

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 2nd July, 2020 at 10.00 am
Place	Virtual Teams Meeting - Microsoft Teams
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence received.

2. 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.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 16)

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. PUBLIC HEALTH COVID-19 OVERVIEW AND IMPACT ON HEALTH AND WELLBEING AND OUTBREAK CONTROL PLANS (Pages 17 - 28)

To receive an overview on the three different aspects in relation to COVID-19: the pandemic context, the impact on health and wellbeing, and the development of Outbreak Control Plans.

7. CARE HOME SUPPORT OFFER AND UPDATE (Pages 29 - 44)

To receive an overview of the care home and care sector position including an update on the work being undertaken on the local authority Care Home Support Plan.

8. HAMPSHIRE WELFARE RESPONSE (Pages 45 - 56)

To receive an overview of the systems that have been put in place by Hampshire County Council, Borough and District Councils, the Hampshire CVS (Council for Voluntary Service) Network, the wider voluntary sector and other partners to meet the needs of those people during the Covid-19 pandemic period.

9. CHILDREN'S SERVICES UPDATE ON COVID RESPONSE (Pages 57 - 102)

To receive an overview on Children's Services' response to Covid-19 including the approach, actions, and lessons learned.

10. CO-PRODUCTION UPDATE

To receive a brief verbal co-production progress update.

11. DISTRICT FORUM REPORT ON HOUSING AND HEALTH TOPIC (Pages 103 - 110)

To receive a summary of the findings from the multi-agency Hampshire Healthy Homes Workshop and key actions identified for further development.

12. "WAS NOT BROUGHT" POLICY (Pages 111 - 118)

To receive information regarding a new resource developed in relation to adults who are not brought to appointments.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 12th December, 2019

Chairman:

The Vice-Chair, Dr Rushton, assumed the role of Chairman for this meeting.

*Present

Co-opted members

Dr Barbara Rushton, Graham Allen, Simon Bryant, Dr Sarah Schofield, Cllr Anne Crampton, Cllr Philip Raffaelli, Tricia Hughes, Christine Holloway, Dr Nick Broughton, Alex Whitfield, Suzanne Smith, Dr Matt Nisbet, Julie Amies and Rob Cole

101. APOLOGIES FOR ABSENCE

Apologies were noted from the following Members:

Cllr Liz Fairhurst, Chairman, Executive Member for Adult Social Care and Health
Nick Tustian, Co-opted Deputy for District/Borough Council Chief Executives Representative

Amanda Lyons, Co-opted Deputy for Wessex Local Area Team of NHS England

Mark Cubbon, Co-opted Deputy for Provider Representative: Acute Health Trusts

Dr Rory Honney, Co-opted Deputy for West Hampshire Clinical Commissioning Group

Michael Lane, Police and Crime Commissioner for Hampshire

Dr Andrew Whitfield, Co-opted Deputy for North East Hampshire and Farnham Clinical Commissioning Group

David Radbourne, NHS England (Wessex)

Cllr Zilliah Brooks, Deputy to Executive Member for Adult Social Care and Health

Anja Kimberley, Substitute to the Police and Crime Commissioner for Hampshire

Maggie Maclsaac, Co-opted Deputy for South Eastern Hampshire Clinical Commissioning Group

Cllr Judith Grajewski, Executive Member for Public Health

Cllr Ray Bolton, Deputy to Executive Member for Public Health

Dr David Chilvers, Fareham & Gosport Clinical Commissioning Group

Dr Paul Howden, Co-opted Deputy for Fareham & Gosport Clinical Commissioning Group

Cllr Patricia Stallard, Executive Lead Member for Children's Services and Young People

Dr Nicola Decker, North Hampshire Clinical Commissioning Group

Dr Peter Bibawy, North East Hampshire Clinical Commissioning Group

Cllr Roger Huxstep, Chairman, Health and Adult Social Care Select Committee

102. 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 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 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.

There were no declarations of interest.

103. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting on 27 June 2019 were reviewed and agreed, subject to adding Dr Nick Broughton's title.

In response to Members discussing co-production on page 10 of the minutes, a query was heard from a Member regarding papers received by the board on March 2018 and following January 2019 meeting, when it had been agreed to organise a co-production workshop. It was noted that whereas a workshop had been discussed, the main priority was that engagement and coproduction with service users and carers should be embedded in all of the workstreams of the strategy. There is already significant evidence that co-production is taking place in workstreams across the system by HWB partner organisations. The Director of Adults' Health and Care was happy to discuss this further outside the meeting.

104. **DEPUTATIONS**

No deputations were received at this meeting.

105. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

New Director of Public Health

The Chairman congratulated Simon Bryant on his formal appointment as Director of Public Health for Hampshire County Council, following a rigorous recruitment process. Simon will also serve as the Director of Public Health for the Isle of Wight, under Hampshire's new long-term partnership arrangement with the Isle of Wight.

County Council Libraries Public Consultation

The Chairman announced that Hampshire County Council will begin a public consultation on the library service, which will run from Thursday 9 January to Thursday 18 March 2020.

The County Council manages a network of 48 Council-run and 4 Community-run libraries. The service also includes a Learning in Libraries offer, a School Library Service and a Home Library Service. As well as the traditional book-borrowing functions, libraries host a range of events and activities, increasingly acting as hubs for the community.

In November 2019, Hampshire County Council approved proposals that would enable the library service to save £1.76 million by 2021. The proposals called for a mixture of efficiency changes, income generation projects, and operational savings. The Council will be asking for people's views on these proposed changes and the feedback received will inform decisions to be made by the Executive Member for Recreation and Heritage in summer 2020.

No decisions will be made on any of the proposals in the consultation, until people have had the opportunity to give their views. A link to the consultation will be shared with customers and partners (including members of the Health and Wellbeing Board). Printed copies will also be available from any Hampshire County Council library from midday on Thursday 9 January.

Notification of an Event of Interest

The Chairman drew the attention of Board members to the Annual Health and Wellbeing Board Political and Clinical Leadership Summit: Leading Healthier Places which will be taking place on 18 March 2020 at the Local Government Association, 18 Smith Square in London (09:30-15:30). This will be the sixth LGA/NHS Clinical Commissioners summit for Health and Wellbeing Board chairs, lead members in care and health, and CCG chairs. Further details on the programme will be circulated to Board Members.

106. STRATEGIC LEADERSHIP: COMMISSION OF INQUIRY – VISION FOR HAMPSHIRE 2050

Representatives from the Hampshire 2050 Commission provided a summary of the Hampshire 2050 Commission of Inquiry (the Commission). Members heard:

The Commission was established by the former Leader of the County Council, Cllr Roy Perry in 2018 and ran throughout 2019. The purpose of the Commission was to consider submitted evidence, to deliberate upon key issues and to make recommendations on a Vision for Hampshire 2050 which will guide and contribute to the future prosperity, quality of life, and protection and enhancement of the character and environment of Hampshire

Fifteen Commissioners from a variety of backgrounds, but all with strong links to Hampshire, were appointed by Cllr Perry to consider a range of evidence provided across a number of strategic themes; Demographic and societal challenges, Economy, Work, Skills & Lifestyle, Environment and Quality of Place, Mobility and Rural Hampshire.

Each strategic theme hearing was open to the public and was led by a respective service manager who sought supporting evidence, predominantly from experts and Partners (through, for example Member groups). Public opinion was also collected through both online 'vox pop' interviews and via an online survey. In addition to the strategic theme hearings, it also became apparent throughout the process that an additional 'cross-cutting' theme hearing was required to consider areas of deprivation, which exists in pockets across Hampshire and so cannot be ignored, digital, as future digital skills will become embedded within social infrastructure and how youth and community engagement can feature in the process.

After the strategic theme hearings, Commissioners then undertook two closed deliberation sessions to shape their conclusions and recommendations. The key output took the form of the Commissioners Summary report which included key values including Hampshire the Place, People and Communities, Diversity and Sustainability (to ensure that recommendations could be delivered in the long term), Leadership and Collaboration and Measures of Success and five key drivers for change; the changing climate (which was also identified as the most important priority), changing economy, changing population and society, changing technology and the changing environment (in its own right, in addition to the changing climate).

The Commissioners' Summary Report was provided to Members in the meeting and an electronic copy shared after the meeting. The report was adopted together with a number of initial recommendations and actions (shared within the presentation) at an Extraordinary Full Council Meeting on 23 September 2019. The Climate Change Strategy and Action Plan was then introduced emerging from both the Commission and the County Council's declaration of a Climate Emergency in July 2019.

This high-profile work programme, currently in its early phase, will seek to embed Climate Change mitigation and resilience across the County Council's strategies and policies across the next 2-5 years, develop partnerships, community and expert groups and provide leadership with exemplar projects and behavioral driven communications. Cabinet are due to consider the proposed Hampshire wide target for mitigation of net zero carbon emissions by 2050, and a resilience target of 2 degrees Celsius on 6 January 2020.

Synergies and overlapping themes with the Health and Wellbeing Board were highlighted in the report. Full details of all of the Commission hearings including all hearing reports, the Commissioners Summary Report, evidence, public interview videos and survey responses can be found in the link below:

<https://www.hants.gov.uk/visionforhampshire2050>

In response to questions, Members heard:

It was encouraging and positive to see climate change being addressed though it means much more than a reduction in proportionality and percentage of emissions. Balancing climate change while attracting business, reducing areas of deprivation, and ensuring social justice will remain a challenge. The 2050 Commission will work with districts, leaders, and cross-party working groups to provide support and guidance with conflicting priorities. Collaboration will continue with Public Health as well as linking with district forums to check for alignment in 6 months' time.

For Hampshire residents, while public perception may not appear to be that of an emergency, the response is never quite ambitious enough with limited scope as a local authority. Positive leadership will need to be communicated to help the public understand the shift, but national policy review and changes are also imperative.

There is a great deal to be welcomed from the Commission of Inquiry and it is encouraging that success, for example, could be measured for wellbeing, rather than simply GDP. While this important piece of work is being led by the County Council, the relationship with unitary authorities, care with inclusive language to encourage collaboration and partnerships will be key to success.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the Member endorsed values, principles and drivers for change detailed within the Commissioners' Summary Report (set out in the Section titled Commissioners' Summary Report)
- Noted the Member endorsed recommendations for further work (set out in the Section titled Extraordinary Full Council Meeting)
- Noted the arrangements being made for the onward delivery and implementation of the Commission (set out in the Section titled Climate Change Strategy and Action Plan); and
- Agreed to support and explore further work wherever practicable with the Commission and Climate Change work programmes through, but not limited to, the examples provided in the Section titled Synergies with the Hampshire Health and Wellbeing Strategy.

107. **STARTING WELL: JOINT HAMPSHIRE AND ISLE OF WIGHT CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING LOCAL TRANSFORMATION PLAN**

Representatives from the Hampshire and Isle of Wight CCG Partnership presented the Annual Refresh of the Hampshire Local Transformation Plan for Board approval. The publication is the strongest plan to date which responds to emotional and mental health and wellbeing of children. Members heard:

In 2015, Clinical Commissioning Groups (CCGs) were allocated funds to work with targets over a 5-year programme to increase access to Mental Health (MH) services by 35% with increased access and improved services as part of the local transformation plan.

The first joint Hampshire and Isle of Wight (HIOW) plan in 2019 has gone the extra mile in engaging stakeholders and children and young people.

This is an iterative plan with improved governance processes, aligning HIOW priorities. Children and young people's mental and emotional health is everyone's business. Meeting demand, early intervention, and starting at the beginning to address issues before trauma and crisis is critical. The goal is to expand community services and reaching children and young people (CYP) early to prevent later serious mental health intervention. Easy read documents will be available for CYP and parents looking for accessible support to navigate the system.

In response to questions, Members heard:

Acute hospitals are seeing increasing number of young people needing intervention and in acute distress without appropriate treatment.

Percentage increases are not always helpful if the starting point isn't where it ought to be. It is critical to consider the baseline for communities, but 35% is the projected population prediction and it remains a consistent challenge. More significant challenges lie in improving crisis care and investing in timely access, treatment, and prevention.

Prevention begins antenatally in supporting mothers and continuing providing services needed in schools. Fragmented services are difficult for families to navigate and challenging to deliver, especially with a shortage of CYP psychiatrists. While complicated, these remain high priorities, especially as this journey can often be very confusing to a parent. Finding out important information too late as mental health gets progressively worse is difficult. Easy read documents will be one of the most valuable improvements.

Consistency of service and funding has not followed for counselling services, such as the 6-session limit without the autonomy to add more as needed. While there is a lot of data to consider, the sheer length of time involved to locate and access services is critical to address. System navigation for parents will be mapped out with engagement and coproduction with champions to assist in the navigation of complex pathways that need to be understood. Funds will continue to be reinvested in prevention and the right, needed services, such as safe haven in Havant.

Members noted that this is an absolute priority and welcome action as national numbers reflect ever-increasing mental health problems.

RESOLVED:

That the Health and Wellbeing Board:

- Approved the 2019 refresh of the Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan

108. **STARTING WELL: HAMPSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT**

The Board received an annual report from the Independent Chair of the Hampshire Safeguarding Children's Board highlighting relevant points of interest and information.

New arrangements from September had resulted in a Hampshire Safeguarding Children's Partnership becoming the new statutory vehicle (replacing the Hampshire Safeguarding Children's Board). The Board were asked to agree a revised shared protocol between the Safeguarding Children's Partnership, the Hampshire Safeguarding Adults Board and the Health and Wellbeing Board. Members noted the breadth of work that had been completed over the last year and commended the efforts.

RESOLVED:

That the Health and Wellbeing Board:

- Noted that the child protection partnership is working effectively across Hampshire but there are pressure points in relation to the increased activity in the system and improvement programmes within agencies where relevant.
- Noted that the Hampshire Safeguarding Children Partnership is the new statutory vehicle (under Working Together to Safeguard Children 2018) to coordinate the work of the multi-agency child protection partnership, commission learning reviews, and hold agencies to account for their work individually and together.
- Agreed the updated Protocol between the HSCP, Health and Wellbeing Board, and the Hampshire Safeguarding Adults Board.

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

109. **STARTING, LIVING AND AGEING WELL: HAMPSHIRE PHYSICAL ACTIVITY STRATEGY**

The Board received a presentation from the physical activity sector regarding the Hampshire Physical Activity Strategy that cross cuts many themes in the Board's own Health and Wellbeing Strategy. Members heard:

The framework around physical activity has strengthened over the course of time (following the 2015 Sports and Physical Activity Strategy) and there has been a trend in the focus on inactivity. Sport should not be a barrier to people being active and this is an opportunity for change and a prevention agenda. Overcoming inequalities and persuading people and communities is key. Physical inactivity has been shown to have nearly the same effects as smoking and even conservative estimates for cost are high, without the consideration of mental health issues.

Focus on place-based action to support children and young people, inactive women, people with or at risk of disabilities with a whole system approach is needed to bring about the necessary change. Understanding what makes individuals less likely to take action and what affects people's propensity to be engaged in physical activity is critical. The simple ambition is to make physical activity the easy choice.

Work has started in Andover including commissioned research with policy colleagues, general practitioners, etc. and the report is due shortly with any changes that need to be made. Progress will be insight led to drive investment, engaging and taking on feedback but with clear principles for delivery with collaboration amongst a partnership of equals. The physical activity voluntary sector are signposting people to these services and happy to work with new partners, including investing in the workforce and offering free professional training. Reaching high risk individuals and groups such as LGBTQ+ communities who are less likely to be active is key to provide engagement where necessary.

Doing things differently and providing shared opportunities can make a real impact and difference. Meeting with local providers to share learning and setting up the Get Active website to make opportunities available for everyone. Relatable images and curated activities will help join up providers and seekers.

Planning to deliver sustainably will include new interventions and early stages of rollout and evaluation.

The Health and Wellbeing Board can support by championing, co-commissioning, promoting, have conversations about, focusing on inequalities, modeling active behaviours, and providing system leadership for further development. Forty-two organizations across England with shared learning and actions, will create a culture and language of partnerships.

Members noted that in relation to how vital physical activity is to children and young people's mental health issues and the consequences of people's lifestyle, more funding should be invested (much like smoking cessation services) to support the work being done in the voluntary sector for early intervention and to help bring about the population that we would like to see in 2050. It can be frustrating to be able to prescribe a medication, but not necessarily physical activity as it may come at a cost.

