Foundation Trust outlined a capital project for the redevelopment of the Emergency Department. A strategic outline case has been submitted and there are no service changes planned but the HASC will be kept informed as the programme evolves. There is a proposed site on campus and anticipated timelines at present.

Members requested that their thanks be conveyed to the Trust for their efforts and service during the pandemic.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the report, engagement plan, and current challenges as well as any recorded issues addressed and/or resolved,
- b. Requested a further update in November 2020

206. **HAMPSHIRE AND ISLE OF WIGHT COVID-19 SYSTEM APPROACH OVERVIEW**

Representatives from Hampshire and Isle of Wight (HIOW) organizations provided an overview of service changes and highlighted developments during the pandemic.

Members heard that healthcare organizations and staff appreciated the “thanks” they had received and have been working hard with colleagues in Social Care, Police, and Fire. All have been grateful for the public’s help in adjusting how they accessed services. Residents adapting quickly and following the guidance has been key.

The pandemic has been a major incident and one that has been ongoing for a long period of time. The aim has been to prepare and plan for the reasonable worst case scenario whilst hoping for the best. Capacity has been provided where needed and managed in new ways. Changes that have been on the list for years, took place in 2-3 weeks. It was imperative to maintain critical services and restore them, e.g. carefully rescheduling operations, considering PPE and social distancing needs. Patients were quite anxious initially to come into the hospital, but the hope is that there has been a shift in thinking and they now feel safer returning.

In order to exit the lockdown safely and prevent a second outbreak, the guidance and safety measures need to be followed. While numbers have dropped, Covid is still active.

Different agencies have been working well together in unifying understanding and action. Covid outbreaks have been less clear and building urgency in communities has been critical. Maintaining critical services in the priority areas of support have been key, including protecting the vulnerable and keeping them safe and maintain public order.

Work must continue in that perspective and with effective precautions. Careful plans are now being put into place for a new normal while watching out for the next wave. The reasonable worst case is still on everyone’s minds and they are ready for quick and critical fact-based decisions even with scant information but in the right context.

The real thing is often never quite like the exercise and Covid has had a life changing impact. However, it has been a privilege to come together with colleagues and organizations focused on issues as one team while maintaining the sovereignty of each team.

Upon clinical reflection, there have been about 2 million people affected including those who have been tested and those whom providers suspect may have been infected. There are high numbers of patients in some areas, fewer in others. There has been a fairly uniform experience overall with anxieties about outbreaks and hotspots. Approximately 5-10k residents have died naturally and 1400 of those of Covid in Hampshire and Isle of Wight. Many were elderly and frail so there has been some crossover in those areas.

Hospital resiliency was maintained, and capacity was always available against anticipated numbers. This is a tribute to the integrated work that goes on with partners and the community response.

While there has been some alarm about care homes, work with social care and care home colleagues continues alongside the restoration of critical and then elective services. Acute care has actually increased and back to 67% of non-critical care and finding new ways of working.

In response to questions, Members heard:

The numbers are based on people who have tested positive and the total mortality rate is between 0.05-1%.

Lessons learned continues to be ongoing in terms of managing 111 calls and wait times, helping residents who are avoiding care and procedures for fear of Covid, and cancer patients missing treatments, among others.

Due to the pace and knowing very little at the beginning in terms of how it affected people, 111 did struggle but extra staff were allocated relatively quickly to help cope. Plans are in place to be able to manage this winter, regardless of a second wave.

With more knowledge and understanding of the disease, it is clear now how hospitals need to work and the mechanisms needed to cope better. There is no complacency in planning ahead for the future. While there were frustrations, difficulties, and uncertainty initially, the focus now is genuinely working out how best to deal with the backlog and move forwards. There is critical evaluation of how things worked and sharing between acute Trusts with a huge amount of learning and more responsive services.

Initially, there were challenges with district nurses visiting care homes and residents, but they were back in action very rapidly.

There was an amazing response for returners as well and they were able to quickly join services.

In terms of certifying deaths, there were different processes in place, and this would need to be taken back to report on further details at the next HASC meeting.

There has been local anxiety about the route of discharge into care homes, but only a handful of cases have been identified where transmission occurred in this way. Infections have been minimized as much as possible with robust testing in place.

Using agency staff has been critical but there has been national media attention in this being a potential vector. Work is being undertaken currently to better understand and address the issue.

