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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Thursday, 22nd October, 2020 at 10.00 am
Place	Remote via MS Teams
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

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 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.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

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 UPDATE (Pages 13 - 20)

To receive an update from the Director of Public Health regarding the latest position on Coronavirus in Hampshire and public health led actions in response.

7. ADULT SOCIAL CARE COVID-19 UPDATE (Pages 21 - 30)

To receive an update from the Director of Adults' Health and Care regarding the response of the department to the ongoing coronavirus pandemic.

8. NHS HIOW COVID 19 UPDATE (Pages 31 - 44)

To receive an update from NHS commissioners regarding the impact of Covid 19 on the NHS locally and recovery of services.

9. ADULT SAFEGUARDING (Pages 45 - 60)

To receive an annual update from the Director of Adults' Health and Care in respect of the local authority statutory duty to safeguard vulnerable adults.

10. WORK PROGRAMME (Pages 61 - 74)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

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 observe the public sessions of the meeting via the webcast.

Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held remotely via Microsoft Teams on
Monday, 14th September, 2020

Chairman:

* Councillor Roger Huxstep

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

*Present

Co-opted members

Councillor Alison Finlay and Councillor Diane Andrews

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

211. APOLOGIES FOR ABSENCE

Apologies were received from co-opted member Councillor Trevor Cartwright who had recently stood down from his position on this Committee. The Chairman paid tribute to his contribution to the work of the Committee.

212. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate 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 was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

213. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 6 July 2020 were confirmed as a correct record.

The Chairman added that under minute 204 he wished to place on record his thanks to Cllr Marge Harvey for her contribution to the work of the HASC.

214. **DEPUTATIONS**

The Committee received a deputation from Mr Geoff Hill regarding Item 9b Southern Health NHS Foundation Trust: Out of Area Beds Update. Mr Hill suggested that the Trust had been disingenuous in its reporting of Out of Area Beds figures, as different figures were given to the media in July compared to what was referenced in their Council of Governors papers in July and Trust Board papers from July. He requested the Committee challenge the Trust on their figures.

Mr Hill also referenced a previous deputation he had made to the Committee in March along with two other individuals regarding safeguarding and expressed his dissatisfaction with the response to the issues they had raised.

215. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Extra HASC Meeting

The Chairman announced that as one of the meetings of this Committee had been cancelled during the lockdown period, to ensure the HASC could address its lengthy work programme an additional meeting had been scheduled for Thursday 22 October.

Portsmouth Hospitals University Status

The Chairman reported that he was pleased to learn at the end of July that Portsmouth Hospitals NHS Trust had been awarded university hospital status. This change was expected to bring benefits to patients, students, colleagues and local communities. The Trust would now be known as Portsmouth Hospitals University NHS Trust (PHU). Achieving university hospital status was the first step in a long-term programme to enhance research partnerships to drive innovation and develop new treatments more quickly, as well as investing further in academic partnerships to strengthen their workforce in the future. On behalf of the HASC he welcomed this development and congratulated the Trust on taking this step.

216. **PUBLIC HEALTH COVID-19 UPDATE**

The Committee received a report from the Director of Public Health (see Item 6 in the Minute Book) providing an update on the public health response in Hampshire to the Covid-19 pandemic. The Director summarised the written report and provided the latest figures on the state of coronavirus in Hampshire. It

was noted that as of 12 September there had been 5579 diagnosed cases in Hampshire, an increase of 99 in the last seven days, and this equated to a rate of 11.3 per 100,000 population (compared to a rate of 26.7 for all of England). While the rate locally was lower than in other parts of the country, it was rising.

The importance of testing for the virus was acknowledged and it was noted that it was the responsibility of the Director of Public Health to ensure appropriate measures to do so were in place locally. However, there was reliance on nationally run laboratories which were experiencing some capacity issues.

Work had been going on to develop approaches to managing the threat from the virus in high risk settings such as care homes and schools. On 2 September the 'major incident' approach to the response to the pandemic had been stood down, with a system around Local Outbreak Control planning taking its place.

Members asked questions to explore the issues. Regarding testing, it was noted that mobile units to offer testing were deployed across the county to different locations on different days, and local test facilities were being developed. To access a test people should use the government website or phone 119 to be advised of where to go or request a home test kit be posted to them. Details could be circulated to the Committee.

RESOLVED:

1. To note the COVID-19 situation.
2. To note the leadership role of the Public Health Director and function.

217. **ADULT SOCIAL CARE COVID-19 UPDATE**

The Committee received an update from the Director of Adults' Health and Care (see Item 7 in the Minute Book) providing an update on the Covid-19 response by Adults' Health and Care. The report and accompanying presentation covered support to vulnerable residents and people supported by adult social care services, moves towards recovery of services, and work undertaken to support the care home sector.

Members heard that on 31 July the national shielding programme had ceased, which affected 53,000 Hampshire residents. There was then a campaign 'It's Ok to...' to help them reconnect safely etc. A skeleton of the support structure that had been used to support those shielding would be retained, so it could be scaled up again in future if needed.

The department was undertaking learning reviews to reflect on the response to the pandemic to date. The department was providing support to the care home sector and would continue to do so heading in to winter. Regular testing for the virus in care homes was an issue. 83% of care homes were now reporting access to regular testing kits, however lab capacity to produce the results remained an issue.

Members asked questions to explore the issues. A risk based approach was being taken to recovery of face to face services such as day services and respite

services e.g. for those with a learning disability. Approaching 50% of users were back to using day services.