In response to questions, Members heard:

It doesn't always take much investment to get started and prevention is key. Engaging individuals and groups in activities that resonate with them builds healthy habits and self-esteem.

With respect to data collection, gardening was excluded as it was sports survey, but is viewed as being active.

Unfortunately, evidence does not suggest that wearable technology alone can create the change that is needed. Achievable manageable activity embedded in daily life and finding opportunities is critical. Organizational wellbeing nudges for staff is a good place to start, for example, psychology suggests that if sports footwear is worn, it is likely to make one move more.

The focus ought to be on those that aren't doing anything as opposed to people who could do more. Prevention is finding those that aren't and prevent them from becoming a statistic. Inactivity can affect everyone and finding the pathways to identify those opportunities is key to intervention.

Bringing these issues to the forefront will allow physicians the opportunity to make every contact count and for patients to self-manage. Modeling behaviour both in day to day life and the workplace can create change. System leadership and redesign is key and while a ban has worked on smoking, it is now a crunch point for inactivity. Physical activity needs to be built into lives and the effect of factors such as transport must be assessed.

The UK is about the most inactive country in the developed world and learning from societal experiences in other nations will guide work in this area. NHS Trust partners are eager to be involved and would appreciate the opportunity. The presentation is available online and will also be shared with all Members.

Members noted that this was an area the Board was passionate about and there is much work to be done in this area.

RESOLVED:

The Health and Wellbeing Board noted the presentation.

110. **HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE**

The Health and Wellbeing Board Manager highlighted the business plan and individual sponsors to help with particular themes. Members heard:

Future meetings will have a deeper dive into one or more themes, and metrics and activities will be examined in more detail. An example dashboard with metrics was shared and sponsors will be asked to narrow down the key metrics to focus on for a full dashboard, beginning with the “starting well” theme. In moving forward with the business plan and new learning, it was noted that more named people will need to be added as leads to the plan. Both qualitative and quantitative outcomes will be reported on. It was also noted that in January a housing workshop with districts and boroughs will be taking place.

Members noted:

A suggested amendment to item 6A to note “the Board and its member organizations”.

Developing theme sponsors is a good starting point but in due course measuring outcomes, visible funding and reducing inequalities is key.

With regard to poverty levels, considering the relative deprivation index and looking at accurate proportionality will allow insightful targets to be set and reduce deprivation across Hampshire.

While it can be difficult to measure outcomes, metrics and indicators for outputs, inputs, and narratives will be used in combination to assess progress and will be built into the Joint Strategic Needs Assessment.

It will be important to work together on how to best deliver these targets, inviting the right people to add value to these conversations, getting into the details, and participating in the solution with a partnership approach.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the overarching business plan for the new Joint Health and Wellbeing Strategy, and that this plan will be regularly updated to keep it current and relevant
- Requested that the six theme sponsors identify appropriate leads to assist with progress reporting on each action
- Requested that the sponsors agree the performance measures for a Health and Wellbeing Board dashboard
- Agreed that at each Board meeting, one or two theme sponsors will report on progress of their theme, so that all themes are covered on an annual basis

Alex Whitfield and Dr Nick Broughton left at this time.

111. STRATEGIC LEADERSHIP: HAMPSHIRE SYSTEM PLANNING FOR WINTER

Representatives from the three acute systems presented a report on winter planning in Hampshire and the Isle of Wight. Members heard:

Work has been undertaken all year for health and social care systems due to an increase in pressures in both attendances and complexity on an annual basis. Implementing sustainable changes and not staying passive or static by looking and learning lessons from painful experiences is critical to collaboration and success.

The Sustainability and Transformation Partnership challenge lies in becoming co-supportive in terms of fundamental aspects, capacity issues, and adequate resources. The goal is to stop people from deconditioning and deteriorating prior to acute crisis, as bringing vulnerable elderly people to hospitals is more detrimental. Prevention or short visits are the priority. Additional resources must be used to change the balance of how challenges are addressed.

In the health economy, the emergency department serves as a barometer for the hospital and lack of primary care, pharmacy advice, etc. all contribute to attendance. Hospital flow is a necessity for safety and requires a multi-factorial approach and obsessive drive affecting the length of stay, timeliness of advice and discharge. For the frail vulnerable elderly, long stays are harmful - keeping everyone safer in their own residences continues to be the goal.

Acute mental health issues have continued to grow for acute systems and require further and continued focus and investment. Evaluating and addressing key risks through collaboration, such as potential issues with work force resilience, flu impact projections, escalation issues, policy and protocols, plans, etc. for a coordinated approach to address ambulance handover delays and severe weather functionality.

Understanding that access is a huge public expectation and ten-fold in primary care for same day appointments but unfortunately, resilience isn't as good as it has been. The "Choose Well" campaign and signposting to lower denominations of care is vital to balancing the public's expectations versus needs as is working across boundaries. The issues often start out in primary care and then are felt in acute hospitals.

All local systems have plans in place but need to be realistic in managing the high-risk workforce by addressing vacancies in critical roles, additional staff on call, increasing the uptake of flu immunizations, etc. While often constrained by national workforce challenges in recruitment, recent efforts to fill positions and being creative and flexible have been successful though specific skill sets remain hard to find, fill, and retain.

Flow through hospitals and social care capacity are issues, alongside the issue of patients medically fit for discharge, but delays can occur due to a combination

of factors – transportation, prescriptions, step-down care, etc. Proactive attention, focus, and actions are being taken on to reduce this as the pressures are now felt all year round with the additional impact of severe weather and flu.

Plans are in place currently, but the concern is not Christmas and New Year social care provision, but the wave of demand from mid-January and the capacity to support people out. Performance-wise this was the major issue last year and even flow is manageable, but a surge is a huge challenge. Planning better and collective investment in getting people back into independent living is the ideal outcome.

Communication has been coordinated across HIOW including a vast array of poster campaigns, local media, social media, radio, etc. to keep in touch and get the message out. New technologies such as MiDoS helps professionals to help identify the most appropriate service and further development is being made to have more access at their fingertips which will be coming online and January 2020. Public access could also be helpful and 111 is already available to everyone.

Efficiencies in the local resilience system (LRS) can be achieved through collaborating with the Hampshire Fire and Rescue Service (HFRS) to address weather challenges and ambulance delays. Awareness of the downstream effort and community safety officers can help with capacity flow out of hospitals addressing risk being created elsewhere in the wider system. Resources are available and it is best for colleagues to follow established protocols for ease of coordination for systematic access.

Queen Alexandra Hospital in Portsmouth have had significant issues with ambulance delays in the past, but over recent months have made immense improvements. The risk does not lie in the acute systems alone but must be managed elsewhere in the wider system.

Patricia Hughes left at this time.

Increasing capacity in primary and non-acute care with pooled resources and additional monies will create further capacity for support to deliver better results. The majority of funding is not for acute systems. Funding must address also the severe mental health crisis and defining the PCP to Acute pathway.

Investment in primary care does not distract from multidisciplinary staff and assessments as there are a finite number of GPs and primary care staff. To address pressures, the critical period must accommodate additional appointments. It can be complicated and difficult for patients to know how to access the right service for their needs.

Collaboration between Primary Care Networks (PCNs) and acute colleagues across the divide would allow for better working. Communication with public will help direct them appropriately and not just to the front door of the hospital. The bigger picture for urgent and/or emergency care is a race to get everything in place, but the yearlong strategy is key.

RESOLVED:

That the Health and Wellbeing Board:

- Noted the overview of the urgent and emergency care programme for Winter 2019/20 and the summary of each Integrated Care Partnership plan, which sets out key initiatives to manage increase demand over the Winter period

Meeting closed at 12:41pm.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee	Health and Wellbeing Board
Date:	2 July 2020
Title:	Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak control Plans
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 02380 383326

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an outline on the three different aspects in relation to COVID-19:
 - The pandemic context
 - The impact on health and wellbeing
 - The development of Outbreak Control Plans

Recommendation(s)

2. To note the Context of the COVID-19 Pandemic
3. To note the impact on Health and Wellbeing and the need to monitor outcomes and take work forward to tackle the impact reviewing service development plans.
4. To note the development of Outbreak Control Plans

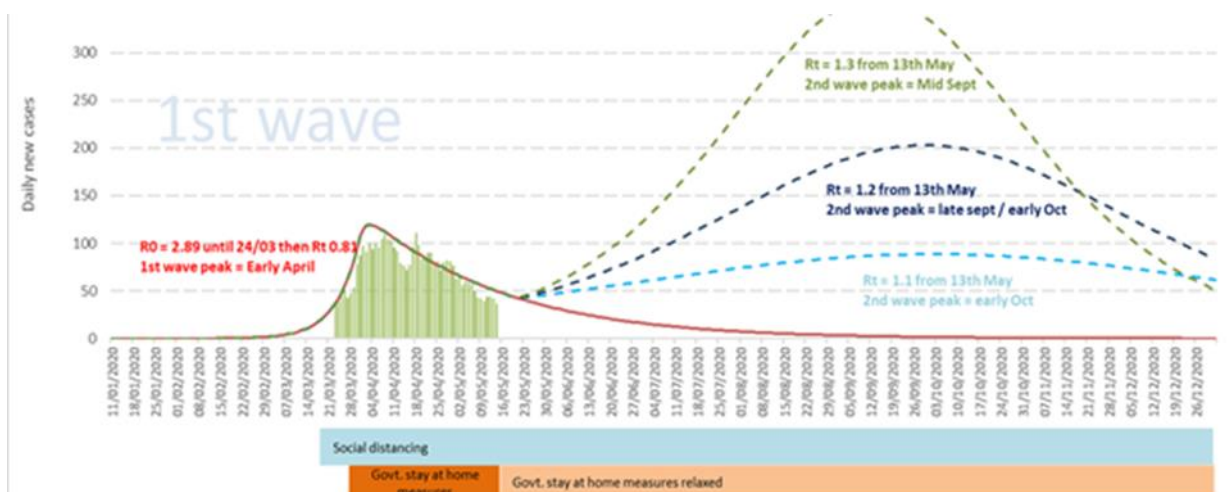
The Pandemic Context

5. The current COVID-19 outbreak is due to a new coronavirus from animals, which first came to light in China in December 2019. The first cases in the UK were identified in January 2020. With more and more countries around the world experiencing outbreaks, the World Health Organization declared a global pandemic in March 2020.

6. Coronaviruses are a large family of viruses which, in humans usually cause mild illness, including common colds. The COVID-19 disease is spread through cough droplets either directly from an infected person or from touching surfaces contaminated with the virus through someone coughing onto them. The virus is estimated to last for up to 72 hours on hard surfaces.
7. The symptoms of coronavirus disease (COVID-19) are typically (but not exclusively) a cough, a high temperature and shortness of breath. It is now additionally advised that a loss of sense of smell may also be a key symptom. The virus can affect anyone and for most people the symptoms will be mild, and people will recover in around two weeks. However, the individuals at highest risk for severe disease are those over 70 years and those with underlying health conditions where symptoms could require hospitalisation. There is further developing evidence about possible increased risks to BAME communities and those individuals with obesity. It remains difficult to accurately estimate the mortality rate because not all cases are identified. However, data from around the world suggests it is likely to be around less than 1%. The disease in children appears to be mild in most cases, though there have been instances of deaths.
8. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. As of 8 June 2020, there are 3,358 diagnosed cases in Hampshire. The first peak was well managed through social distancing and effective planning. The modelling of the virus suggests further waves of disease will develop during the Autumn. We are working to manage further waves of disease.
9. Due to the lack of immunity in the population the disease can easily spread between people causing a large outbreak and 'peak' in cases. If allowed to spread without intervention the resulting level of disease would overwhelm our health and social care services due to the extreme volume of those requiring specialist care and support. Therefore, a number of measures, many of which were based on existing national plans to respond to influenza pandemics, were put in place by the government to manage the outbreak. The first phase was to CONTAIN the disease, tracking those who had the disease and contact tracing those they had been in close contact with. Working with Public Health England, the County Council's public health team supported this through connecting with and supported key settings affected.
10. Following this phase and once the disease was understood to be spreading in the community, the country as a whole moved to the DELAY phase. This phase has increasingly involved measures to slow the spread through social distancing for the whole population and shielding for the most vulnerable. These measures have been largely successful, and we appear to have now seen a predicted peak much reduced and delayed, albeit with many people experiencing severe disease and significant numbers of COVID-19 related deaths. As referenced above, while recognising the success of these significant

measures in terms of lives protected and saved, the County Council has also to be concerned about the economic impact of this crisis upon the welfare of the Hampshire population.

- The following graph depicts a predictive assessment of the potential severity and timing of a second peak or wave of the outbreak, relative to the first in April 2020. This is based on three scenarios linked to the future “R number” (the analysis of the reproductive pace and spread of the virus) and the prevalence of infection. Firstly, it should be stressed that it will not be feasible to construct an R value for localities or even the county of Hampshire. It is a broad statistical analysis over time and a wide population – it is likely we may see regional R values in time. We know that the first peak was based on a very high R number but from what was a low base of prevalence at that time. Crucially, that first peak, for all of the challenges and tragedies it brought, was contained within the capacity of the NHS so the worst national calamity was avoided. We also know, as we have come gradually down from the first peak through near total lockdown, that to avoid any second wave (as per the lower red line in this graph) would depend on continued high levels of lockdown that keep R well below the value of 1. But the closer the R number gets consistently towards or beyond a rate of 1.2, the more severe would be the second peak and the more intense would be the pressures upon the NHS and wider services. That is why the new local authority public health duties of outbreak control planning, discussed further in this report and separately to this Cabinet, and will be so critical to the management of and recovery from the crisis.



- As the pandemic has developed and the impact of the interventions is becoming better understood we will have seen an easing of some of the measures but importantly maintaining social distancing wherever possible. This is not least because we appear now to be in a period of the middle of the end of the first peak or surge in the spread of the virus. However, in the absence of an effective vaccine, as long as there are cases of infection in the community, the likelihood of a resurgence of spread remains. As restrictions are eased, the

UK may then see a rise in the disease again leading to a second wave. This will need to be managed in a similar way to the current measures, with increased local leadership through the Outbreak Control plan

13. The programme of testing for COVID-19 is key for understanding the spread of disease and prevent further cases. The testing programme has been developed over the life of the epidemic. In the 'contain' phase testing was for people who had travelled to affected areas or those in contact with cases who were symptomatic. The next phase testing was for those admitted to hospital who were symptomatic and for potential outbreaks in care homes. A programme of testing for key workers has commenced in Hampshire recently to support business continuity. Finally testing was made available for everyone symptomatic. Testing programmes have developed through a variety of delivery models. Under the Director of Public Health these models are being reviewed to ensure they meet local needs. The progress and coordination of testing, and a stronger local authority role in that coordination will be key to the effective management of outbreak control plans.
14. We have now moved to a phase, as the start of outbreak management, of testing and tracing community cases. This involves increased testing in the community, tracing those who have been in contact with a case and supporting people to self-isolate with symptoms and NHS care where needed. It is intended to be a more targeted and "surgical" approach to management of the spread of the disease which can apply controls which do not have such widespread and economically as well as socially disruptive effects. The contact tracing will be the NHS Test and Trace programme overseen by Public Health England and Local Directors of Public Health. Further intervention will be via the mobile phone app developed by the NHS. The Director of Public Health is leading the early implementation of the programme through his leadership role on the Isle of Wight.
15. A vaccine is still being researched which would enable society to gain population immunity, preventing the spread of disease and protecting the vulnerable from illness. This is most likely to be available during 2021, if a vaccine can be developed.

Impact on Health and Wellbeing

16. There are direct and indirect impacts of COVID-19 on both physical and mental health. These impacts are yet to be quantified we are still in the first wave of the pandemic; also, cumulative impacts will take time to understand. With that consideration there is a lack of national figures and the understanding is developing. There has been a disruption to healthcare services due to re-designed non-COVID-19 services to prepare for COVID-19 Cases. This includes:

- Drop in Urgent care use including for strokes and heart attacks
- Treatment delays/modifications for cancer
- Non-acute care including general practice with the impact on management of patients with Long Term Conditions
- Impact of low immunisation update resulting in possible surge in vaccine-preventable diseases
- Paused cancer screening leading to a backlog and undiagnosed/delayed cancer diagnosis and treatment
- Reduced access to public health programmes – smoking, substance misuse, weight management, NHS health checks leading to poorer health outcomes

17. We need to monitor excess mortality to understand the full impact of COVID-19 on the health of the population and how these impacts on different population which may widen health inequalities. This is likely to lead to a drop in life expectancy and healthy life expectancy.