The HIOW Local Resiliency Forum (LRF) has been grateful for public order and confidence. Work is being done in surrounding LRF areas and across borders nationally and locally. There has been a top-down led response from No 10 with policies filtering through the system.

It is not possible to police a way out of this nor those kinds of resources available. One can imagine how communities would response to being policed in that way. If people take risks or act inappropriately against safety recommendations, they must be reminded of the focus and this is incumbent on everyone. Liaison is in place across borders with impact assessments and continued learning with all partners. The system of LRF is designed for this within the local context of operation.

Mental health during lockdown is a worry especially for those suffering from mental health issues who would generally use centres but could not access these services. Many services could not act without GP referrals or were overburdened. A central number for help would be useful. A joined-up approach is being followed but details can be brought back to the HASC to provide reassurance regarding the provision and access of services.

In terms of community care and the suspension and impact on some services, the details have to be brought back to the HASC in the future, as some service suspensions were done at the height of the pandemic and are now being reinstated.

Members acknowledged that the plan is a living document and expressed their gratitude for the many endeavours to fight this pandemic and save lives.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted this briefing and consider the next steps outlined in Section 13.
- b. Noted the Trust specific written updates.
- c. Requested an update in 9 months' time.

The committee had no further questions regarding Trust-specific updates.

*The Chairman called a 10-minute break at this time.*

*Cllrs Thornton and Cooper left at this time.*

207. **PUBLIC HEALTH COVID-19 OVERVIEW, IMPACT ON HEALTH AND WELLBEING, AND OUTBREAK CONTROL PLANS**

The Director of Public Health provided an overview of the Outbreak Control Plan. Members heard that data is being evaluated from the very beginning in terms of who is receiving it, how it is being measured it, and with 3358 people having been diagnosed as of 8th June.

Testing developments are being scaled up via NHS and with additional providers from the private sector and military. Initially, it was unclear who would be tested, but there is more clarity now. The mortality rate is actually closer to 1%.

Understanding the impact on health and wellbeing from a national perspective as well as the effects of delays, death, and disease will be critical. Mental health issues and the bereavement process will be looked at in LRF work across Hampshire including managing worries, issues, and accessing the support needed.

The Health Protection Board and a Member led Board are being set up to defend against future outbreaks. There have not been pandemics at this scale in recent history and work is progressing with partners to provide assurance for issues across borders and manage those for Hampshire. Further clarity is pending on the remit of the new funding to ensure the right structures are in place to manage risks.

There will be more local ownership of testing, underpinned by local data rather than nationally led sites. More results at the local geography level will help audit potential outbreaks while providing support for vulnerable residents and continued collaboration with partners and local leadership.

In response to questions, Members heard:

With regard to PPE the early days were in common with rest of country in terms of being unprepared and having a “just in time” approach but is now ready for a potential second wave or a new pandemic. There is sufficient capacity and stock for the future. LRF support is in place as well as mechanisms to support care and NHS sectors with help from Public Health.

The current evidence is that young and school age children are less affected by the virus. Children being low spreaders and using consistent bubbles will help protect the staff. Good ventilation and height difference will help in some cases, but teachers will need protection. Testing for the bubble along with the staff will only be undertaken if there are symptomatic cases.

Rebuilding public confidence in returning to hospitals will be critical. Close collaboration is continuing with NHS and work taken forward to support and mitigate any new outbreaks. Hospitals are conducting pre-admission tests and ensuring Covid wards are kept separate, has had a remarkable effect in preventing cross contamination and providing protection.

Upper tier local authorities now have a plan in place and while there will be updates, a link to the plans on the website will be circulated via email following the meeting.

Mental health and wellbeing issues and the ongoing low-level anxieties. There are some not shielding who are still not wanting to go out. It has been identified as issue to better understand prevalence and the wellbeing plan picks up on this.

Organisations have been grateful for residents who have taken initiative in creating face masks and PPE. The County Council has passed along needs for

organisations, but it is important to highlight that any PPE needs to be the right standard and to be careful with the terminology.

With regards to children going back to school, there are a lot of anxious parents and some schools may have challenges in safely accommodating the population within limited space. Guidance comes out regularly and work continues with Children's Services to ensure staff and students are safe. The bubbles are going to be larger going forwards but kept separate for protection.

Currently deaths and the number of cases are levelling off in Hampshire and being monitored on a daily basis. All deaths are tragedies for loved ones, and work continues to prevent spreading. There is a need to really understand the excess deaths over the longer term and considering many indicators to ensure nothing is being missed. While remaining vigilant of symptoms is important, it cannot be depended on alone.