RESOLVED:

1. That the Health and Adult Social Care Select Committee notes the work that has taken place to date by Adults' Health and Care, public and voluntary sector organisations and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
2. That the Health and Adult Social Care Select Committee 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.
3. That the Health and Adult Social Care Select Committee recognises the impacts upon the care home sector and wider social care sector but is assured by the work underway to support the care home sector.
4. That the Health and Adult Social Care Select Committee notes actions taken and currently underway to support moves toward recovery of services, systems and processes across Adults' Health and Care and receives further updates at future meetings.

218. **NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE**

The Committee received an update from the Clinical Commissioning Groups covering Hampshire and the Isle of Wight providing an update on the response of the NHS in Hampshire to the Covid-19 pandemic (see Item 8 in the Minute Book). A written report and accompanying presentation provided an overview of the health element of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19; the NHS restoration and recovery work; and planning work being undertaken across Hampshire and the Isle of Wight (HIOW) for winter and a potential second wave of Covid-19. A written update had also been received on the position for Hampshire Hospitals NHS Foundation Trust, University Hospitals Southampton NHS Foundation Trust and Portsmouth Hospitals University NHS Trust.

Members heard that planned care was ceased during the peak of the pandemic. These services were re-starting but there was a backlog that had resulted in long waiting times. Effort was being put in to ways to see additional patients to help reduce this. It was noted that over time different treatment methods for covid-19 had been developed, some of which did not require anaesthetist supervision, therefore if hospitalisations from the virus increase in a second wave the impact would hopefully be less than in the first wave. There had been learning from the first wave that it was hoped would mean the system would be better prepared to respond to a second wave.

RESOLVED:

That the Health and Adult Social Care Select Committee:

1. Note the system wide update
2. Note the Trust specific updates provided

3. Request that updates continue to be provided at each meeting of the HASC.

219. PROPOSALS TO VARY SERVICES

- a) Southern Health NHS Foundation Trust: Proposed Closure of Willow Ward (inpatient unit for adults with learning disability and challenging behaviour)

The Committee received a letter and briefing note from the Chief Executive of Southern Health NHS Foundation Trust regarding the proposed closure of Willow Ward (see Item 9a in the Minute Book). Members heard that the 6 beds at the unit had never been fully occupied and in the last few years occupancy had been around two or three patients. At the current time one patient remained and discussions were underway to agree alternative care plans. The intention was to close the unit, once that patient had been moved to alternative supported living accommodation. Instead of inpatient care, care packages would be developed to support such individuals in other settings in future.

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Consider that the engagement undertaken in relation to this service change is appropriate.
2. Support the proposed closure of Willow Ward and replacement with a community-based service as in the interest of service users and the local health system.

- b) Southern Health NHS Foundation Trust: Out of Area Beds Update

The Committee received an update from the Chief Executive of Southern Health NHS Foundation Trust regarding out of area mental health placements (see Item 9b in the Minute Book). Members heard that patients were sometimes treated in beds outside of the Hampshire area if there wasn't capacity to accommodate them in facilities in Hampshire. The Trust had been working to reduce the number of patients treated outside of Hampshire and there were none in this category on the meeting date.

It was highlighted that some patients were accommodated in beds run by other providers in Hampshire (up to 23 beds contracted from private providers), and these were not counted as Out of Area placements by NHS England. However, the Trust was planning to address its inhouse capacity over the next year or so, so that patients being treated by other providers could be reduced.

Members commented that Southern Health had in previous years reduced its inpatient bed capacity, and the current reliance on other providers

suggested a revised assessment of an appropriate number of beds for the Hampshire population was needed.

The Chief Executive confirmed that the Trust would be happy to respond to the points raised in the deputation on this topic following receipt of the details.

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Note the update and welcome the reduction in use of out of area beds.
2. Note the intention to explore increasing inhouse bed capacity to reduce reliance on other providers, and request a further update when progress has been made in this regard. (written update in January 2021 requested)

c) Hampshire Hospitals NHS Foundation Trust and commissioners:
Andover Hospital Minor Injuries Unit Update

The Committee received a written only update regarding the Minor Injuries Unit at Andover Hospital (see Item 9c in the Minute Book).

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Note the update including the planned re-opening of a minor injuries service in Andover from 1 October 2020.
2. Request a further update in Spring 2021 regarding plans for a more sustainable minor injuries model for the Andover area.

d) Hampshire Hospitals NHS Foundation Trust and commissioners:
Orthopaedic Trauma Modernisation Pilot Update

The Committee received a written only update regarding the Orthopaedic Trauma Modernisation Pilot (see Item 9d in the Minute Book).

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Note the update.
2. Request a further update in Spring 2021.

e) Clinical Commissioning Group Partnership: Integrated Primary Care Access Service Update

The Committee received a written only update regarding the Integrated Primary Care Access Service in South East Hampshire (see Item 9e in the Minute Book).

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Note the update.
2. Request a further update in Spring 2021 regarding longer term plans for these services.

220. **ISSUES RELATING TO THE PLANNING AND/OR OPERATION OF HEALTH SERVICES**

- a. Hampshire Hospitals NHS Foundation Trust – Care Quality Commission latest report (published in April 2020)

The Committee received the latest Care Quality Commission inspection report for Hampshire Hospitals NHS Foundation Trust (see Item 10a in the Minute Book). The Chief Nurse from the Trust was in attendance to summarise the findings and the response of the Trust to any areas for improvement.

Members heard that the previous inspection in 2018 put the Trust at 'Requires Improvement' rating overall. The Trust were proud to report that at the most recent inspection undertaken in January 2020 improvement had been found across all key strands and the overall rating was now 'Good'. One 'must do' recommendation had been made relating to medicine management. The Trust was on track with responding to the majority of the recommendations.