Mental Health Impacts

18. The psychological impacts of epidemics and protracted physical distancing measures, including those that are expected (such as loss of identity, disruption to usual activity, increases in feelings of loneliness) and those that may be unintended (including increases in domestic violence, child maltreatment and cyberbullying).

19. For many, several coping strategies to deal with this psychological impact can be detrimental to mental health; including alcohol and drug misuse, and online gambling. Early studies have also highlighted the impact of stigma and discrimination targeted at certain communities.

20. Lessons from past epidemics are also helpful to understand some of the impacts on mental health. A higher concentration of social determinants associated with self-harm and suicidal ideation in this period, including isolation, stress, financial worries, disruption of personal recovery plans, and relationship discord. There is a recognised increased risk for post-traumatic stress disorder, both for those surviving hospitalisation in Intensive Care Units and the frontline healthcare workers and people with existing mental health vulnerabilities

21.

Mental Health Impact of COVID-19 Across Life Course



	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> Anxiety about impact of COVID on baby Financial worries Anxiety about delivery and access to care Isolation 	<ul style="list-style-type: none"> Coping with significant changes to routine Isolation from friends Impact of parental stress and coping on child 	<ul style="list-style-type: none"> School progress and exams Boredom Anxiety or depression or other MH problems Isolation from friends Impact of parental stress 	<ul style="list-style-type: none"> Balancing work and home Being out of work Carer Stress Anxiety about measures and family or dependents or children Financial Worry Isolation 	<ul style="list-style-type: none"> Isolation and disruption of routine Anxiety from dependent on services Financial worry Fear about impact of COVID if infected
Staff/ Wols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.				

22. Many people across the world will also be dealing with the effects of the pandemic's excess bereavement burden.

23. There are strong recovery plans to address both physical and mental health needs as part of the Local Resilience Forums and organisation systems. We need to ensure as our recovery plans we further our understanding of the issues and address them.

Outbreak Control Plan

24. On Friday 22 May, national Government announced the requirement for Local Outbreak Control Plans (COVID-19) to be developed to reduce local spread of infection and for the establishment of an officer-led COVID-19 Health Protection Board for each upper tier Local Authority, supported by existing Local Resilience Forum command structures and a new member-led Board to communicate with the general public.

25. The primary objectives of the national Test and Trace service previously rolled out on the IOW, and new local requirements for outbreak plans, will be to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so, we can help to return life to as normal as possible,

for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

26. Achieving these objectives will require a co-ordinated effort from local and national government, the NHS, GPs, businesses and employers, voluntary organisations and other community partners, and the general public. Local planning and response will be an essential part of the Test and Trace service, and local government has a central role to play in the identification and management of infection. To that end, £300m in national government funding will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area.
27. Building on the statutory role of Directors of Public Health (DsPH) at the upper tier local authority level, and working with Public Health England's local health protection teams, local government will build on existing health protection plans to put in place measures to identify and contain outbreaks and protect the public's health.
28. Local Directors of Public Health will be responsible for defining these measures and producing the plans, working through COVID-19 Health Protection Boards. They will be supported by and work in collaboration with Gold command emergency planning forums and a public-facing Board led by council members to communicate openly with the public.
29. Cross-party and cross-sector working will be strongly encouraged, and all tiers of Government will be engaged in a joint endeavour to contain the virus, including Local Resilience Forums, NHS Integrated Care Systems and Mayoral Combined Authorities. Councils are free to work at wider geographic levels if they so choose.
30. £300m funding for upper tier Local Authorities accompanied this announcement, for Hampshire this is £4.8m although the requirements of the spend has not been published. The level of this resource is unclear at this time but may include mobilising trained staff, such as public health practitioners and environmental health officers to undertake risk assessment and contact tracing within our local communities and high-risk settings

Local Plans

31. The aim of the Plan is to provide a framework as to how we will work as a system to respond to COVID 19. The objectives of this plan are as follows:
 - a) To provide the board with an understanding of data sources to manage the outbreak.

- b) To reduce transmission of COVID 19, protect the vulnerable and prevent increased demand on healthcare services.
- c) To provide consistent advice to settings to prevent the spread of COVID 10.
- d) To oversee the test and trace programme for Isle of Wight
- e) To coordinate testing across Isle of Wight.
- f) To ensure a collaborative and coordinated approach to supporting settings across the Isle of Wight.

32. The plan has seven themes:

- I. Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- II. Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc (e.g. defining preventative measures and outbreak management strategies).
- III. Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
- IV. Assessing local and regional contact tracing and infection control capability in complex settings (e.g. identifying specific local complex communities of interest and settings)
- V. Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- VI. Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- VII. Establishing governance structures led by existing COVID-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

33. All upper tier local authorities need to develop local outbreak control plans in June ahead of further phases of the national infection control framework.

34. This work is being supported by eleven pilot areas that are rapidly developing best-practices and capturing learning. Local councils outside these areas will be invited to participate in regular engagement and best-practice sharing sessions.
35. A National Outbreak Control Plans Advisory Board will be established to draw on expertise from across local government and ensure the national Test and Trace programme builds on local capability, and to share best practice and inform future programme development.
36. Directors of Public Health will lead the development of Local Outbreak Plans and with Public Health England's local health protection team will lead the work on contact tracing and managing outbreaks in complex settings and situations.
37. The management of local outbreaks is resource-intensive work and so local authorities, through the leadership of their Directors of Public Health and PHE, will work closely together in building capacity of both the local authority public and environmental health teams and the PHE local health protection teams. This will be a key part of delivering the Local Outbreak Control Plans.

Governance

38. Two new local boards will be set up for the Island with key partners to take this forward linking nationally to the Joint Biosecurity Centre, regionally with the LRF, and locally for the best outcomes.
39. The Health Protection Board will have the right expertise and relevant ICP members to take this work forward. It will be responsible for the ongoing development and delivery of the Local Covid-19 Outbreak Control Plan, including:
 - Planning to prevent and respond to local outbreaks in settings such as care homes and educational settings
 - Identification and management of other high-risk places, locations and communities of interest
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population.
 - Oversight of contact tracing and infection control capability and capacity in local complex settings and identifying and escalating requirements
 - Ensuring local services can support vulnerable people to self-isolate

The Member Led Board will bring local accountability and connection to the local community. Membership to include The Leader, Relevant Executive Members and Opposition Members.

Conclusions

40. The response to Covid-19 pandemic has been through a number of phases and actions. The development of the Outbreak Control plan is the next phase of the management of the pandemic which brings further local leadership to the response

41. The Health and wellbeing impacts of the COVID are wide and complex. The Board should note these and the work underway to ensure these needs are addressed.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u> COVID-19 recovery strategy	<u>Date</u> 12 June 2020

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

2.1 This paper does not contain any proposals for major service changes which may have an equalities impact other than to improve outcomes and manage the pandemic

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	2 July 2020
Title:	Care Home Support offer and update
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

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Email: Graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an overview of the progress of Covid-19 and its significant impacts upon the care home sector in Hampshire during the period March 2020 to 12 June 2020.
2. The report also provides an update of work underway across partner organisations in response to support the care home sector following the publication of the Social Care action plan in mid-April 2020 and following publication of the requirements set out in the Minister for Health's letter to local authority's with adult social care responsibilities, dated 14 May 2020.

Recommendation(s)

3. That the Health and Wellbeing Board is 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.
4. That the Health and Wellbeing Board recognise 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.
5. That the Health and Wellbeing Board receive further updates at future meetings on continuing work to support the care sector.

Executive Summary

6. This report seeks to detail impacts upon the social care home sector in Hampshire during the progress of the Covid-19 pandemic, from early March 2020 until 12 June 2020. The report provides an interim view of issues, given that all organisations continue to be in a 'response' phase to the pandemic, with work continuing to plan for a second and potentially further successive waves of the pandemic.

7. This report should also be seen, therefore, in the light of significant work being undertaken across the County Council, with partners, on a range of key issues including the Local Outbreak Management Plan. A complimentary report, relating to Adults' Health and Care's approach to welfare provision and recovery of services, is due to be presented at the 6 July Health and Adult Social Care Select Committee.
8. Covid-19 response planning in Hampshire commenced in February 2020, both through Hampshire County Council and via the Local Resilience Forum for Hampshire and the Isle of Wight. The pandemic response was fully initiated when a major incident was declared in early March 2020.
9. The care sector and the NHS has been at the forefront of the response to the initial wave of the pandemic. Initial focus, in light of national pandemic modelling, identified that NHS acute services might be overwhelmed and there was an urgent need to create capacity in NHS bed-based services. This saw acute bedded -provision availability increase rapidly in advance of a potential surge in patients with Covid-19; with some 50% of acute hospital beds becoming available across our acute hospitals. Aspects of this discharging of patients and subsequent NHS support to residents are subject to updates to be provided to this Committee and are not covered in this report in any detail.
10. However, new services and new responses in the face of reasonable worst-case scenario planning were established across Hampshire, primarily through the NHS Covid-19 response planning. Discharge arrangements have primarily been commissioned and led within NHS local sub-systems, with operational and tactical support through Hampshire County Council and other partners.
11. Subsequently, as services have begun to move toward restoration and recovery within the NHS, as the first wave of the pandemic has reduced, available bed capacity has slowly and in a measured way reduced, whilst arrangements remain in place should further waves of pandemic infection develop.
12. Additionally, Hampshire County Council moved rapidly to recognise the risks and pressures faced by care providers and put in place a 10% immediate uplift in commissioned care in care home settings and 5% in domiciliary commissioned care, payable in advance from 1 April without any requirement being placed upon providers to apply for or submit additional information. Furthermore, as we are not adjusting these uplifts on commissioned care back to 'actuals' the gain for providers financially is likely to be above those levels identified above. We identify that Adults' Health and Care will spend some £10m of additional local financial support on top of our commissioned care provision in the period up to the end of July 2020, with ongoing work to review arrangements to support the commissioned social care sector after this date.
13. Guidance on controlling and containing outbreaks and reducing risks through taking mitigating actions and providing specific support, within the national framework established by Government, has been regularly updated. This has

specifically directed many responses, within a local collaborative framework overseen through the Local Resilience Framework.

14. Government introduced emergency Coronavirus legislation in March 2020. Amongst the measures available have been Care Act Easements. Hampshire County Council have not initiated such measures, though Cabinet received a report and approved recommendations in May 2020 to enable such Easements, if required.
<https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=134&MId=6847&Ver=4>
15. In mid-April 2020 the Department of Health and Social Care published a Social Care Support Plan;
<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care> . This covered four key areas; 1) controlling the spread of infection, 2) supporting the workforce, 3) supporting independence, supporting people at the end of their lives and responding to individual needs, and, 4) supporting local authorities and providers of care. Further work is ongoing regarding the creation of a national care home taskforce. Further details on that taskforce is currently awaited.
16. In total 1672 people died in care home settings in the period between the week ending 28 February 2020 and the week ending 12 June 2020, of which 449 had Covid-19 recorded as the cause of death on their death certificate. Clearly, the impacts upon families, staff and organisations has been devastating. Condolences and sympathy have been extended to all family, organisations and communities. Typically, over this same period in previous years we would expect to see between 50 – 30 deaths per week across the 13,000+ care home beds in Hampshire, though variation in any year and month is inevitable. There have also been significant impacts upon care home staffing, with staff needing to self-isolate / quarantine during the pandemic.
17. During the early response teams within both Adults' Health and Care and across NHS Commissioning and Provider partners established dedicated teams and support and re-assigned a range of other services and functions to support the response phase. These include specific 'cells' focussing upon support to the care home / care sector with regard to issues such as emergency Personal Protective Equipment, infection prevention and control and finance, as well as discharge arrangements from hospital settings which saw the establishment of 'discharge hotels' and other resources. As well as risks for older people's care home settings, we have also been extremely focussed upon care settings for other service user groups, including increased risks for people with learning disability and those with other complex care needs. Further work will be brought back to this Committee, in due course.
18. Additionally, in mid-May 2020 the Minister for Care provided details of a £600m fund, <https://www.gov.uk/government/publications/coronavirus-covid-19-support-for-care-homes> which along with a range of other measures sought to reduce risks of infection transmission within care home settings, they having been identified as key places of risk. Each upper tier local

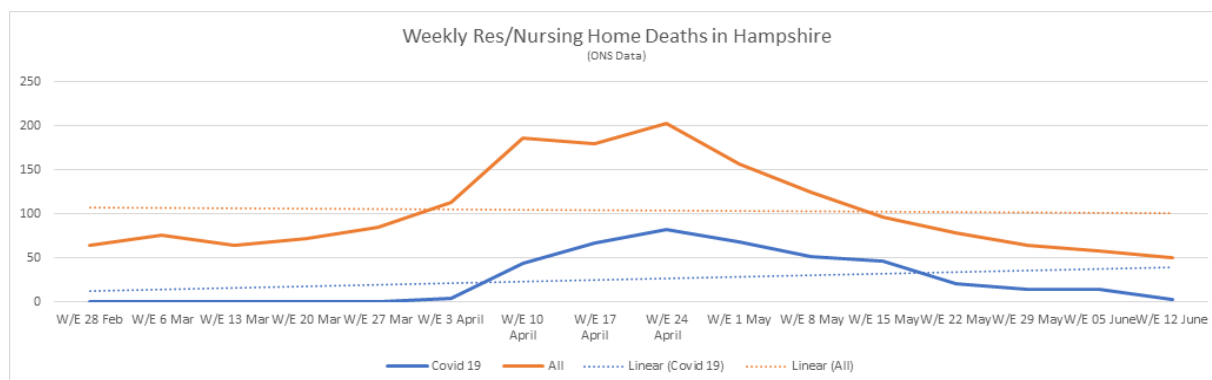
authority, working with partners, has needed to submit a detailed response to the Minister by 29 May outlining actions in place and progress by which assurance and confidence could be obtained. Hampshire County Council moved quickly, working with a range of partners, and made some £7.8m of direct payments to all qualifying care home providers in Hampshire by 29 May. Details on these actions are set out in the next section.

Contextual information

19. The current Covid-19 outbreak is due to a new coronavirus, which first came to light towards the end of 2019. The first cases in the UK were identified in January 2020. With more and more countries around the world experiencing outbreaks, the World Health Organization declared a global pandemic in March 2020.
20. Coronaviruses are a large family of viruses which, in humans usually cause mild illness. The Covid-19 disease is spread through cough droplets either directly from an infected person or from touching surfaces contaminated with the virus through someone coughing onto them. The virus is estimated to last for up to 72 hours on hard surfaces.
21. The symptoms of coronavirus disease (Covid-19) are typically (but not exclusively) a cough, a high temperature and shortness of breath. It is now additionally advised that a loss of sense of smell may also be a key symptom. The virus can affect anyone and for most people the symptoms will be mild, and people will recover in around two weeks.
22. However, the individuals at highest risk for severe disease are those over 70 years and those with underlying health conditions, where symptoms could require hospitalisation. There is further developing evidence about risks to Black, Asian and Minority Ethnic (BAME) communities and those individuals with obesity. Work remains ongoing across our workforces and communities with regard to these heightened risks. It remains difficult to accurately estimate the mortality rate across the whole population, because not all cases are identified. However, data from around the world suggests it is likely to be less than 1%, with potentially 5% of the overall population having been infected with the virus. The disease in children appears to be mild in most cases, though there have been instances of deaths.
23. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. The first peak was managed through national guidance on social distancing, lockdowns across our communities, organisations and economy. The modelling of the virus suggests further waves of disease may develop during the Autumn.
24. Due to the lack of immunity in the population the disease can easily spread between people causing a large outbreak and 'peak' in cases. If allowed to spread without intervention the resulting level of disease would overwhelm our health and social care services due to the extreme volume of those requiring specialist care and support. Therefore, a number of measures, many of which were based on existing national plans to respond to influenza pandemics, were put in place by the government to manage the outbreak.