Members thanked the Director and the Public Health department for their hard work and efforts.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the Context of COVID-19.
- b. Noted the impact on Health and Wellbeing and the need to monitor outcomes and take work forward to tackle the impact reviewing service development plans.
- c. Noted the Outbreak Control Plans now in place.

## 208. **ADULTS' HEALTH AND CARE RESPONSE AND RECOVERY**

The Director of Adults' Health and Care provided an overview on welfare response and arrangements overseen by the Local Resilience Forum.

Members heard that the response has been supported by partners with close collaboration between HCC, 4000 volunteers, the Voluntary Care Sector (VCS), NHS, districts, and boroughs sharing best practices, collaboration, learning, coordinating the response. Being a large County Council with 11 districts and boroughs, this required swift and concerted efforts.

A significant number of vulnerable people were helped alongside older adults and existing service users. HCC care services and independent providers used a two-pronged approach to provide support with a comprehensive communication strategy and social media advertising leading to 13 thousand vulnerable residents reaching out.

Services were provided through local response centres served by district and borough councils, offering additional food boxes due to restrictions or in the early days including residents who were not entitled but still experiencing hardship. The links between districts and food banks have been key, easing and oiling the collaborative relationships around operations.

With partial easing of arrangements for the shielded including food boxes is expected to end soon, people will need support to rebuild their independence, access provisions and also manage anxieties. There is a need to reinstate services for service users that were ceased due to necessary social distancing. Increase in the emergency provision of mental health concerns and care for the vulnerable will be important to recovery.

A special focus will remain on those groups hard to reach in Hampshire including supporting domestic abuse victims, rough sleepers, and those with substance abuse issues. There is a need to flex quickly and ensure business continuity as much as possible, such as moving to virtual work to ensure statutory services continue but also taking steps to restore services for those that are paused. In line with Outbreak Control Planning, this is an opportunity to develop a recovery plan based on lessons learned and considering significant workforce aspects. Unparalleled developments of the pandemic led to a continuous improvement plan. Reflective sessions have been planned to look back over what has happened before looking forwards.

In response to questions, Members heard:

While there were some initial local challenges or lack of coordination, volunteers have made an incredible impact and food banks were generously helped by grocery stores.

The government shared information about those vulnerable but this came through in parts across several weeks leading to challenges in coordination for response across a challenging geography. Grassroots parish and district work and Facebook groups were encouraged but there was a need to introduce consistency, safety, and contend with significant data sharing restrictions. Not all shielded residents were registered or had not consented to sharing information. It remains a massive testament to the volunteers of whom there were more than there was demand.

Relationship managers were introduced for all districts and boroughs. In terms of local response, there was spontaneous volunteering and working with partners but over a few weeks, there was a need to ensure that the formal voluntary sector was able to put safeguards in place to ensure safety across the mobilization. Both formal and informal partners, the faith community, Good Neighbours, and many other organizations provided critical support. For those residents without access to online resources, text, radio, media, briefings for councils were used for a full range of support.

There were difficulties for a large number of people who were not on the list and off the radar. In the end, volunteers made a difference with a quick response and it is important to not lose those names. Adding to the list incrementally, from 19,000 to 53,000+, services and response had to be sorted out quickly and increased over time. Not all clinically vulnerable residents needed support and the list was diligently reviewed to contact those who might need support. While there was the risk of duplication at the national level, it was necessary to provide that vital safety net.

Members commended the Hants Helpline, the Director and Department on this mammoth task and on the collaboration between district, borough, and parish councils.

These services ran at a significant cost to the County Council, but equally to district and borough councils, and especially the VCS sector with their loss of income. The Chancellor is due to make a statement later this week.

Grassroots effort ran almost like military but there were some cases where they simply did not have the experience or ability to help, and the helpline was incredibly valuable. Voluntary groups will have a challenge in weening people off and releasing the people they are currently supporting. Triage is provided in the helpline calls and residents are directed to simpler VCS responses or for complex needs, referred through to the Adult Health & Care welfare team for a social work-oriented response. It has worked well, and slowly the focus will be on moving everyone on in a caring and safe way to the levels of independence they previously had. There have been anxieties around this, but work will continue with a strength-based approach with the VCS and relationship managers.

Members thanked all those involved in these efforts to support Hampshire residents.