RESOLVED:

That the Health and Adult Social Care Select Committee:

1. Note the outcomes of the most recent inspection.
2. Request an update on any improvement actions by email.

- b. Clinical Commissioning Group Reform in Hampshire and the Isle of Wight

The Committee received an update from the Chief Executive of the Hampshire Clinical Commissioning Group Partnership (see Item 10 b in the Minute Book) regarding the intention of six Clinical Commissioning Groups covering the Hampshire area to merge in April 2021.

Members heard that the intention was to enable some elements of commissioning to be provided at a larger scale where it was efficient and effective to do so, including across the Hampshire and Isle of Wight footprint that matched the Integrated Care System. However, it was intended to maintain a focus on other areas at a local level. It was also expected that this merger would make it easier to integrate with social care which is provided at a Hampshire wide level by the County Council. However, it was noted that the Portsmouth City Clinical Commissioning Group and North East Hampshire and Farnham Clinical Commissioning Group would not form part of the new arrangement.

RESOLVED:

That the Health and Adult Social Care Select Committee:

1. Note the plans to merge outlined.
2. Request a further update in early 2021 with further detail on how these changes impact the development of an Integrated Care System (ICS) for the Hampshire area.

221. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 11 in the Minute Book). The Chairman indicated that while the pandemic was underway non-Covid items would be prioritised and kept to a minimum.

Members requested that NHS Covid updates cover recovery of services that had been reduced during the pandemic including dentistry, diagnostics, podiatry etc.

RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee	Health and Adult Scrutiny Committee (HASC)
Date:	22 October 2020
Title:	Public Health COVID-19 Update
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 update on the current position of the COVID-19 pandemic in Hampshire and the Public Health leadership of the pandemic response.

Recommendation(s)

1. To note the current COVID-19 situation.
2. To note the leadership role of the Public Health Director and function.

The Pandemic Context

3. The paper updates the previous reports to the Health and Adult Scrutiny Committee on the COVID-19 pandemic. 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.
4. 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.

5. 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.

Situation in Hampshire

6. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. The first wave of cases peaked in April. As of 12 October 2020, there are 6,918 positive cases in Hampshire with 523 cases in the previous 7 days. The first peak was well managed through social distancing and effective planning.
7. It is evident that, similar to national surveillance data, there is an increase in positive COVID-19 infections. These growing infection rates can be attributed to increasing community infections. The modelled reasonable worst-case scenario of R1.3 is a peak of infections in the Autumn. We are working to manage further waves of disease.
8. The programme of testing for COVID-19 is key for understanding the spread of the disease and prevent further cases. The testing programme has been developed over the life of the epidemic. 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, is key to the effective management of outbreak control plans. Whilst we have a strong leadership role locally many of the assets in regard to testing are nationally led and managed.
9. 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.

10. Contact tracing is run by the NHS Test and Trace programme with Public Health England as well as input from local Directors of Public Health. We are developing the local Hampshire programme to compliment the national Test and Trace service. This programme will enable us to manage spread of infection.
11. 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.

Public Health – Leadership of the System

12. Through the Local Resilience Forum (LRF), Hampshire County Council has provided Public Health leadership to the multiagency response to ensure that the emergency is managed in a way that is proportionate and ensures that the local system, especially in health and care, is able to cope with the pandemic. The Director of Public Health (DPH) is the Deputy Chair of the Strategic Command Group of the LRF, working to the Chief Fire Officer. (The LRF is the umbrella term for the formal legal partnership of key statutory agencies in a given area, in our case that is Hampshire and the Isle of Wight, including the two cities and the island. The LRF is not a legal entity in itself and holds no direct budgets or accountabilities but is the sum of its constituent statutory partners in the area who must work together during a time of crisis).
13. On 2 September 2020 the Major Incident was stood down by the Strategic Coordinating Group of the LRF and a transition to the new arrangements for Outbreak Control Planning was further implemented.

Outbreak Control Plan

14. On Friday 22 May 2020, 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. Our plans have been in place from 1 July 2020 and are working well.
15. 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, these plans build on existing health protection plans and powers to identify and contain outbreaks and protect the public's health.

16. The Outbreak plan outlines these measures and powers, working through COVID-19 Health Protection Boards.
17. £300m funding for upper tier Local Authorities accompanied this announcement; for Hampshire this is £4.8m. The use of this resource includes mobilising trained staff, communication within our local communities and planning with our high-risk settings
18. The management of local outbreaks is resource-intensive work and so local authorities, through the leadership of their Directors of Public Health and Public Health England, will work closely together in building capacity of both the Local Authority Public and Environmental Health teams and the Public Health England local Health Protection teams. This will be a key part of delivering the Local Outbreak Control Plans.
19. 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-19.
 - d) To oversee the test and trace programme
 - e) To coordinate testing across Hampshire
 - f) To ensure a collaborative and coordinated approach to supporting settings across the County.
20. Key actions of the health protection board have been in line with the objectives outlined above and include:
 - g) Reviewing the testing arrangements and ensure testing capacity, where possible can meet need.
 - h) Issuing guidance on events and recommending the issuing of Legal Direction
 - i) Support and guidance to schools and education settings and advice for outbreaks in schools
 - j) Advice on care home closures if required
21. A revised plan has been published on xx and is here

Governance

22. Two new local boards have been set up with key partners to take this forward.
23. The Health Protection Board has the appropriate expertise and relevant members to take this work forward; this includes Health, Police and District

Councils as well as key officers and the Chief Executive for Hampshire County Council. It is 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 brings local accountability and connection to the local community. Membership is comprised of The Leader, relevant Executive Members and Opposition Members and District Council Leadership.