Care sector impacts

25. As reported above deaths in care homes over the period from the week ending 28 February to 12 June 2020 were 1672 people. The impacts upon families and staff caring for these individuals have been significant. It is vital to underline the compassion and quality of care provided in all settings. Providers, Registered Managers, all staff and families and indeed many communities of support around care home settings have provided exemplary support throughout the response to Covid-19. It is also important to recognise the impacts endure and the sector, families and individuals will continue to be supported with the ongoing effects of Covid-19.
26. Figure 1 below, show the progression of care home deaths during the period referred to throughout this report. Appendix 1 shows the data in a tabular form. Appendix 2 shows the data by HCC Care homes, including additional detail on staffing.



27. It is important to recognise that the number of deaths in care home settings in Hampshire are high, but to also recognise that with 13,000+ registered care home beds the number of Covid-19 deaths per 1,000 registered beds stands at 4.5. this number is in line with much of the sector in England and significantly below the rate in other areas within the national and South East region. Appendix 3 presents this by the regional analysis undertaken by Office of National Statistics data, up to 29 May 2020.
28. For people with Learning Disability / Autism we have also seen national and local media commentary of Covid-19. We continue to undertake specific work in this area and whilst we have seen a small number of additional deaths within this community I am currently unable to confirm whether this is a feature of Covid-19 or not, as the numbers are small and usual processes are continuing following deaths being reported. However, a future report will comment more widely upon this and a broader range of issues across our communities, noting impacts and actions taken in other sections of the care sector, not detailed in this report. Analysis and focus to this area of work is being undertaken within the Hampshire Safeguarding Adults Board and elsewhere.
29. Alongside the individual tragedies that Covid-19 has wrought the care sector has collectively seen many, significant impacts, both at a local and also a national level.

30. Hampshire Care Association, an independent membership organisation of care providers working across the wider Hampshire geography has surveyed its members to identify a wide range of impacts. A link to their survey results can be found here; <https://documents.hants.gov.uk/covid-19/HCACovid19FinanceSurvey.pdf>
31. Key amongst the financial impacts highlighted by the survey results are that the direct costs to care providers have increased by some 18% since February 2020, essentially as a result of increased infection prevention and control measures (including, but not limited to Personal Protective Equipment) and staffing related expenses. Concerns are extremely high in the sector arising both from these increased costs and also a reduction in occupancy across the sector. Typically, we would expect occupancy levels to be at / around 90%, currently from our own analysis it is closer to 78% and this significantly undermines the viability of care home businesses. At this time the assessment is that the whole sector is in a fragile position, whether care homes are supporting publicly funded or self-funded residents. Local government is not in a position to financially secure and off-set these challenges. We may see increased risks of care home closures, beyond the usual 4 – 6 annual closures across Hampshire. We are actively working with the care sector to mitigate such risks and proactively identify actions that can be taken.
32. These local issues highlighted by care providers are echoed nationally in the two-part ADASS Budget Survey 2020, published on 11 and 18 June 2020 covering the impacts of Covid-19 on the care sector; <https://www.adass.org.uk/adass-budget-survey-2020> . In those reports the fragility of the sector nationally is identified, both in advance of Covid-19 and also as a consequence of Covid-19. Learning from the pandemic response is highlighted as needing to be urgently taken forward on a national level by Directors of Adult Social Services in order to establish medium and long-term solutions for the sector in England.
33. There have also been numerous reports during the initial phases of the national response to the challenges to the health and care sector of obtaining Personal Protective Equipment (PPE). Hampshire along with all other parts of the country initially struggled to obtain reliable deliveries of PPE. The national PPE stockpile and its logistics network were extremely stretched through March and much of April 2020. Whilst we received national stockpile deliveries into the Local Resilience Forum arrangements, in order to create an emergency local stockpile, Hampshire County Council acted to procure extensive deliveries, both for our own use and also for the wider LRF organisations on a cost recovery basis, as required.
34. Alongside comments already made in relation to the HCA survey relating to PPE, we also saw costs and also usage increase significantly, with some items initially increasing in cost by a factor of up to 20 fold, given the demand / market pressures to obtain supplies. This was not a national issue, but an international demand / supply challenge. However, notwithstanding this we saw many excellent examples of local groups making and providing many

types of PPE for free – such as face visors created through 3-D printing technology.

35. Hampshire County Council have, from the outset of the pandemic, made emergency supplies of PPE available to providers across the county. It is important to recognise that whilst there were, undeniably, many challenges for care providers obtaining PPE there have been remarkably few instances when PPE supplies were unavailable to providers. We have seen providers of all kinds providing mutual support to one another and in 117 cases we have needed to make emergency supplies available to 86 different organisations.
36. More recently, we have begun to see usual supply chains coming back on-stream, with prices slowly beginning to return to more normal levels, for some, but not all items. Usage by providers and, therefore, ongoing cost pressures continue. In light of this, we continue to operate a logistics operation for the supply of emergency PPE and have allocated funding to support free emergency provision.
37. A further significant impact upon care home settings, following identification of Covid-19 outbreaks has been self-isolation, causing reduced staffing levels, and also the national regime of testing for residents and staff.
38. Care providers have seen reductions in staffing levels in care homes of up to 30% for periods of time and the need to bolster available staffing with agency workers and overtime have increased financial pressures. Responses to this are covered in the next section of this report.
39. The national testing regime, in terms of both increasing capacity and providing access through on-line portals to register and book had proved difficult in the first two months or so of the pandemic. Care homes have been supported throughout the pandemic through the Health Protection Team locally in Hampshire undertaking outbreak tests; up to five residents (subsequently reduced to three) having tests to confirm the presence of an outbreak. However, the nature of the Covid-19 pandemic with a mixture of virulent / terminal to mild symptoms through to people being asymptomatic and the emerging science relating to the pandemic has made all aspects of containing and controlling the virus challenging in the extreme.
40. The Government committed in mid-April to test all people being discharged into care home and other settings from hospitals and since mid-May all care homes for older people with more than 50 beds (seen as being highest risk settings) would be subject to whole-home testing for residents and staff.
41. Positively, this has been put in place locally by NHS acute hospitals and by early June whole home testing for residents and staff was completed in all large care homes across Hampshire. Testing across the rest of the care home sector, for all client types, is currently being rolled out. Locally the military have provided exemplary support through providing both mobile testing units and supporting the logistics around whole care home testing. Hampshire County Council, along with partners, will have published a Local Outbreak Management Plan at the end of June and this will enable a far greater level of local co-ordination and direction of testing, including repeat testing, in high risk settings, at the direction of the Director of Public Health.

Actions taken in respect of the care home support plan

42. As identified earlier in this report requirements were set by Government in relation to general measures to be applied to support the care sector and subsequently a requirement to develop a comprehensive care home support plan, announced in the Minister for Care's letter to Leaders of local authorities on 14 May.
43. Actions required have needed to address; infection prevention and control, testing, PPE and clinical equipment, workforce support and clinical support. Alongside a plan covering these aspects an allocation of financial support was made to each local authority with adult social services responsibility, based upon the numbers of registered care home beds within the area. Hampshire County Council will receive two tranches of £9.2m, £18.4m in total to support the sector, subject to strict grant conditions determining permissible spend areas.
44. Providers must also regularly submit detailed information via a national tool to report on their actions and compliance with national measures put in place. Locally, working with a range of partners we are augmenting the support available and using this nationally provided data, along with other locally obtained data and insights and through regular engagement with all providers and have developed a detailed dashboard which enables a home by home level understanding of risk, staffing, PPE supply, outbreak, etc. A summary of this dashboard can be found here; <https://documents.hants.gov.uk/covid-19/Dashboard-summarylevel.pdf>
45. A response, detailing the actions being taken across the local authority, Hampshire's CCGs, Hampshire Care Association, supported by HealthWatch Hampshire and local Care Quality Commission partners, was sent by the Chief Executive of Hampshire County Council on 29th May. This response then became part of a regional and national assurance process, essentially to test the robustness and appropriateness of actions being taken and to release the funding allocation. Areas covered with the Hampshire care home plan are;
 - Safe and personalised care
 - Provider workforce resilience
 - Care home clinical support
 - Preventing the spread of infection
 - Financial resilience, and
 - Effective engagement.
46. Positively, we have received confirmation that all areas of our collective response meet, and in some cases provide 'best practice' examples. The response submitted to Government along with additional required information has been published on the Hampshire County Council website along with the care home support plan; <https://documents.hants.gov.uk/adultservices/Covid-19-Care-Home-Support-Plan-for-Hampshire.pdf>. The care home support plan and its attendant multi-agency oversight board will continue to drive, oversee and monitor actions being undertaken to ensure that local connections into NHS sub-systems and across all partners, working closely with HCA and

others, are achieved in order to further support confidence in and about the care sector.

47. Hampshire County Council took a decision to release funding to care homes as soon as practicable in order to shore up the financial resilience of the sector (note: all care homes regardless of the client groups supported and the presence or otherwise of a commissioning / financial relationship with Hampshire County Council). Payments to providers occurred simultaneously to all providers as the submission of the response by 29th May. Some £7.8m was paid to all care homes, with approximately £500 per registered bed, plus, based upon our analysis of sector risk, an additional amount for small care homes with less scale of economy to 'smooth' some areas of higher cost. A sum of £0.92m was identified to support emergency PPE supplies and other support.
48. We have established a regular senior forum to continue to oversee and progress actions that have been determined. However, it is important to note that every care home has a named clinical lead, a named Primary Care practice, multi-disciplinary team meetings are in place as well as infection prevention and control training and support and we have established mechanisms between the care home sector and Hampshire County Council and NHS partners to be able to deploy emergency staffing support if required.
49. Currently, in line with the grant conditions work is being undertaken to determine that care home providers have spent / are spending the financial support on the designated permissible spend areas. This is critical in order to be able to assure the use of public funds, not breach State Aid regulations and enable receipt of the second tranche of funding in July. Our intention is to make the second payment to providers in early July 2020. By 23 September a detailed report will need to be submitted to Government confirming use of the financial funding and to provide detailed updates on all elements of the support plan.

Next steps

50. It is recognised that there will be a number of lessons to be learned with regard the devastating impact of this terrible disease in various settings. The impact into care homes and similar settings cannot be underestimated and includes far reaching emotional and psychological impact on so many individuals and their families, together with the impact on many staff and carers who have shown dedication, commitment and strength. Hampshire County Council will collaborate in respect of any reviews or inquiries led regionally or nationally and is committed to participating fully.
51. Furthermore, Adults' Health & Care will also be taking a proactive role in ensuring that necessary lessons are learned locally, specifically in respect of services in Hampshire through the undertaking of and the participation in locally commissioned reviews. Learning and review is also being undertaken through the Hampshire Safeguarding Adults Board. It is important to state our intent is to examine good practice, areas of learning and the degree of compliance with national and local policy, guidance and directives at the time

and not to disproportionately respond with the benefit of hindsight nor to apportion blame on individuals or groups of services.

52. Through our care governance arrangements we are undertaking two specific internal 'lessons learned' pieces of work to review the circumstances surrounding the management and response within our internal Hampshire County Council registered residential and nursing home provision and our role with regards to the external market.
53. The Committee will, I hope, understand both the sensitivity and also the importance of this and also recognise that inevitably, given we remain in response mode, this may take some time to conclude. However, it should also be understood that much has been learnt already and embedded into current practice, including the need to cohort and quarantine anyone admitted into a care home setting and establish, where we can new specialist hospital discharge facilities – such as the Clarence Unit at Woodcut Lodge which opened during the week commencing 15th June.
<https://democracy.hants.gov.uk/ieDecisionDetails.aspx?ID=1484>
54. It is important to evaluate a timeline of key episodes, communications, actions taken when and by whom and to understand how outbreak information was handled and responded to in our department. There will also be an exploration of what available national guidance was being followed at the various key episodes. This work will be done in conjunction with partners but has been commissioned by the Director of Adults' Health and Care. The clear intention is to bring back the outcomes of such work to this Committee when available.
55. In addition, at the Hampshire Safeguarding Adults Board on 22nd June there was an agreement for the Board to sponsor a Hampshire wide review of the management of the pandemic within care homes. This is likely to be broadened to consider all care settings.
56. This review will commence in the coming weeks and will need to be a multi-agency piece of work across key partners to include an analysis of factual data, comparisons with usual expected death rates, hospital discharge arrangements and changes to testing policy and other guidance during the response phase.
57. This exercise will be overseen by an Executive Panel to guide and oversee it. The planning for this is in the early stages with the intention for it to be undertaken through a co-production approach, involving experts by experience and care home representatives. It is likely that the agencies in scope for this review will include Hampshire County Council services including Adults' Health and Care, Public Health and Emergency Planning as well as other key partners including NHS (primary, secondary and acute), Care Quality Commission, care providers and many other stakeholders.

Conclusions

58. The response Covi-19 and the support put in place to the care home sector has been undertaken at pace. Furthermore, Covid-19 has severely impacted

on systems and processes usually available to provide support. We remain actively in response mode to the pandemic.

59. The care sector has seen much trauma and the affects of Covid-19 have been devastating. Tribute must be paid to the efforts of the whole care sector, for the resilience and compassion of staff in the most trying circumstances imaginable.
60. Work continues to support the care sector, our residents and their families and this will continue in the months ahead. Health and Adult Social Care Select Committee will be regularly updated on this work.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Covid-19: temporary changes to the County Council's duties under the Care Act 2014	<u>Date</u> 15 May 2020
Direct links to specific legislation or Government Directives	
<u>Title</u> COVID-19: Our action plan for Adult Social Care Coronavirus (COVID-19): support for care homes	<u>Date</u> 16 April 2020 22 May 2020

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

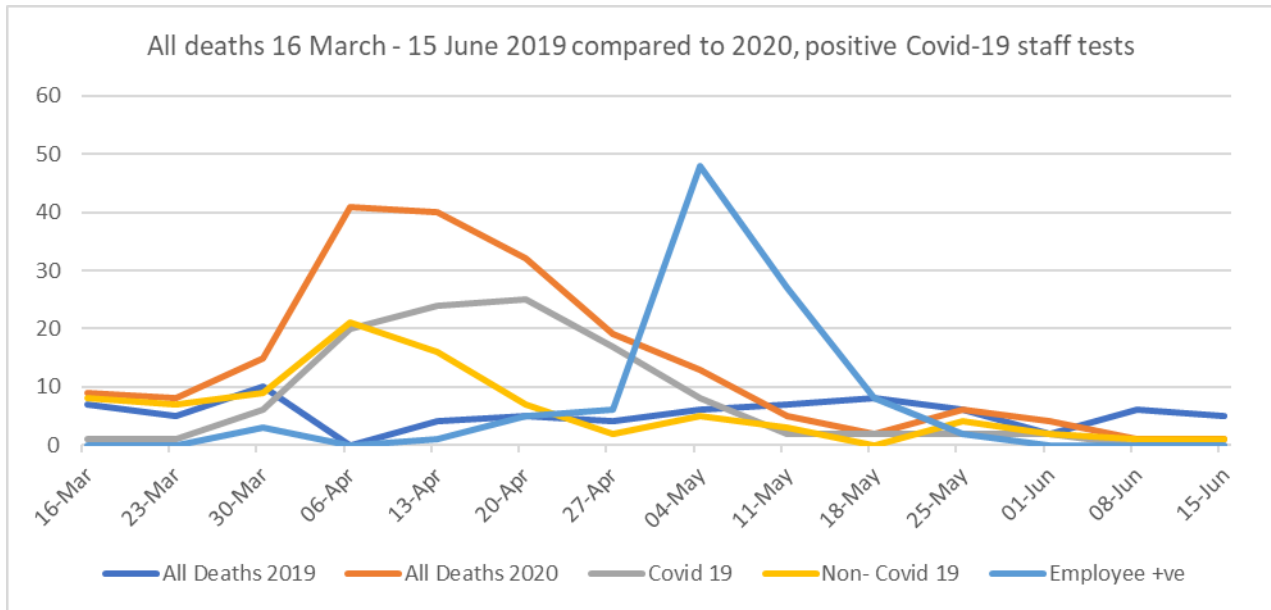
2. Equalities Impact Assessment:

2.1 This paper is an update report, so no individual Equalities Impact Assessment has been completed.

Appendix 1

	W/E 28 Feb	W/E 6 Mar	W/E 13 Mar	W/E 20 Mar	W/E 27 Mar	W/E 3 April	W/E 10 April	W/E 17 April	W/E 24 April	W/E 1 May	W/E 8 May	W/E 15 May	W/E 22 May	W/E 29 May	W/E 05 June	W/E 12 June	TOTALS
Covid 19	0	0	0	0	1	5	44	67	83	68	52	47	21	15	15	3	421
All	64	76	65	72	85	113	186	179	202	156	125	96	79	65	58	51	1672
% Covid19					1.20%	4.40%	23.70%	37.40%	41.10%	43.60%	41.60%	48.90%	26.58%	23.08%	25.9%	5.9%	25.18%
Non-Covid	64	76	65	72	84	107	142	112	119	88	73	47	58	50	43	48	880

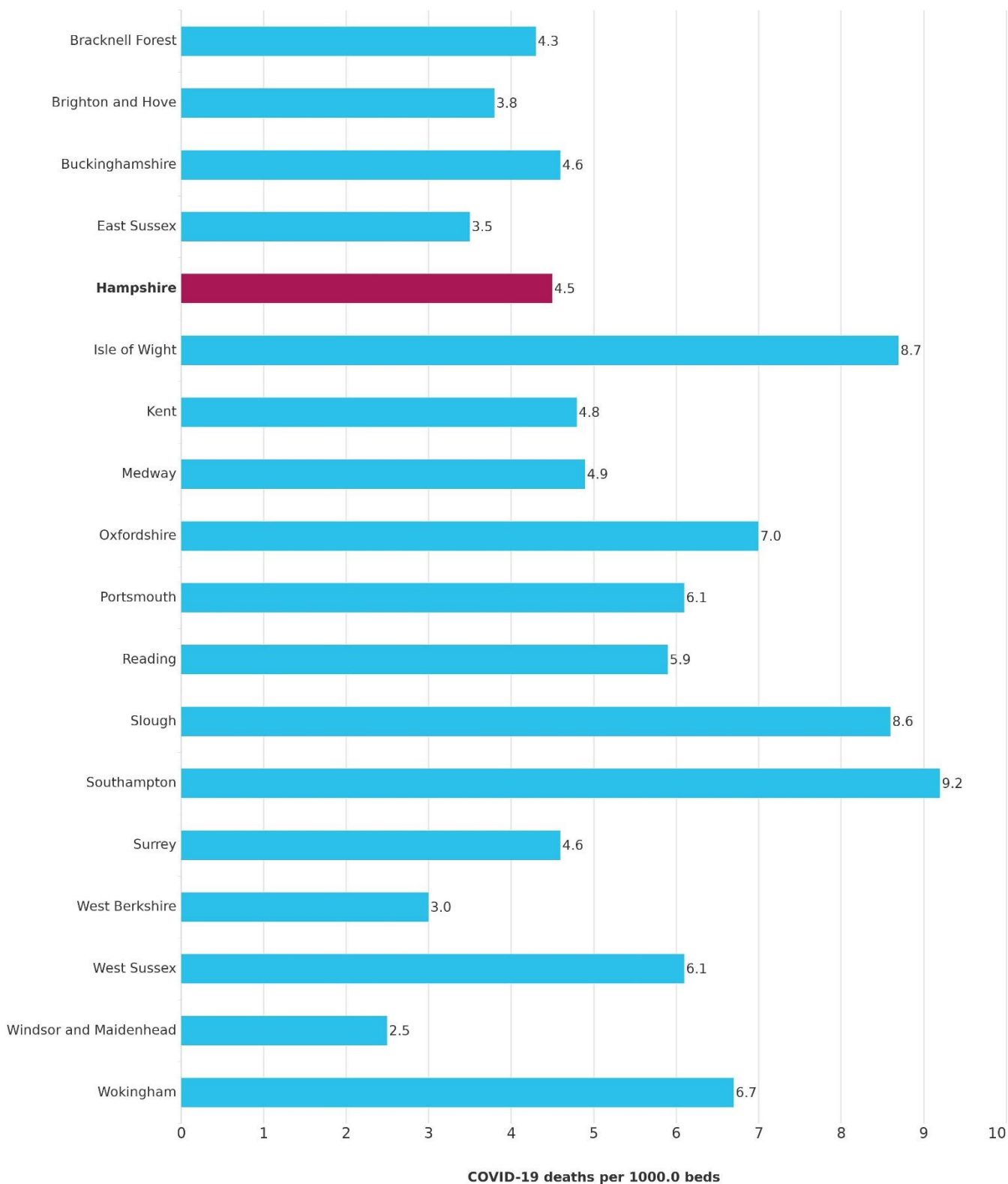
Appendix 2



<https://documents.hants.gov.uk/covid-19/5-AllDeathsbyLocationType-March-onwards.pdf>

Appendix 3

COVID-19 deaths occurring in care homes (week ending Friday) per 1,000 care home beds for Hampshire and South East (ADASS Region)



● Number of COVID-19 deaths occurring in care homes (week ending Friday) per 1,000 care home beds Week end 29/05/2020
● Hampshire (Lead area)

HAMPSHIRE COUNTY COUNCIL

Report

Committee	Hampshire Health and Wellbeing Board
Date:	2 July 2020
Title:	Covid-19: Hampshire Welfare Response
Report From:	Director of Adults' Health and Care

Contact name: Jess Hutchinson

Tel: 01962 847966

Email: jessica.hutchinson@hants.gov.uk

Purpose of this Report

1. To describe at a high level the work that has taken place to date in Hampshire to support the welfare of its more vulnerable citizens since the start of the Covid-19 pandemic.
2. To provide an overview of the systems that have been put in place by Hampshire County Council, Borough and District Councils, the Hampshire CVS (Council for Voluntary Service) Network, the wider voluntary sector and other partners to meet the needs of those people during the pandemic period.

Recommendations

3. That the Hampshire Health and Wellbeing Board notes the work that has taken place to date by the public and voluntary sector organisations and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
4. That the Hampshire Health and Wellbeing Board is 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.

Executive Summary

5. This report outlines the extensive work already undertaken in Hampshire; provides details of response of the different organisations who have come together to meet the needs of people in Hampshire, particularly the most vulnerable, due to the impact of Covid-19; and provides details of the number of people who have been supported in Hampshire to date.

Contextual information

6. The coronavirus pandemic has had a pervasive impact on all aspects of life and upon Adult Social Care. The impact of the illness is causing distress for a larger proportion of the population than was known to Adults' Health and Care before the crisis. For example, social isolation and shielding have led to an increase in the number of vulnerable people requiring support with items such as access to food, medication, and social contact.
7. There are new demands on the existing health and social care system. For example, increasing requirements around swift hospital discharge with a need for the creation of extra capacity in care homes and domiciliary care, and in some situations increased complexity of need for services to manage.
8. Necessary requirements around social distancing are leading to social isolation and this is especially challenging for those with dementia, learning disabilities, mental health problems or autism and is also very difficult for their carers. Some services, such as day opportunities, have had to be stopped in their current form, to comply with social distancing. In addition, family carers may become ill, or their loved one may become ill with Covid-19 and require more support.
9. Hampshire is a geographically large county with approximately 1.3m residents. It has a two-tier system of local government with 11 borough and district councils as well as Hampshire County Council, therefore an effective and co-ordinated response to dealing with impacts of the pandemic is required.

Role of Hampshire and Isle of Wight Local Resilience Forum (LRF)

10. The Hampshire and Isle of Wight Local Resilience Forum (LRF) is a partnership which works together to help people in Hampshire, Portsmouth, Southampton and the Isle of Wight stay safe. Its aim is to reduce risk in the community and help people be prepared for emergencies. The LRF includes emergency services, councils, businesses and voluntary organisations. Through the LRF, organisations work together to prepare for, respond to, and recover from emergencies.
11. The LRF has also been actively involved in supporting care homes including sourcing PPE equipment, as well as implementing wider emergency measures and all public health and Government advice.
12. During the pandemic the welfare workstream within the LRF has played a key role in ensuring a co-ordinated approach in response to Covid-19. It has ensured significant issues have been escalated where appropriate and has provided mutual support when protecting the most vulnerable in response to Covid-19, including support for those who might struggle to access services, such as rough sleepers, and the provision of support for all frail and vulnerable adults requiring help due to their vulnerability, because they are shielding or due to social isolation.

The Welfare Response in Hampshire: Meeting the needs of vulnerable people Hampshire County Council

13. Significant progress has been made in a very short time to coordinate support at local level to meet vulnerable people's urgent needs in response to Covid-19. The Director of Adults' Health and Care has chaired the welfare response hub (LRF) for Hampshire across local authorities in the Hampshire area and in collaboration with Public Health, district councils, the voluntary and community sector and faith communities as part of the Coronavirus response.
14. As part of the Hampshire County Council area response, a Helpline called Hantshelp4vulnerable was established and widely advertised where advisers triage calls from vulnerable people who are seeking help. Callers are:
 - provided with information and signposting including, where appropriate, to the NHS;
 - referred to 11 district based Local Response Centres where they are connected to local support to access food, prescription collection and other forms of support – provided by district councils in partnership with local voluntary sector organisations, groups and local councils, drawing on local volunteers;
 - referred to the County Council's Adults' Health and Care Welfare Team where more complex needs and personal care requirements are identified. They may also draw on voluntary support from the Local Response Centres in addition to other care and support. They would pick up any issues related to adult safeguarding or domestic abuse and any urgent issues.
15. Hampshire County Council Adults' Health and Care has taken the responsibility of proactively contacting all residents identified as extremely clinically vulnerable by the Government who have not yet registered on line for the scheme, or who have registered and have requested support due to delays in provision of food parcels or priority delivery slots through the Government scheme, or where the Government scheme does not meet their specific dietary requirements. As of 9 June, 53,223 residents in Hampshire have been identified by the NHS as extremely vulnerable and advised to shield.
16. In total 31,281 Hampshire residents have registered on the government site of which 6,597 residents indicated that they require help. The County Council has been using a range of communication methods, such as texts, messaging to land lines, outward bound calls and home visits depending on the circumstances and contact details made available by the Government. Where required, regular follow-up reviews are arranged. A proportion of the extremely vulnerable residents and indeed, other vulnerable people who are not on the extremely vulnerable list are already known to, or in receipt of social care services from the County Council and are being contacted through community social work teams. Many GPs are also separately contacting their own vulnerable patients to ensure they are aware of support available. These arrangements provide a comprehensive system of support for all residents although the LRF are continuing to review and improve our response. Of

course, many vulnerable residents are accessing local support directly from friends, neighbours and family, from local volunteers and support groups, district and local (parish and town) councils.

17. A welfare team has been formed from Adults Health and Care staff taking on additional roles and extending from five to seven day working in order to make these welfare calls. Calls have been reassuring to the public and there has been significant positive feedback from people. For example, one resident said *"I can't thank you all enough for the help I've been given. The whole process has been very efficient from the letter's I've received from the Government, to the fantastic food parcel delivery this week, assistance with being given a priority slot with the supermarket and the phone call to offer further support. I have been very overwhelmed with it all. Please can you thank everyone for me"* Another said *"Just wanted to thank HCC in helping me and my wife with providing a food parcel during Covid-19 lockdown it was very much appreciated and just need to show my gratitude as too many people these days complain about local councils. We have had excellent service with medication deliveries, refuse collections and a phone call early on was very good. It's been a very tough time for all during these very unprecedented times...THANK YOU HCC keep up the good work."*
18. By the 9th June the hantshelp4vulnerable call centre had received 13,066 calls. Of these 2,665 were provided with information or signposted to additional advice and support; 5781 were referred to Local Response Centres; and 2,854 were identified as having more complex needs and were referred to the County Council's Welfare Team. only 836 callers already received a service from Adults Health and Care.
19. The districts with the highest number of referrals from the contact centre have been New Forest (924 referrals), Basingstoke (904) and Havant (871). Winchester (466), East Hants (487), Hart (361) and Gosport (343) are in the mid - range of referrals, whilst Eastleigh (340), Fareham (289), Test Valley (267) and Rushmoor (259) have the lowest number. It is important to note that the number of referrals may not reflect the full use of volunteers in any District as some continued to operate pre-existing referral routes for volunteers and these will not be reflected in the numbers here.
20. Help with food shopping (2972 calls) and prescriptions (1870 calls) have consistently been the two main reasons for residents contacting the call centre followed by feeling isolated and lonely (251 calls), information and advice (145 calls) and dog walking (77 calls).
21. Currently, feedback is that there is sufficient volunteer capacity to support vulnerable people in Hampshire with their essential needs and that the County Council has a robust plan in place for those who find it difficult to access support. It does seem that the numbers of people requiring support have reduced over the last few weeks. Recovery plans are now being made and we await Government advice on any changes to arrangements for shielded people. Shielding measure are currently in place until the end of June.

Role of the Borough and District Councils and Local Response Centres

22. There are 11 borough and district councils across Hampshire. Each of these councils have set up, and are running, Local Response Centres. The Local Response Centres bring together local council and voluntary sector professionals (via local CVS organisations) with volunteers to co-ordinate support at a neighbourhood level. They are working closely with local supermarkets and charities including foodbanks as well as with parish and town councils.
23. Borough and District Councils, along with the CVS organisations, have been able to use their extensive local community contacts and knowledge to ensure that the response within local communities is as effective as possible. This has also included tapping into resources at parish and town council level.

Role of the Voluntary Sector and volunteer capacity

24. Hampshire CVS (Council for Voluntary Services) Network is an alliance of 9 charity infrastructure organisations who work together to help Hampshire's charities, community groups and social enterprises to succeed and flourish. During the pandemic it has played a significant role in co-ordinating the response of the voluntary sector to help mitigate the impacts of the pandemic on local communities as well as providing support for voluntary organisations.
25. Around 4000 volunteers have signed up to new and existing frontline projects supporting vulnerable people across Hampshire. Organisations requiring volunteers are encouraged by Hampshire CVS network to visit their website to find the details of their local CVS, which will be able to match organisations with local volunteers.
26. Hampshire has seen a significant response in terms of people volunteering to help their local communities during this time. This has meant that on some occasions there have been more volunteers available than work for them to do. It has also meant that there has been less pull on the NHS volunteers that were recruited by central government. Currently, feedback is that there is sufficient volunteer capacity to support vulnerable people in Hampshire with their essential needs. However, this will be subject to continuous review and improvement through the Local Resilience Forum.
27. During this time the County Council along with its partners, including the Hampshire CVS network and Community Pharmacy South Central, has developed guidance for volunteers to help keep them safe. This guidance covers areas such as hygiene, reporting wellbeing and safeguarding concerns, as well as practical advice on topics such as handling money and dog walking.

Food Supply

28. One of the key priorities for the welfare response in Hampshire has been to ensure that those people who are isolating or shielding have sufficient food and other basic items. The LRCs have been instrumental in ensuring that

people have had food, as well as medicines and other basic supplies, delivered to them by volunteers where required.

29. The County Council and its partners have worked with supermarkets to ensure that from mid- April there was a prioritisation of delivery slots and click and collect slots for vulnerable people. Alongside this, work has taken place with local food producers and retailers to expand alternative home delivery networks, particularly for those people in need and who have been unable to receive supermarket deliveries.

Impact of COVID 19 on Mental Health

30. The mental health and emotional wellbeing of the population during the pandemic is a widely reported issue and cause for concern. A range of initiatives have been implemented alongside other statutory and voluntary sector partners in view of social distancing measures and closure of key services. Hampshire Mental Health Well Being Centres are now remotely accessible and continue to offer a service to those in need. The *Hantshelp4vulnerable* helpline has been strengthened by a dedicated advice line staffed by Solent MIND assisting people including carers feeling anxious in isolation. Specialist mental health support has been set up to provide advice and guidance to homeless accommodation schemes.