**RESOLVED -**

That the Health and Adult Social Care Select Committee:

- a. Noted the work that has taken place to date by Adults' Health and Care, public and voluntary sector organisations, and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
- b. Was assured by the systems that have been put in place across Hampshire, as set out in this report, to support the county's most vulnerable residents as well as the wider community during the Covid-19 pandemic.
- c. Notes actions currently underway to support moves toward recovery of services, system and processes across Adults' Health and Care.
- d. Further updates to be received at successive HASC meetings while the pandemic is in progress, including the Recovery Plan.

## **209. CARE HOME SUPPORT OFFER AND UPDATE**

The Director of Adults' Health and Care provided an update on the Care Home Support Offer and echoed the Chairman's sentiments in celebrating the NHS and highlighted that it is an anniversary of the foundations of social care as well.

Members heard there has been an impact across all communities and staff in social care. While there has been immense humanity, dedication, and skill evident in the sector, it is important to highlight that it is still in response mode and the pandemic is still very much active in communities.

Across the 500 care homes in Hampshire, 449 deaths have been noted positive for Covid-19. There are annual, seasonal, and monthly variations in the data and there has been a review of excess deaths in care homes. While Covid-19 positive many be noted on the death certificate, it may not be the primary cause of death. National testing reports from acute hospitals did not start taking place until mid-April and there may have been a larger Covid factor that was not captured at the national level until mid-July. There is uncertainty for providers and an impact on financial sustainability, that has led to supporting the wider care sector.

*Cllr Hiscock left at this time.*

Care homes received emergency PPE until regularized supply was put into place and it was difficult to know with initial guidance, which PPE was for where and when. There is a need for ongoing testing, with updates and reports from sector providers. Staffing suffered from absences which was a key factor as the needs remained the same, with an increase in the overall costs to care homes. There are a significant number of empty beds at the moment and with an impact in their income and bottom line, despite the hard work.

Announcements have been made by government regarding the national fund to support infection prevention and control in the care home sector. Area CCGs, the CQC, and Healthwatch sit on the Board, among others, meeting weekly to provide support. The goal has been to get this funding out to providers as soon as possible and slightly in advance of work that had to be done. Positively, all audits that have been undertaken, reflected that they had complied with the grant conditions and within permissible spends e.g. it was not for void beds or PPE. Every care home provider has received this support based on the number of beds. Work is being undertaken to learn lessons at pace but in a way that is sensitive to the needs of individuals and families, to better understand the transmission and learn those lessons rapidly.

In response to questions, Members heard:

Additional resources have been allotted for service surcharges being applied.

Testing prior to discharge has been ongoing but data can only be reported from 15th April onwards. In terms of preparing for the anticipated surge at acute hospitals, some 25,000 patients were discharged rapidly from acute hospital settings from March to create capacity into many settings. Agency staff appear across all health and social care sectors so cannot be the only vector. Further work remains and reviews are being commissioned for greater insight, in rapid time to better understand the factors in transmissions and outbreaks but there are real complexities to consider.

Care homes did lock down quickly and there was a phenomenal effort with many approaches and the staff quarantined for weeks if not months in order to provide care. Inevitably, staff moved within care providers but within same group of homes. Active work has continued with providers to ensure those coming in from hospital settings were isolated or quarantined before returning to the care home setting.

A lot of work is being undertaken from a national perspective to support care homes for learning and early insights. Collectively across the wider sector there is a need to delve deeply to understanding the recent impact. There will be inquiring and learning reviews for the County Council but also other partners to understand what has happened across Hampshire. The link to the Care Home Support Plan has been included and further updates will follow. Members thanked those involved for their Herculean efforts and tireless work.

The Executive Members for Adult Social Care and Health and Public Health thanked and praised the departments' leadership, care homes, NHS, and county council for their tremendous work in uncharted waters during a trying and very difficult time.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Was assured by the work underway to support the care home sector through the development of a care home plan and notes the contents of this report.
- b. Recognised the impacts upon the care home and wider social care sector and thank all those staff working across the sector for the humanity, compassion and care shown throughout their responses to Covid-19.
- c. Receives further updates at future meetings on continuing work to support the care sector.
- d. Requested further updates at successive HASC meetings while the pandemic is in progress, including regarding the Care Home Support Plan.

## 210. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. That the Committee's work programme be approved, subject to any amendments agreed at this meeting.
- b. That a Covid-19 Working Group be set up to consider the issues and help prioritise those that come to the full HASC.

*The meeting closed at 2:10pm.*

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Chairman,