Conclusions

24. The response to the COVID-19 pandemic has been through a number of phases and actions. The development of the Outbreak Control Plan brings the leadership response of the pandemic locally.
25. The Committee is asked to note the update 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

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:

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 COVID-19 pandemic.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	22 October 2020
Title:	Adult Social Care COVID-19 Update
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 03707 795574

Email: Graham.allen@hants.gov.uk

Purpose of this Report

1. Further to the report presented at the 14 September Health and Adult Social Care Select Committee this report provides an update on the work being undertaken within Adult Social Care on response, recovery and the care sector.

Recommendations

2. That the Health and Adult Social Care Select Committee notes the work that has taken place to date by Adults' Health and Care, public and voluntary sector organisations and their partners in Hampshire to support the needs of its most vulnerable citizens and the wider community.
3. That the Health and Adult Social Care Select Committee 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.
4. That the Health and Adult Social Care Select Committee recognises the impacts upon the care home sector and wider social care sector but is assured by the work underway to support the care home sector.
5. That the Health and Adult Social Care Select Committee notes actions taken and currently underway to support moves toward recovery of services, systems and processes across Adults' Health and Care and receives further updates at future meetings.

Aspects of the Response phase

Adults' Health and Care departmental response

6. The internal 'Bronze' operational response structure that was established within the department to manage and oversee all aspects of our response to the pandemic has been stood down on 3 September 2020. This decision was

taken on the basis that the department had moved out of the intense emergency period and no longer needed to focus on a tactical response. It also meant that the department was able to make best use of stretched resources and concentrate on returning to its usual management accountability arrangements and ongoing recovery. A shadow Bronze structure has been established to ensure preparedness should we need to enact a department-wide response in future including standing up the Bronze response again.

7. To ensure preparedness, a departmental COVID-19 Service Resilience Plan (SRP) is being developed in line with the corporate approach to Emergency Planning and Resilience. Work is underway to develop action cards for the SRP setting out how response arrangements will be quickly restarted, as well as lead / deputy responsibilities for required actions, what works well and what to avoid. These agile structures now established within the department means we can stand up some or all of response again whilst still maintaining progress and focus on recovery and business as usual activity.
8. The department is continuing to monitor its compliance with its duties under the Care Act 2014. Whilst delegated approval was provided by Cabinet to enable Care Act Easements (in light of Coronavirus Act legislation), it is important to underline that we have maintained close scrutiny of our capacity across all service areas and have not needed to enact and, therefore, move away from some key duties under the Care Act 2014. This is a testimony to the operational resilience of Adult Social Care services and the dedication of all staff. However, it is important to also recognise the strain and stress; personal, emotional, physical and financial this effort continues to place upon all our staff and those of our responding partner agencies. It is also very important to recognise the additional pressure placed upon service users and family carers.

Welfare response across Hampshire to vulnerable / shielded residents

9. Hampshire County Council continues to work with the Ministry for Housing, Communities and Local Government to ensure that it is prepared, should shielding need to be re-introduced for its vulnerable residents. It is important to note that any decision to reintroduce shielding (locally or nationally) will be taken at a national level.
10. As part of the Hampshire County Council area response, a Helpline called *Hantshelp4vulnerable* was established and widely advertised where call advisers triaged contacts from vulnerable people who were seeking help, before signposting them to appropriate resources or referring them to services that would meet their needs. This service has now been rebranded as the *Hampshire Coronavirus Help and Support Line*. Its remit has been widened and it is now able to make referrals for people with mental health and related wellbeing issues to local Mind organisations, as well as referrals to Citizen's Advice and where appropriate to Adults' Health and Care or the NHS. It also provides support, for example food or pharmacy deliveries for people who are vulnerable and need support to self-isolate.

Adults' Health and Care Recovery

11. The Department is now officially in Recovery with services at various stages of their recovery journey. To support the services to fully transition to recovery, a small number of Bronze sub-groups (including Staff Wellbeing) will be retained for a period. These sub-groups will move over to Recovery or business as usual governance within the next month. To support the Shadow Bronze structure referenced above, the Recovery Stop/Start models are in the process of being reviewed to factor in the requirements of the Action Cards. This exercise will ensure the department continues to have robust and achievable plans in place to allow a swift move back to Response if necessary.
12. With financial monitoring and planning more critical than ever to enable the Department's Recovery, our Transformation to 2019 and 2021 programmes have now fully resumed. Whilst transformation activity continued throughout the response phase, all savings projects have now been fully stood back up. Delivery plans and savings forecasts are being reviewed ahead of presentation to CMT in November and resumption of regular CMT reporting from January 2021.
13. The recovery of day services is another of the department's current priorities and continues at pace. As at the end of September, 75 older adults have returned to some form of day service provision, from a cohort of 240. A further 58 older adults are scheduled to return in the next couple of months. Whilst 7 centres have now reopened, we continue to work with providers to re-open 6 remaining centres. It is hoped more capacity can be available in due course, however, guidance on social distancing and staying safe will inevitably be a rate-limiting factor for some time yet. It is important to note that although people are returning to day services, many are not receiving the same levels of service as they did prior to COVID-19. Also, of note is that around 13% of older adults who were previously attending day services are not returning because their care needs have increased, and they are currently either in long-term placements or hospital.
14. Within the Younger Adults service there is a team of social workers, case workers and commissioning officers working with providers, service users and their families to co-ordinate the return of individuals to externally commissioned day services. To date over 50 services have re-opened with over 525 people having returned, albeit some on reduced numbers of sessions. All HCC Care day services for younger adults have re-opened with approximately 120 people having returned. Approximately 200 people who have not returned to a building-based service are receiving some form of online or outreach service. HCC Care respite services have also re-opened and there are plans in place for all those determined to be in highest need of respite (48 people) to have at least 1 week's respite by the end of November.
15. To support the day service provider market, arrangements have been agreed to continue paying them up to the full value of our commissioned packages until the end of December 2020, based on negotiation with the individual services. We have requested all providers consider their longer-

term viability based on reduced capacity and submit information to the County Council for consideration and to support strategic decision making.