Impact of COVID 19 on People in Caring Roles

31. People who care for family members or others have largely been disproportionately impacted by the consequences of social distancing, isolation and shielding. Day services have been closed or have moved some services online; respite provision, particularly for people with learning disabilities, has largely been closed and carers have in some cases chosen to take over additional caring duties themselves in order to minimise carers coming into their homes.
32. Since the outbreak of the pandemic, carers' organisations, including Andover Mind, Carers Together and Princess Royal Trust for Carers have responded to support both carers and the wider community in Hampshire. They have extended the opening times of their helplines and have adapted and widened their service offerings to provide listening services, virtual peer groups for carers, making welfare calls to carers and running online workshops for carers, as well as making their services available to people who are self-isolating or shielding. In order to help those carers who need a physical break from their caring activities, Age Concern Hampshire has also set up a sitting service, to enable this to happen.
33. Adults' Health and care operational teams are carefully monitoring the situation for families to ensure that individuals with disabilities and older people continue to have their needs met and that carers are supported
34. In order to have oversight of the ongoing response to support carers, the County Council has set up a carers sub-group as part of its formal response to dealing with the pandemic. This group, which meets weekly online consists of carers, representatives from carers organisations in Hampshire and

operational staff from the County Council's Adults' Health and Care department.

Domestic Abuse

35. In the first three weeks of lockdown nationally there were sixteen domestic abuse related murders of women and children. Statistics show that this a rise of 165%. Domestic abuse charities Women's Aid and Refuge have seen an increase of calls since lockdown began but more significantly both are reporting growth in online calls for help.
36. Support and advice continue to be available in Hampshire for people if they, or someone they know, is experiencing domestic violence or abuse or is struggling to control their behaviour. This is provided by Hampshire Domestic Abuse Service and can be accessed by telephone or other methods such as Facebook Messenger.

Rough Sleepers

37. Significant effort has been made in collaboration across Local Authorities to meet the Government requirement that all homeless people living in Hampshire should be offered accommodation and move off the streets. In response to the Ministry of Housing Communities and Local Government instruction in March 2020, the borough and district councils worked intensively to accommodate all rough sleepers within their areas. This was a significant achievement with the majority of people being accommodated within 3 days.
38. To support this work, a multi-agency Homelessness Response Group has been set up. The objective of this group is to minimise the risk of harm from Covid-19 to people experiencing homelessness across the County and to ensure that appropriate support is available to this group to address health and other needs both during the pandemic and in the transition phase.
39. Work is taking place to look at transition planning for homeless people. This piece of work will capitalise on the positive relationships built up across the system over the last 2 months with the objective of improving outcomes for this client group longer term. The work undertaken to date provides an opportunity to support homeless people in a different way.
40. Partners need to be mindful of any future potential spike in infection rates and the need for a continued system-wide response to protect this vulnerable client group.

Consultation and Equalities

41. For reasons of urgency, formal consultation has not taken place to date.
42. Additional translation services are available as part of the *hantshelp4vulnerable* helpline, including specific British Sign Language (BSL) support via the County Council's Deaf Services Team

Finance

43. On 19 March 2020, the Government announced £1.6 billion of additional funding for local government to help them respond to Coronavirus pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people. Hampshire County Council's allocation of this funding (across all its services) is £29,654,341. A further £1.6 billion was announced on 18 April, taking the total for the sector to £3.2 billion. Hampshire's share of this second tranche of funding has now been confirmed as £24,313,635.
44. Further details of the financial impact of Covid-19 are outlined and explored in the finance report to Hampshire County Council's Cabinet.

Next Steps (opportunities and risks moving forward)

45. The Covid-19 pandemic has seen an increased role of the state in the lives of individuals in this country. Locally, we have seen a significant increase in the number of people using services, such as the distribution of food and medicine, provided by local authorities and their partners. This creates an increased risk of people becoming dependent on these and other services. Recovery work has started with a concentration upon enabling people to support themselves, both physically and emotionally, wherever possible.
46. The response, in terms of volunteering, from the wider public has been exceptional. Making this sustainable, in order to support voluntary organisations in the future will be a critical challenge, both for these organisations but also their public sector partners.
47. The coming months will see the restoration or adaptation of public services in Hampshire within the boundaries created by the national and local situation regarding Covid-19. There will need to be a flexible approach across public services and their partners in the voluntary and community sectors to ensure this can be done safely, but also to ensure that the good working practices adopted during this crisis are not lost.
48. The closer working relationships that have been forged very quickly between the County Council and the county's Borough and District Councils should be maintained and built upon to ensure greater joined-up delivery of services and even better efficiencies for the people of Hampshire.
49. The period of the Covid-19 pandemic has also seen much closer working between the public authorities and voluntary and community sector organisations in Hampshire. This has ensured best use of resources to deliver services, including basics such as the provision of food and medicine. It is in the interest of all parties for such closer working to continue.

Conclusions

50. The welfare response to the Covid-19 pandemic in Hampshire has seen public sector organisations and their partners in the community and voluntary sectors and also in the private sector work closely together at pace to ensure they

support the immediate physical needs of the most vulnerable people in the county and also their wider emotional wellbeing.

51. In developing the systems required to respond to the constantly moving situation, each organisation has had its own role to play. Thanks to its unique position the County Council has had a pivotal role in co-ordinating the response across Hampshire, and also in setting up and running the call centre operation. The Borough and District Councils, along with the CVS network have been well-placed to co-ordinate the delivery to communities on the ground with the help of voluntary and community organisations, parish and town councils and individual volunteers.
52. As the different organisations involved in Hampshire's welfare response continue to re-establish and adapt their services, the lessons learned from the welfare response need to be captured, reflected on and used to inform future working practices where appropriate, including greater collaborative working across all organisations.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

- 2.1 This report is an update so no individual Equality Impact Assessment has been undertaken.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	2 July 2020
Title:	Children's Services Update on Covid Response
Report From:	Steve Crocker, Director of Children's Services

Contact name: Suzanne Smith

Tel: 01962 845450

Email: Suzanne.smith2@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an outline of the impact and response of the Children's Services Department to the Covid-19 pandemic.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note the report.

Executive Summary

3. Children's Services Department has provided a presentation to the Hampshire Health and Wellbeing Board outlining how the Department has responded thus far to the Covid-19 lockdown, across children's social care, education and early years. The presentation provides data insight and looks to the future in terms of the approach to be adopted to ensure continuity of services.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
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2. Equalities Impact Assessment:

2.1 This paper does not contain any proposals for major service changes which may have an equalities impact other than to improve outcomes and manage the pandemic

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Hampshire
County Council

Children and Families

Stuart Ashley
Assistant Director

Agenda

1. Our approach

- Phases, oversight and data

2. What we did

- Use of technology
- Children in Care, Foster Carers and Residential
- Partners
- Our staff

3. In practice

- Some examples

4. Lessons learned and in conclusion

Our approach through the lockdown:

As part of our contingency planning we developed a phased approach, with each phase based on having fewer staff available to work should the situation worsen

Phase 1

Business as usual but doing it differently

- Statutory timescales for visits and meetings remain the same
- Using technology to ensure we see children and families through digital means i.e. WhatsApp, Teams
- Face to face visits undertaken where we know our staff can safely socially distance themselves, in relation to urgent child protection work
- Guidance provided for visits, meetings (with children and professionals), training, events etc

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Phase 2

Pre-emptive planning for worse case scenario

- Expressions of interest from staff willing to work in the business-critical services
- Staff drafted in from the Residential Children's Homes to ensure a minimum staffing levels at Swanwick
- 2 homes closed meaning that in the event of an unforeseen emergency there was additional resource to be deployed
- CRT/MASH – no essential work held back to enable prioritisation
- District teams – highest risk children and families identified



Phase 3

Managing the worse case scenario

- Redistribution of staff available to work
- Delivery of services reduced to highest risk cases
- Implementing DfE flexibility of statutory requirements

We have remained in Phase 1 throughout the current lockdown

Maintaining management grip

It was imperative, from the very start, to respond quickly, be agile, and maintain control:

- New guidance has been issued promptly
- Statutory timescales have been maintained
- Visits have continued - virtually
- Local level management has been enhanced
- Management oversight has remained...

... all whilst children have continued coming into care and less are leaving

Throughout lockdown there has been constant engagement and feedback to understand and capture how teams are responding to the crisis. We have done this through:

- Daily CFMT Covid meetings
- AD log/action tracker
- Weekly Covid specific DM and SM meetings
- BAU team meetings and supervisions
- Q&A process and comms
- Impact log – for TSC specific activity
- DM and SM Workshop



Data:

Measure		Mar-19	Apr-19	Mar-20	Apr-20
No of referrals		1644	1563	1710	1180
Assessments completed (within 45 working days of referral)	Number	1041	1189	1511	1231
	Timeliness	94.0%	92.3%	93.4%	90.3%
ICPCs		95	91	163	160
RCPCs		336	285	280	194

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Whilst there has been some reduction in referrals and assessments during April, by the end of May we were back to normal levels

Re: Child Protection conferences we have seen a significant rise through early 2020 because of the complexities of families needs magnified by Covid

Across March and April 2020, we completed 18,367 visits (Assessment, CIN, CP, CLA, LC)

In March 15% of visits were undertaken virtually, 85% in person

In April 53% of visits were undertaken virtually, 47% in person

How we worked with children and families

We have continued to see children face to face when needed **(an essential and necessary part of keeping children safe)**, however our teams have also been creative in how they are using technology to engage with children and families:

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Technology used:

- WhatsApp
- Zoom
- MS Teams
- Skype
- Twinkl
- Google Translate
- Team Talk App

Used for:

- Visits
- Care planning and review
- Pathway planning
- Participation
- Building Rapport
- Life story work
- CLA Reviews
- TAFs
- EPMS
- Life story work
- Supervised contact
- Family Star
- Observing home conditions
- Translation
- Parenting programmes
- Nurture sessions



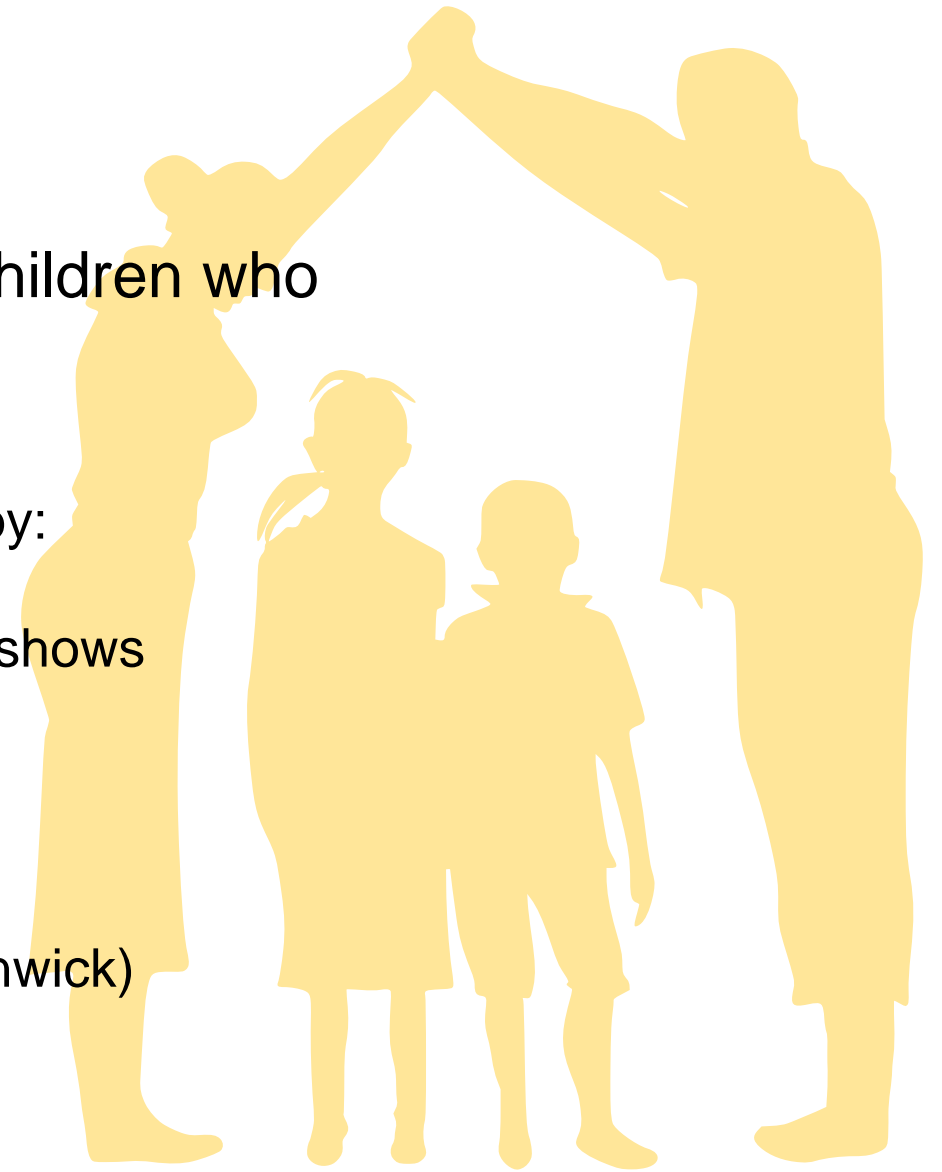
Children in Care

Our staff have worked *relentlessly* to support our children who have all been seen either in person or virtually

We have been focussing on supporting our children in care by:

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- Being (even more) creative in lockdown – quizzes, talent shows
- Stabilising placements
- Recruiting Volunteers
- Supporting our foster carers (i.e. staying put)
- The transition of care leavers to independence
- Keeping our remaining residential homes open (inc. Swanwick)



Foster Carers and Residential

Early on we closed 2 homes to build resilience for our staffing levels across the residential estate

Support across all areas has been **Outstanding**

- Some children have been unwell
- Foster carers have take children from homes where there has been infection
- We've had volunteers from the wider service offering help if staffing reduces
- Volunteers have also offered support for foster carers
- Further support is in place for foster carers if needed (i.e. financial)



Partners

We have maintained a constant dialogue with our partners

- Business as usual meetings have been unchanged
- Daily contact between Assistant Director and Head of Public Protection (the police) if needed

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We are proactively sharing our important updates

- Shared high risk cases with police and vice versa to focus on right children
- We are sharing updates from partners with our staff

Coronavirus
Latest NHS Guidelines
Translated into 23 languages

Children's guide to coronavirus

Global Email
Daily COVID-19 update

Colleagues,
Line managers and supervisors are encouraged to use the content of the "Daily COVID-19 update" to brief their teams.

Minute's silence for key workers

Tomorrow (Tuesday 28 April) at 11am a minute's silence will be maintained across the UK as a mark of respect for key workers who have lost their lives during the coronavirus pandemic.

Hampshire Constabulary will be taking part with the support of Chief Constable Olivia Pinkney and officers and staff will be encouraged – if operational duties allow – to take 60 seconds to reflect.

Please take time to reflect at your desks, on your desks, on those who have paid the price.

HELPLINE
0808 800 5000
heln@nsncc.org.uk

NHS
Hampshire & IOW Crisis Line for Young People
Havant and East Hants (HEH) Mind are excited to share with you that we will be launching a Freephone Crisis Line for children and young people aged 10-17 years old living in Hampshire & Isle of Wight.
Launching on Monday 4th May 2020.
This service will be available Monday, Tuesday, Wednesday & Thursday, 9 – 5.30pm.
Freephone 0800 303 1050
Immediate access to help, support and advice for young people experiencing difficulties with their mental health.

Safeguarding Children During Lockdown
Concerned for a child

The Government has asked parents to keep their children at home wherever possible, and for schools to remain open only for children who are vulnerable and for those children of workers critical to the coronavirus (COVID-19) response who absolutely need to attend.

While in lockdown, there is the potential that children could be at an increased risk of harm relating to:

- Self-harm and wellbeing
- Online exploitation
- Abuse and neglect by parents/carers

Safeguarding Children During Lockdown
During COVID-19, we must ALL LOOK OUT FOR EACH OTHER and make sure we safeguard EVERYONE!

Top Tips During COVID-19

- IF YOU'RE WORRIED ABOUT YOURSELF or SOMEONE ELSE...
 - TALK TO A TRUSTED ADULT
 - SEEK HELP AND SUPPORT IF YOU NEED IT
- IF YOU'RE FEELING FRIGHTENED IN YOUR HOME BECAUSE OF SOMEONE'S BEHAVIOUR, CONTACT SUPPORT BELOW
- KEEP IN TOUCH WITH YOUR FRIENDS & FAMILY
- LOOK OUT FOR YOUR FRIENDS. IF YOU'RE CONCERNED TELL SOMEONE

WHERE CAN I FIND SUPPORT?
There are lots of different ways you can get help if you are worried about yourself, your friends or your family.

Test the YoungMinds Crisis Messenger for free 24/7 support across the UK.

Mind Havant and East Hants

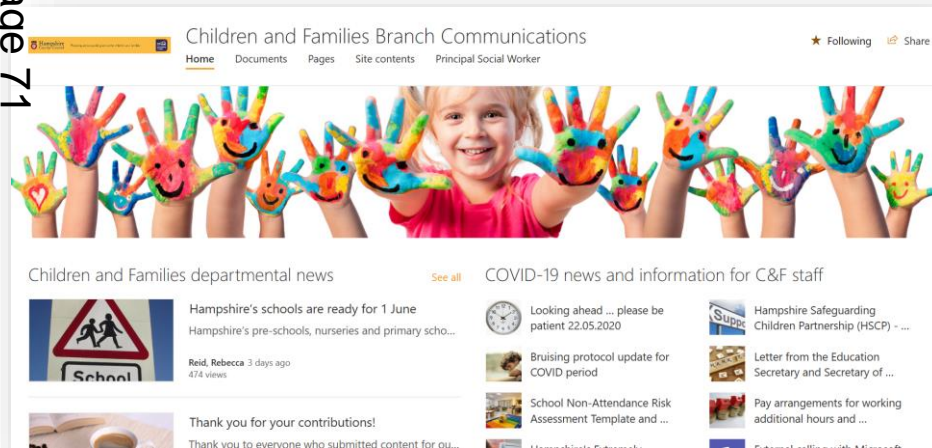
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Our staff

Due to the dynamic situation throughout Covid-19, we quickly reviewed how we communicate and support our staff.

Following a refresh, our internal comms channels across Children and Families have seen a 100% increase in engagement, meaning staff are accessing important COVID-19 practice updates quickly and easily

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We've been creative in use of all channels and messaging to maintain constant contact and provide reassurance

Connectivity: Our staff *(not WiFi!)*

We are hearing that some staff are feeling more connected. This is because Covid-19 has meant:

- More frequent meetings/catch-ups/touchpoints in response to the ever-changing situation
- Watching out for staff welfare, checking in on colleagues, looking out for each other
- Streamlining and more efficient communications
- Trying new and creative ways of engaging workforce through Teams/videos/other channels

Sustain after Covid-19



But this will never fully replace the face to face interactions and meetings, both formal and informal, that make us outstanding. We need to do both and use a blend of all channels available to us.

In practice: some examples

Social workers have used technology to observe relationships, home conditions and to engage with children and families in a virtual way

Young people see social media and video communication as part of their daily lives and have enjoyed their personal advisors becoming more engaged with this

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Video calling very useful for offering nurture sessions to families. I have emailed them sheets and tasks to complete before a session for us to then discuss and go through together via video. It keeps the sessions focused with really good time. It also seems to help record keeping as I can immediately write notes after talking with them rather than waiting until my next admin slot in my diary.

...how lovely it's been to face time my clients Wow - it has been amazing - they have loved it! It seems that a lot of mine have valued this more than when i trek miles to see them face to face. They have been so much more relaxed and definitely this is in their comfort zone - they seem to have taken it as a huge personal compliment that I am contacting them this way. I've been shown around their homes, met their cats and dogs, seen their gardens and relatives and it was all so relaxed too.... I hope it can play a part in the normal world when we come through this.

The use of video has been very helpful as the child has been able to show me things which they have been doing during the lockdown. They have also enjoyed meeting my puppy which was very helpful in engaging a child that is new to my caseload so haven't built as much rapport with him yet

What we have learnt

Worked Well (Continue)

- **Adaptability of staff - Agile working has become the norm we can do things differently/people adapt**
- Staff have picked this up and run with it - Staff have been up for the changes and worked hard to make children safe, good can do
- **Leadership is key**
- **NO TRAVEL!**
- Use of estate creatively – use this as a ‘coming together’ space
- **Use of IT - MS teams has become BAU**
- Better engagement/attendance in meetings. Staff have enjoyed seeing “the person”
- Staff feedback on clear messages from Senior Managers
- **Staff creativity, improved working relationships**
- OP MET meeting – SWs dropping in to the meeting rather than travel
- HSCP meeting working well – look at Hybrid model? (different speeds of different agencies etc.)

Didn't Work Well

- Courts appear to be out of step with current circumstances of staff
- **Sensitive meetings e.g.: HR**
- Fostering health and safety checks
- Newly qualified staff not having experiential working
- Amount of MS team meetings, the need to plan diary well
- **Equipment, making sure people equipped to do the role**
- Not having face to face training how we introduce again , mixture of virtual and face to face?
- Not all large meetings work as well virtually, need to practice how to improve
- CWD cohort – **non communicative children virtual is not better.** Face to face needed when safe to do so.
- **Parenting assessments**

What next:

As lock down eases we must continue working in an agile and responsive way

We are planning for:

- Reviewing building use-incremental increase based on maintaining social distancing, consideration of rotas for staff
- Increasing demand: both referrals and for placements
- Constantly assessing risk for face to face visits & contact
- Reporting and monitoring to continue daily/weekly. This will play an important role in assessing impact and analysing areas of need so we can deploy resources effectively
- Ensuring that staff and foster carers are accessing testing swiftly and appropriately

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New ways of working

There are some great examples of how we have worked differently

- Together as teams
- In a mobile and flexible way
- With children and families

We can learn from this and must ensure the good bits are sustained in the service of the future

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However, we will always be mindful that new opportunities must not compromise basic social work practice that cannot be done virtually.

Adoption of new ways of working need to be incorporated into what we already do that makes us outstanding. There are fundamental tasks that will never change and they are an integral part of keeping children safe



In conclusion



Business as usual but doing it differently



We have maintained constant and solid management oversight of service



Our practitioners, managers and foster carers have been Outstanding in adapting and going above and beyond



Our work with agencies has been collaborative and responsive

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We will transition the ease of lockdown by continuing to operate in an agile way. This will enable us to continuously maintain services if we need to go back into lock down at a later stage.

Impact of Covid-19 on Education



Brian Pope
Assistant Director

PM announcement - Schools closed from end of Friday 20 March 2020

- Open for children of critical workers and vulnerable children
- List of critical workers produced by the DfE
- Definition of vulnerable children produced by DfE but extended in Hampshire
- Vulnerable:
 - Open to social care – early help, child in need, child protection plan and looked after children
 - Education Health and Care Plan

PM announcement - Schools closed from end of Friday 20 March 2020

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- **Critical workers** – conflicting advice, one parent or two
- **Vulnerable children open to social care** – partnership system put in place, schools, social care and school improvement teams
- Built up numbers over time – 260 up to 1,835
- **EHCP** – risk assessment, “as safe or safer in schools”
- Education team sampling and quality assuring risk assessments

Home Learning – rapid adaption

- School autonomy to determine approach
- First-hand experiential learning.
- Daily blog, resource pack, e-mail
- Manageable chunks, quality over quantity
- Family friendly – parents aren't subject specialists
- Emphasis on enjoyment as well as learning
- Some on-line learning
- Regular feedback key
- Support from DfE, HCC, BBC, etc

Support to Schools

- School Improvement Team - frequent coaching conversations with headteachers
- Governor Services – support to governors
- DfE guidance, based upon public health guidance, should be followed
- Advice rapidly produced to exemplify DfE guidance within Hampshire context
- FAQs – 70 pages
- Think pieces drafted to support recovery in primary, secondary and special school contexts

Support to Schools

- Major focus on well being and mental health with good signposting to a raft of support (staff and pupils)
- Laptops for children open to social care and disadvantaged in Year 10
- Info cell set up – enquiries from parents, heads, county council staff, governors. Matters addressed - HR, FSM, finance, buildings, PPE, PH, media, legal etc

1 June 2020. Wider reopening in primary

- Extensive advice from DfE to schools
- Bubbles of no more than 15 children plus staff
- Separate bubbles – start, finish, play and lunch times
- Good hygiene and cleaning
- No rotas
- Priority order for return – children of critical workers, vulnerable, Year R, Year 1 and then Year 6
- Headteachers supported by Education Team to help work through risk assessments

1 June 2020. Wider reopening in primary

- Challenging circumstances – staff, professional associations, parents, DfE, media etc
- Call for patience
- 25,000+ pupils return

15 June 2020. Wider reopening in secondary

- Year 10 only
- Some face to face supplemented by home learning
- 25% of Year 10 on site at any one time
- Supporting national system for awarding GCSE grades for current Year 11

Business as usual but doing things differently...

- Special Educational Needs Team
- Educational Psychology Team
- Music Service
- Specialist Teaching Advisers
- Inclusion Team
- Virtual School
- Careers advice
- Post 16 team – support to colleges, continued learning
- Primary Behaviour Service
- Swanwick, Leigh House, Bluebird, Austen and Place2Learn



Peter Colenutt MBE
Assistant Director
Strategic Development and Capital Delivery
Children's Services and Adults' Health & Care

Barton Farm (2 FE primary)



Stoneham Park (1.5FE primary)

- Majority of construction sites remained open adhering to government guidance “ Construction can continue where it is done in line with public health guidance“
- A few sites closed initially to review H&S plans and then reopened
- All sites now open with contracts closely monitored
- Non essential school repair and maintenance work - suspended at first but projects now restarting – all schemes reviewed on a case by case basis

Austen Academy (125 place SCD Through School)



- Productivity likely to be lower than before the crisis
- All schools and governing bodies are being fully consulted about the scope of works and planned delivery
- New school places schemes (basic need) on track for delivery for September 2020
- Weekly liaison with the DfE Capital Directorate

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Deer Park (7FE Secondary)

Access, Resources and Business Development

Suzanne Smith
Assistant Director

Immediate Impact



Business as usual but doing things differently:

- Support functions
- School admissions
- Commissioning & placement finding
- Workforce development



Suspension of some activity:

- Complaints
- Some statutory returns
- Some tender processes



Close working with CCGs around planning and risks



Some tenders halted, others continued



Work to establish payments to providers during lockdown



New contact arrangements for providers including Early Years settings implemented



Areas most significantly affected are Early Years and Home to School Transport

HtST - Lockdown

Pre-Covid	Lockdown
<p>Mainstream Children:</p> <ul style="list-style-type: none"> • 1,635 Primary Age Pupils transport each day • 7,390 Secondary Age travellers • Service at the beginning and end of school day • Mostly single, double decker bus and coach services • Loadings to utilise vast majority of seats 	<p>Mainstream Children:</p> <ul style="list-style-type: none"> • Variable numbers of children attending – transport arranged for 170 key worker children, 110 year R, 1&6 and 270 Year 10 • Variable number of routes running daily due to increase for Year 10 students • Social distancing has to be maintained requiring more vehicles for fewer children • Service Beginning and End of School Day, but some requests now being made for early pick ups • Small numbers of non-eligible children being transported as part of being a flexible service. • DfT advice promoted 100% retention payments to bus and coach operators
<p>SEN Children:</p> <ul style="list-style-type: none"> • 995 Primary Age Pupils • 1,614 Secondary Age HtST travellers • 291 FE College students • Service Beginning and End of School Day • Almost entirely smaller vehicles, fewer than 17 seats; Cars, MPV, Minibuses and Specialised Vehicles • Some solo routes but grouping whenever possible • ~ 600 escorts provided based on individual needs and to make grouped arrangements safe 	<p>SEN Children:</p> <ul style="list-style-type: none"> • Variable numbers of children attending – circa 523 pupils over the course of a week • Variable number of routes running – now more than 400 arrangements • Circa 10% of escorts in shielded groups • Average of 150 escorts being used each day • Service Beginning and End of School Day • 50% retention payment paid to other providers, with a separate process to consider financial support for operators experiencing exceptional financial difficulties

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HtST Recovery

- Year R, 1 and 6 returned on 1 June – total of 550 eligible children in these year groups (110 being transported)
- Year 10 return 15 June – total of 1,507 eligible children (273 requests so far)
- Transport principles shared with schools to aid their planning, including:
 - Parents should take children to school wherever possible;
 - Public transport to be avoided;
 - 15-25% of capacity can be used of vehicles due to social distancing;
 - Limited capacity and flexibility in the system;
 - Schools will need to support safe loading of children on to transport.
- Some uncertainty regards numbers returning on 15 June – likely to try and ensure arrangements available to all eligible children unless schools confirm otherwise
- Attendance variable and constant need to adjust transport provision
- Circa 400 SEN and 50 mainstream routes now running and 150 escorts
- Escorts and drivers wear face masks

HtST – Future Challenges



Impact of maintaining social distancing upon available capacity – there is not enough transport to support all year groups returning to school (we estimate capacity is used at most 40% attendance)



Market sustainability, particularly as the furlough scheme winds down



Need for DfT and DfE to ensure guidance is consistent where it needs to be and differentiated where it makes sense to be



T21 HtST savings programme will be delayed



Churn in school escorts will require recruitment to maintain numbers



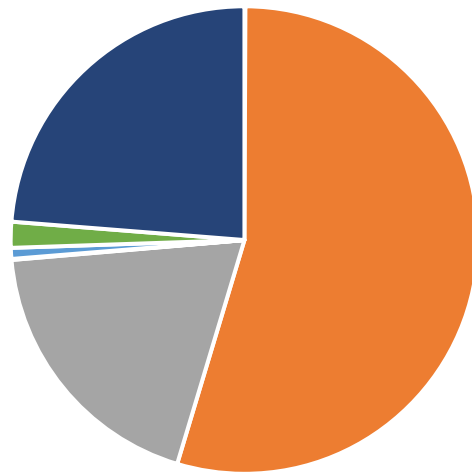
Potential for greater use of parental mileage allowances and possibly spend to save minibuses

School Admissions

- National primary offer day on 16 April 2020 - 22,500 applications processed
- Supported schools by introducing step for parents to confirm online acceptance of offer to HCC rather than through the school
- Just under 98 per cent (97.77 per cent) of parents have been offered a reception year place for their child in one of their three preferred choice schools, with 90.96% being allocated a place at their first choice of school
- Of pupils transferring from infant school to junior school (Year 3), 99 per cent (99.07 per cent) received a place at one of their three choices – with just under 98 per cent (97.88 per cent) obtaining a place at their first choice school
- In response to the current Covid-19 situation, parents of children starting school in September 2020 have been advised to wait to be contacted by the school about how to present their proof of address and children's birth certificate
- Temporary changes to legislative arrangements made on 24 April allows for admissions appeals to be heard virtually or as a paper based process. HCC adopted a paper based process with appeals commencing 1 June 2020. First outcomes of paper appeals being received

Early Years – Childcare Market Context

Hampshire Childcare Market
(excluding wraparound care)



- After School club
- Childminder
- Day Nursery
- Holiday Playscheme
- Maintained Nursery
- Nursery Unit of Ind. School
- Pre-school

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Range of children privately funded	Number of providers
all EYE funded	69
all privately funded children	161
greater than 0% up to 5% privately funded for 1 to 4 children	32
greater than 10% up to 20% privately funded 1 - 16 children	146
greater than 20% up to 30% privately funded 1 to 42 children	122
greater than 30% up to 40% privately funded - 1 to 43 children	86
greater than 40% up to 60% privately funded - 1 to 132 children	244
greater than 5% up to 10% privately funded 1 to 9 children	47
greater than 60% up to 80% privately funded - 2 to 180 children	274
greater than 80% and less than 99% privately funded - 5 to 410 children	199
Misc data	91
Grand Total	1471

The market is relatively unstable, with many providers locally based and with little by way of reserves or organisational infrastructure to support them with complex financial issues. There are significant risks to ensuring future sufficiency of the market if we (central and local government) are unable to support the sector with both advice and finance.