Community Recovery and Outbreak Planning

16. A memorandum of understanding for COVID-19 outbreak control has been developed and signed-off by the County Council, its district and borough council partners and Hampshire CVS network. It covers the roles and responsibilities of all partners, in order to ensure the response to any future potential outbreak is as well planned and co-ordinated as possible.
17. Guidance materials focusing on what should be done in the event of someone testing positive for COVID-19 have been developed for people working in specific settings, such as care homes, day services, hostels for homeless people etc. These cover staff working in these settings, the people who live in or use these services as well as visitors to them.
18. Contingency plans are being developed with partners, including supermarkets, around food supply in the event of future lockdowns or requirements for vulnerable people to start shielding again. A particular focus is ensuring that those people who previously were in receipt of food parcels supplied by central government will have access to food supplies.
19. Local Authorities are supporting people with their mental health and wellbeing ("It's OK to not be OK") and financial hardship ("It's OK to ask for help"). This focus ties in with the widened remit of the Hampshire Coronavirus Help and Support Line to refer to local Mind organisations and Citizen's Advice.
20. The County Council is also developing a campaign to support older residents to become digitally enabled. It will aim to support them to get online in order to help reduce social isolation, be able to access resources designed to keep people healthy as well as being able to order food and other essentials online.
21. District Councils are supporting the new Government financial incentives for those on low incomes, who cannot work from home and need financial support to self-isolate.

Workforce Recovery and Lessons Learned

22. The Adults' Health and Care Staff Wellbeing Hub which was set up at the beginning of the COVID-19 emergency has been approved by DMT to continue throughout the winter period to March 2021. Owing to ongoing high demand for Learning and Development services and support, consideration is being given to how the Staff Wellbeing Hub will continue to be resourced.
23. The HCC Care Learning Review is ongoing and making good progress, with updates being provided to the HCC Care SMT and the Director in his capacity as Chair of the Care Governance Board. The Provider Market Learning Review has been completed and findings reported to the Care Governance Board. More broadly, learning lessons will continue to be undertaken at various levels to examine good practice, areas of learning and

the degree of compliance with national and local policy, guidance and directives.

Care sector impacts

60. As stated in the previous report received by this Committee the impacts upon families and staff caring for individuals in care home settings have been significant and the effects upon the care home sector have featured regularly in national news reports. Approximately 40% of care homes in Hampshire have seen positive cases of COVID-19, either for their residents or their staff. Currently, we have seen low numbers of individual cases and few outbreaks (two or more cases in an individual setting) in care settings across Hampshire. We are seeing improvements in the return of results from regular staff and resident testing, though delay and challenges remain.
61. Much information has begun to be available providing insights into the impacts on the sector and the potential causes of such a significant and virulent transmission within the care home sector nationally. At this point in time it remains the case that there is probably no single cause and effect, but clearly the devastating impacts of such a novel, new disease were not understood and mitigation measures not communicated at an international or national level until the consequences were being profoundly felt.
62. Overall, and in light of academic studies beginning to be published - in Hampshire, a total 3,312^[1] people have died in care home settings in the period between the week ending 28 February 2020 and the week ending 2 October 2020.
63. Of these deaths 472 people had COVID-19 recorded as the cause of death on their death certificate. Of this total number of 3,312 recorded care home deaths approximately 800 (including those with a cause of death identified as COVID-19) are considered to be excess, that is to say above the expected average number of deaths in the corresponding period over the previous 5 years.
64. In addition to the numbers of excess deaths providers of care homes and other social care support providers also saw other significant impacts upon their provision; staff absence through self-isolation, increased pressures and costs in securing PPE and other essential supplies, uncertainty over guidance being issued / followed, as well as a massive reduction in their income base where residents tragically died. These pressures have eased over the summer period, but are once again increasing. A recent survey by Hampshire Care Association reports that care providers saw a 22% increase in costs during May – July, despite some recovery overall resident numbers remain down by 7% in comparison to the same period last year and 92% of providers have concerns about the future viability of their business.

¹ These figures are taken from the most recent release from ONS which is available here; <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending2october2020>