Early Years Lockdown

- 17 March 2020, Government confirmed that local authorities should continue to pay for free early years entitlement places for 2,3 and 4 year olds even if settings were closed
- Hampshire made an advance payment to providers to support cashflow. All Early Years Entitlement funding paid until the end of the summer term
- Childcare settings closed from 23 March for all bar vulnerable children and those of keyworkers
- Created a brokerage service within 24 hours
- 50-100 enquiries per day
- Confusion within the sector regarding furlough
- Financial support for setting experiencing exceptional financial difficulties/falling though the gaps in Government financial support – four settings have received payments, four pending
- Additional costs of c.£158k double funding for keyworkers during lockdown, more to come
- Regular FAQs produced and circulated to help sector navigate and understand guidance
- Webinars with sector to explore their concerns, provide guidance and encourage peer to peer support
- Frequent engagement with government to raise questions, explore issues

Early Years Recovery – DfE Return 11/6/20

	Total	Open	Closed
How many childcare settings are in your area?	1829	1090	242
How many are group-based early years providers?	632	492	136
How many are school-based early years providers?	36	34	1
How many are childminders?	1161	564	105
Are any childcare settings planning to close next week?	Not sure		
Approximately how many children are attending childcare in your area?	3663		
How many are children of critical workers?	1638		
How many are vulnerable children?	225		
Are there enough places for all children of critical workers and vulnerable children who need one?	Yes		

Early Years Future Challenges

- Financial challenges and sector sustainability
 - Continued need to double fund
 - Autumn term issues
 - Parental demand
 - Interplay with capacity
 - Withdrawal of furlough
- Capacity
- Wraparound care
- Community run provision
- Sector confidence and infrastructure
- Parental update
- Access and cost of hygiene supplies
- Business Planning
- Longer term changes to working patterns and employment

Thank you
and
any questions



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	19 March 2020 (postponed to 2 July 2020)
Title:	Report from the Hampshire Districts Forum: Hampshire Healthy Homes Workshop and next steps
Report From:	Cllr Anne Crampton, Chair of the Hampshire Districts Health and Wellbeing Forum and Simon Bryant, Director of Public Health

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Purpose of this Report

1. The purpose of this report is to summarise the findings from the multi-agency Hampshire Healthy Homes Workshop and to set out key actions that have been identified for further development. The Health and Wellbeing Board is asked to support the recommendations below.

Recommendations

2. That the Hampshire Health and Wellbeing Board:

Receive a report on the Disabled Facilities Grant (DFG)¹ processes to establish whether arrangements are consistent and equitable approach across the county;

support further exploration of measures to increase the use and reuse of adapted properties to support people with disabilities or older people with developing needs to live more independently within their community;

support development of a framework for working more collaboratively. This framework will set out how organisations can contribute to shared induction

¹Disabled Facilities Grants (DFGs) are means tested grants to support eligible individuals to make adaptations to their homes which will enable them to live more independently for longer. The funding is part of the Better Care Fund money received by the County Council, which is then distributed to all district and borough councils who administer the DFG process.

and training programmes to strengthen links and partnerships between organisations;

encourage their respective organisations to actively use and contribute to the Kahootz site² to share best practice, learning opportunities (multiagency training programmes) and areas for development; and

ensure guidance around safeguarding in relation to hoarding is applied within their respective organisations.

Executive Summary

3. This report seeks to update the Health and Wellbeing Board on the findings of the Healthy Homes Workshop as part of the development of the Healthy Homes Needs Assessment.
 - 3.1. Having a safe, settled home is a fundamental social determinant of our health and wellbeing, whether we own our home or live in social rented or private rented accommodation.
 - 3.2. The Health and Wellbeing Board business plan includes an action to develop a health needs assessment of homes in Hampshire. This needs assessment has been completed and is awaiting publication. The draft recommendations are set out in Appendix A.
 - 3.3. As part of the development of the needs assessment and recommendations, the Hampshire Districts Health and Wellbeing Forum, in conjunction with Hampshire Public Health, organised a Healthy Homes Workshop with a wide range of stakeholders across housing, health and care.
 - 3.4. Stakeholders were supplied with copies of the draft recommendations from the needs assessment and then tasked to identify priorities and key actions, including identifying opportunities for collaborative working. Through round table discussions, the following questions were discussed:
 - What is already happening?
 - What are the opportunities/ actions required? (SMART objectives)
 - Who should take this action? Is there a need/ potential for joint working?
 - What are the potential barriers?
 - How can success be measured?

Emerging priorities and actions

² <https://future.nhs.uk/>

4. The emerging priorities and actions identified by the healthy homes needs assessment and by stakeholders at the workshop are set out below. These are the areas that were highlighted as a priority out of the range of suggestions offered at the workshop. The recommendations listed above are the first steps in implementing these actions.
- a) Building the right homes -
- There are examples of good practice across the county, as well as variation in local planning policies.
 - Building a robust evidence base is key to justifying local planning policies. The Hampshire Spatial Planning Needs Assessment can support this³.
 - Consideration should be given to the whole place and how we develop strong, health promoting communities across the life course.
 - Spatial planning and healthy communities will be explored further at the second multi-agency workshop focusing on the built and natural environment.
- b) Training and development
- Explore the potential for joint induction programmes with the aim of strengthening relationships and fostering a shared understanding across housing, health and care.
 - Explore what training is available to housing, health and care professionals around prevention and addressing the social determinants of health (e.g. Duty to Refer, hoarding, Making Every Contact Count, suicide prevention, Connect 5), and identify opportunities for greater collaboration and coordination of training offers.
 - Strengthen interfaces between services by developing ways to understand and communicate what each organisation does such as through roadshows and two-minute videos. For example, to improve awareness of homelessness prevention services and the Duty to Refer.
 - Collaboration could be strengthened through use of the Kahootz online site created by the Keep Well Collaborative.
- c) Adaptations including Disabled Facilities Grants
- Ongoing work is needed to increase awareness of Disabled Facilities Grants.
 - Support a piece of work to understand the need for DFGs across the County

³ <https://documents.hants.gov.uk/SpatialPlanningJointNeedsAssessment.pdf>

- Enhance the consistency in what is provided by DFG services across the County.
- Make best use of underspent DFG funding.
- Understand more about how adapted socially rented homes are currently recorded and allocated/reallocated
- Explore opportunities to make best use of adapted properties which become available for re-letting.

d) Hoarding

- Raise awareness of hoarding as a recognised form of self-neglect.
- Encourage organisations to update their safeguarding policies and processes to reflect this.
- Raise awareness of the hoarding forum and multi-agency guidance.

4.1. There is considerable alignment between these identified actions and both the Health and Wellbeing Board business plan and what has been discussed within the Hampshire and Isle of Wight Sustainability and Transformation Partnership. Therefore, it is important that these actions are developed in partnership to avoid duplication or contradiction.

4.2. These actions will support the Health and Wellbeing Board to meet the outcomes of the strategy and Better Care Fund policy. These outcomes include:

- a greater understanding of organisations' roles and responsibilities to enable more opportunities for working together and sharing best practice
- a highly skilled workforce to enable holistic support to be provided to individuals, including those who are most at risk of homelessness
- more individuals to remain in their own homes for longer
- value for money in providing adaptations
- more individuals with physical disabilities able to live in the community, rather than specialised housing
- a reduction in delayed Transfers of Care
- a reduction in hospital admissions
- a reduction in homelessness, with those who are at risk of homelessness receiving a more timely response.

Next steps

5. The implementation of the recommendations will primarily be driven through the Hampshire Districts Health and Wellbeing Forum and linking with relevant stakeholders. A multi-agency working group will be established to support

collaborative working and develop these actions further to identify a robust plan. This will include identifying who will be responsible for the implementation and how success will be measured.

- 5.1. The Healthy Homes workshop was hosted by the Hampshire Districts Health and Wellbeing Forum in collaboration with Hampshire Public Health. In the coming year, the Districts Forum will host a series of collaborative workshops focusing on the Healthier Communities priority areas set out in the Health and Wellbeing Board business plan.
- 5.2. Delivery of these workshops and coordination of emerging actions will be supported by an increase in resourcing of the Districts Forum in 2020-21, made possible by a partnership between Hart District Council, Hampshire County Council and the Clinical Commissioning Groups. The Forum will benefit from the input of a CCG colleague over a period of one year, to help drive forward the Healthier Communities agenda and the change needed to maximise collaboration.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents	
The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

6. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

7. Equalities Impact Assessment:

An equalities impact assessment has not been undertaken for this report as the purpose is to update the Board on progress made on completing actions as outlined in the Health and Wellbeing Board business plan. Should services need amending/ updating as a result of the actions proposed, an assessment may be required and completed as appropriate.

Appendix A: Health Homes Needs Assessment Draft Recommendations

This needs assessment covered a broad range of topics that contribute to a healthy home. There were key themes that were common throughout the needs assessment and these have been summarised into recommendations. These recommendations will be used to inform partnership action to improve health through the home environment. These recommendations are to inform the work of all organisations including, but not limited to, those that provide health, social care, housing and voluntary or community services.

1. Building the Right Homes: There should be an emphasis on building the right type of homes to suit a range of needs including:

- a) Making Part M4(2) and Part M4(3) a requirement of some, if not all, new builds.
- b) Building homes to meet the 16 lifetime home criterion
- c) Using the Nationally Described Space Standards to ensure children and families have space to play, grow and learn, whilst having good access to green space.
- d) Building a mix of different homes in new developments with indistinguishable tenure types and include affordable homes.

2. Raise awareness of support available: Those in existing homes and those in private rented accommodation should be supported to ensure their homes are as healthy as possible. This can include awareness raising of the different programmes that are available to them, including but not limited to:

- a. Removal of Section 21 evictions
- b. Housing Health and Safety Rating System
- c. Minimum Energy Efficiency Standards
- d. Hitting the Cold Spots
- e. Home adaptations, including Disabled Facilities Grants, Home Hazards assessment, Technology Enabled Care
- f. Benefits schemes, including support to access them.

3. Workforce Development: The workforce should promote access to the support available in individual's community which contributes to a healthy home. This may require training, which could be held jointly across organisations to enable teams to familiarise themselves with their partners and what their role includes. This can include Making Every Contact Count, how to use Connect to Support Hampshire, Mental Health First Aid, Suicide Prevention training or Homelessness Prevention/ Duty to Refer.

4. Working together: Creating healthy homes requires multiple organisations to work together to ensure the individual gets holistic support. This could include actions such as better communication, through to co-location of services or working as multidisciplinary teams to support some of the most vulnerable individuals. This includes those with mental health conditions, substance misuse, hoarding, or those facing discharge from an institution (hospital, secure unit, prison).

5. Reduce Health Inequalities: Intelligence across the health and care system can be used to support the reduction of health inequalities. This can include:

- a. Targeting safe and well visits to those most at risk of fire fatality.
- b. Exploring the prevalence of childhood accidents within the home.
- c. Ensuring affordable homes are designed into neighbourhoods to ensure they are given equal access to healthier environments e.g. green space.
- d. Using an adapted housing register to enable those with disabilities to have better access to homes that suit their needs.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Hampshire Health and Wellbeing Board
Date:	2 July 2020
Title:	“Was Not Brought” Policy
Report From:	Debbie McGregor, Deputy Designated Nurse for Safeguarding Adults, West Hampshire Clinical Commissioning Group

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Email: debbie.mcgregor@nhs.net

Purpose of this Report

1. As part of the early intervention and prevention agenda, this resource has been produced to support organisations when Adults who have Care and Support needs are not brought to their appointments.

Recommendation(s)

That the Hampshire Health and Wellbeing Board:

2. Note and discuss the resources with a view to ratification by the Health and Wellbeing Board

Executive Summary

3. Professionals need to display professional curiosity when appointments are not attended. Furthermore, they need to consider the impact that this may have not only on the Adult themselves in terms of Health and Wellbeing, but other family members within the household. These resources have been produced to support patient engagement and appropriate follow up if an Adult with needs for Care and Support is not brought to their appointment. One resource is suitable for professionals, and the other suitable for patients, families and carers.

Contextual Information

4. These resources were presented to the 4LSAB policy subgroup for their due consideration. Members of the Board however felt that this resource does not align directly under the Safeguarding agenda but with prevention and intervention work streams
5. After discussion with the HSAB Board Manager it was suggested that this resource is put on the agenda for the Health and Wellbeing Board to duly consider

Performance

6. It is envisaged that if these resources are ratified at the next Health and Wellbeing Board that these are shared appropriately within the system to raise awareness of this agenda

Consultation and Equalities

7. In terms of wider consultation these resources have been discussed and shared at the 4 LSAB Health Subgroup and the 4LSAB Policy Subgroup

Conclusions

8. As detailed within the resources, organisations should be cautious of instigating their disengagement policies without seeking clarification of why the Adult with Care and Support needs has been unable to attend
9. Missed Health appointments may be a factor when an Adult with Care and Support needs is suffering from neglect and/or omissions in their care

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Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
HSAB Policy Subgroup	20.02.20
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
The Care Act	2014
Human Rights Act	1998

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
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N/A	

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- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

These resources in the form of a one minute guide have not been through any formal Equalities Impact Assessment.

Hampshire, IOW, Portsmouth and Southampton 4LSAB

One Minute Guide - what to do if an Adult with Care and Support Needs is not brought to their health appointment.

Why is it a concern when an Adult with Care and Support Needs is not brought to their health appointment?

Professionals must always consider the impact this may have on the adult's overall health and wellbeing.

It may be that the carers supporting the adult have forgotten or that there are multiple appointments which are difficult to co-ordinate.

Organisations should therefore be cautious of instigating their Disengagement Policies without seeking clarification of why the adult with care and support needs has been unable to attend. Missed health appointments however, may be a factor when an adult with care and support needs is suffering from neglect and/or omissions in their care.

Professionals should display professional curiosity when appointments are not attended. They should consider the impact not only on the adult themselves, but other family members within the household.

Professionals should always seek advice if they have any concerns in relation to neglect or omissions in care.

What to do if an Adult with Care and Support Needs cannot attend their appointment.

Another appointment can be made at another date and time that is more convenient to attend. Please check that you have the correct contact details to send the relevant correspondence.

What happens if an Adult with Care and Support Needs is not brought to their health appointment?

If there have been previous missed appointments and there are concerns about the impact on the adult's health and wellbeing, we may need to share information with other professionals to ensure a joined up approach to partnership working.

There is an expectation that the patient's GP would be informed of any missed appointments as the GP is responsible for maintaining a holistic overview of the patient's care. This would also give a picture of any themes, trends or concerns in relation to missed appointments. In addition, there would be an expectation that the agency who arranged and coordinated the appointment would also follow this up with the patient and/or patient's representative as appropriate.



Hampshire, IOW, Portsmouth and Southampton 4LSAB

Useful resources

Hampshire Safeguarding Adults Board:

<http://www.hampshiresab.org.uk/>

Isle of Wight Safeguarding Adults Board:

<https://www.iow.gov.uk/council/OtherServices/Safeguarding-Adults-Board/Introduction2>

Southampton Safeguarding Adults Board:

<http://southamptonlsab.org.uk/>

Portsmouth Safeguarding Adults Board:

<http://www.portsmouthsab.uk/>

Connect to Support Hampshire

A website for Adults in Hampshire to promote independence and self-care

<https://www.connecttosupporthampshire.org.uk/home>

Age UK/help for carers

<https://www.ageuk.org.uk/services/in-your-area/carers-support/>

Hampshire Advocacy Services

<http://hampshireadvocacy.org.uk/>

Age Concern Hampshire

<https://www.ageconcernhampshire.org.uk/>



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Southampton Safeguarding Adults Board:

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Portsmouth Safeguarding Adults Board:

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Connect to Support Hampshire

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Age UK/help for carers

<https://www.ageuk.org.uk/services/in-your-area/carers-support/>

Hampshire Advocacy Services:

<http://hampshireadvocacy.org.uk/>

Age Concern Hampshire

<https://www.ageconcernhampshire.org.uk/>

Hampshire, IOW, Portsmouth and Southampton 4LSAB

One Minute Guide - what to do if an Adult with Care and Support Needs is not brought to their health appointment.



Information for patients, families and carers.



This leaflet explains the Local Adult Safeguarding Boards guidance we follow when an Adult with Care and Support Needs is not brought to their health appointment.



Why is it a concern when an Adult with Care and Support Needs is not brought to their health appointment?

Professionals must always consider the impact this may have on the adults' overall health and wellbeing.

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