65. In response to these pressures Hampshire County Council (and Hampshire Clinical Commissioning Group (CCG) Partnership) moved swiftly to increase payments on commissioned care values, where acting as the commissioner of a service. From an Adults' Health and Care perspective additional commissioned care payments to care homes and providers of domiciliary care amounted to an additional £16m. Unfortunately, it is no longer possible to maintain these additional payments.
66. Additionally and, in response to a requirement from the Secretary of State for Care a Care Home Support Plan covering a comprehensive series of key areas was rapidly developed through May 2020, working in partnership with Hampshire Care Association, Hampshire CCG Partnership and with the support of Healthwatch Hampshire and local Care Quality Commission (CQC) senior management. That action plan can be found [here](#).
67. The submission of the action plan and accompanying information has led to the work being undertaken on Infection Prevention and Control being identified as an exemplar nationally, we are working with Department of Health and Social Care officials to produce case studies of our approach as part of a national toolkit.
68. Some £18.4m of financial support was made available to Hampshire County Council by Government in two tranches (in late May and early July) to provide additional financial support to the whole of the care home sector. A return to Government on the use and outcomes of the funding was submitted at the end of September. On 1 October confirmation was received for a new round of Infection Prevention and Control grant funding, again to be received in two tranches in October and December. Hampshire has been allocated £15.6m in total and actions are underway to achieve payment of the first tranche of grant funding before the end of October. We are also working with NHS and care sector partners to confirm actions under the Social Care Winter Plan and also a market stability and resilience self-assessment, as required by the Department of Health and Social Care.
69. Issues which remain challenging are the national testing programme for residents and staff. Whilst we have seen some progress being made to ensure regular testing becoming available across the care sector we are still several weeks from being confident that this is universally in place. This is an issue, in light of the increasing rate of Covid-19 across the country, which is continuing to be very much under strain. Furthermore, despite a well orchestrated logistical plan being in place to ensure flu vaccinations can be delivered there is a challenge currently in terms of vaccine supply channels. These two issues, testing and seasonal flu, remain vital elements that need urgent national resolution as we head into what will inevitably be a very challenging winter. The programme in place regarding local outbreak measures, including testing will be covered within the Director of Public Health update.

Conclusion

70. The response to the COVID-19 pandemic across all aspects of our services and communities has been significant. The impacts of the pandemic have

been similarly significant and the consequences upon our communities and individuals profound. It will take some time for the full impacts of restrictions and the lockdown upon our communities to be known. Of course, the likelihood of seeing additional measures imposed across our communities has increased in other parts of the country in recent weeks and, may yet, be required in Hampshire.

71. The care home sector whilst mortally wounded by the devastating impacts of COVID-19 has proven itself to be resilient, compassionate and imaginative as it continues to provide high quality care to residents. The work that is being undertaken across Hampshire County Council, Hampshire CCG Partnership and Hampshire Care Association is an excellent example of the collaborative effort that will continue to be required in the short, medium and longer term. All parties are fully committed to the approaches that have been instituted and collectively we stand ready to ensure any and all measures to maintain resident care are adopted, sector wide.
72. Whilst there is still much further work to be undertaken as we steadily move forward learning and analysis continues to be undertaken, it is hoped this overview provides the Health and Adult Social Care Select Committee with a degree of assurance and confidence in the ongoing approach by Adults' Health and Care.

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

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.)

Document

Location

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 Individual Equalities Impact Assessments have not been completed.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	22 October 2020
Report Title:	Hampshire and Isle of Wight NHS Covid-19 Response Update
Report From:	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Summary and Purpose

1. Following the briefings provided in July and September 2020, the attached report (Appendix 1) provides an update from the Hampshire Clinical Commissioning Groups on NHS accelerating the return to near normal levels of non Covid health services; preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes; support for staff and action on inequalities and prevention.
2. Also attached is a statement from University Hospitals Southampton NHS Foundation Trust (Appendix 2) regarding the temporary closure of the New Forest Birth Centre due to covid related staffing issues.

Recommendations

3. That the Health and Adult Social Care Select Committee:
 - a) Note the system wide update
 - b) Note the temporary closure of the New Forest Birth Centre and request an update in January 2021.

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:	no

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Hampshire and Isle of Wight Covid-19 System Approach Overview	<u>Date</u> 14 September 2020
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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<u>Document</u>	<u>Location</u>
None	

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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:

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

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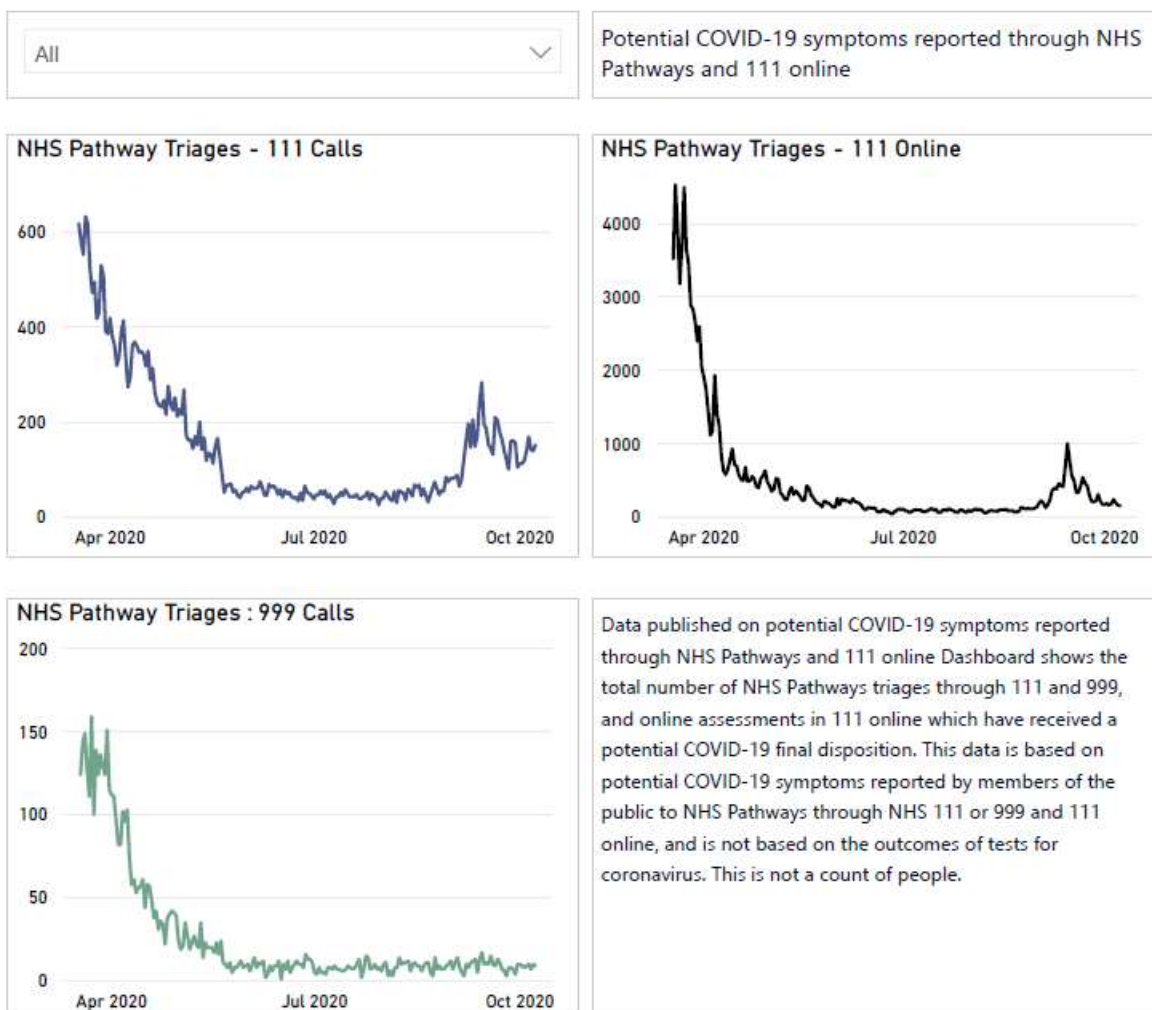
HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels October 2020

1. Introduction

Following the briefing provided in September 2020, this paper provides an update on the impact to date of the pandemic; the Hampshire and Isle of Wight progress of the Third Phase of the NHS Response to Covid-19; NHS England and NHS Improvement Commissioned Services; and work to seek the views of key stakeholders and local people.

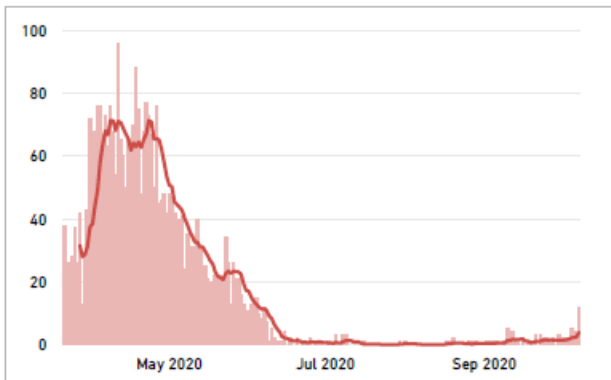
2. Impact of Covid-19 on Hampshire and the Isle of Wight

The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential Covid-19 symptoms.

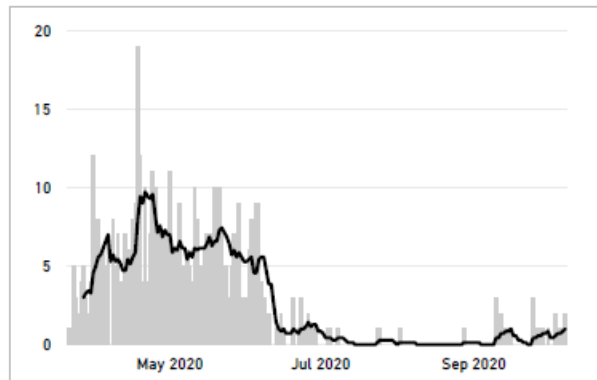


The following graphs show the number of inpatients diagnosed with Covid-19, the number admitted with Covid-19, the number admitted with suspected Covid-19 and the number of patients with Covid-19 discharged.

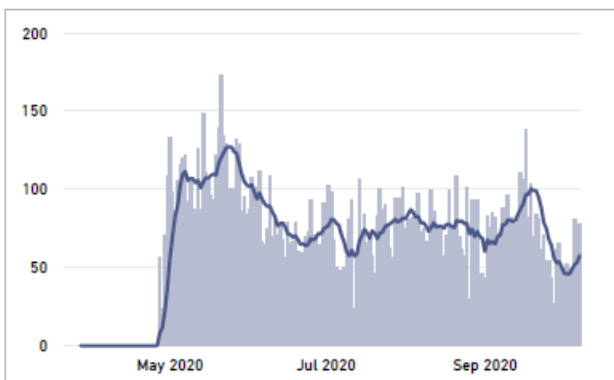
Inpatients Diagnosed with Covid-19



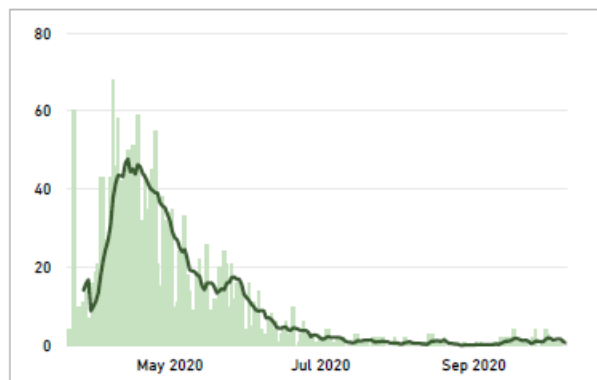
Patients Admitted with Covid-19



Patients Admitted with Suspected Covid-19



Covid-19 Discharges



Across HIOW staff sickness averaged 3.35% in August and 3.73% in September with 0.68% and 0.83% respectively related to Covid-19.

Staff Total	Absent		Covid Related	
25,900	5.1%	1331	1.3%	345



We have provided support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups. This support is being provided on an ongoing basis to support the impact on staff from responding to the incident.

3. HIOW NHS progress of the Third Phase of the NHS Response to Covid-19

In July 2020 Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, issued the Third Phase of NHS Response to Covid-19 guidance, which is available on NHS England's [website](#), setting out the following three priorities for the rest of 2020/21:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter:
 - Restore full operation of all cancer services
 - Recover the maximum elective activity possible between now and winter
 - Restore service delivery in primary care and community services
 - Expand and improve mental health services and services for people with learning disabilities and/or autism.
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally:
 - Continue to follow good Covid-related practice to enable patients to access services safely and protect staff
 - Prepare for winter.
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Our progress to date on meeting each of the three priorities includes:

A. Accelerating the return to near-normal levels of non-Covid health services

Restore full operation of all cancer services

- Two-week wait cancer referrals and treatment activity returning to pre-Covid-19 levels
- Cancer screening capacity being rapidly increased whilst taking into account Covid-19 infection control requirements with routine invitation letters being sent for bowel, breast and cervical screening.

Recover the maximum elective activity possible between now and winter

We have worked with the Trusts across HIOW to develop opportunities to restore inpatient/daycase activity to 87% by October, improving month on month to 93% by January. We have also made progress in reducing the number of people waiting over 52 weeks to be no more than 6,325 in March 2021. We are doing this by:

- Continuing to clinically validate waiting lists
- Contacting all patients whose care has been disrupted
- Reopening wards to support restoring theatre capacity
- Recruiting additional theatre staff and supporting shielding staff to return
- Reviewing session times, reducing on-the-day cancellations and late starts, and improving scheduling and pre-assessments
- Commissioning additional theatre capacity

- Increasing Advice and Guidance Services to support GPs when considering making a referral
- Restoring use of NHS commissioned capacity within the independent sector and exploring potential additional capacity.

In outpatients, we are on track to deliver 101% of baseline activity, including Advice and Guidance by October. We are doing this by:

- Restoring outpatient clinic space that was used by other services during the Covid-19 response
- Reducing the number of patients who do not attend (DNA) outpatient appointments
- Increasing productivity through the continued use of virtual and telephone appointments
- Restoring endoscopy to full capacity by reopening all units and extending working hours
- Restoring CT and MRI to full capacity by improving DNA rates, extending working hours and increasing productivity
- All provider Trusts using the e-Referral service with all being fully open to primary care referrals.

Restore service delivery in primary care and community services

- Primary Care restoring services to pre-Covid-19 levels
- Community services returning to pre-Covid-19 levels
- Developing a community care model with enhanced services to support people at home as clinically appropriate to reduce avoidable hospital admissions and increase supported hospital discharges.

Expand and improve mental health services and services for people with learning disabilities and/or autism

- 24/7 crisis lines continuing to be maintained
- Increasing access to Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT) to pre-Covid-19 levels and now focussing on tackling waiting lists and responding to Covid-19 demand
- Increasing perinatal mental health access
- Increasing the number of annual physical health checks undertaken for those with serious mental illness
- Increasing the number of annual health checks undertaken for those with learning disabilities
- Planning the replacement of our remaining mental health dormitory wards
- Restarting work to support GP practices to achieve Learning Disability friendly status.

B. Preparation for winter demand pressures

Approach to Winter/Covid-19 and EU Exit:

- Prevent the spread of infection. This will be achieved through a combination of the use of robust infection, prevention and control (IPC) measures and PPE when interacting with patients
- Maintain Place Based services for resident and GP registered population¹
- Sustain the maximum possible hospital capacity to meet the requirement for both Covid-19 patients and non-Covid-19 patients who require treatment

¹ Place of residence covers any setting for health and social care which is not hospital capacity. For example; people who are living at home and are in receipt of domiciliary care provision and/or district nursing; residents of residential homes; residents of nursing homes; other vulnerable cohorts of the population

- Maintain a primary care model of healthcare provision including an urgent response.

Key tasks are:

- Starting the annual flu vaccination programme with the expanded priority groups
- Developing local escalation plans with common thresholds for the implementation of pre-agreed actions
- Agreeing mutual aid plans and protocols
- Establishing virtual wards with remote monitoring to support avoidable hospital admissions and enable step down care
- Implementing 111 First across HIOW, building on the learning from Portsmouth and South East Hampshire
- Operationalising Community Urgent Response Teams across HIOW
- Community, primary care and social care providers continuing to work together to provide out of hospital services
- Implementing an approach to pro-actively target groups who are at risk of poor Covid-19 outcomes
- Each HIOW Trust developing and implementing plans to improve Emergency Department performance in preparation for winter
- Supporting primary care winter resilience by establishing dedicated 'hot sites' across HIOW where patients with suspected Covid-19 will be seen if clinically required.

C. Support for our staff and action on inequalities and prevention

Support for our staff

- Mapping the workforce capacity required to enable our acute recovery
- Trusts across HIOW regularly collaborate regarding their recruitment and incentive plans
- We continue to provide support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups
- The workforce across health and social care are fatigued. The implications of operating in extended periods in a Covid-19 environment should not be underestimated. The next six months is likely to be increasingly challenging for staff and leaders at all levels are focussed on ensuring staff are well rested.

Action on inequalities and prevention

All of the HIOW restoration and recovery programmes aim to have a positive equality impact by restoring services inclusively and addressing inequalities of access and outcome. We have undertaken analysis of data about needs, access and outcomes for those with protected characteristics. This analysis, along with feedback from patients, carers and equality groups, has identified which protected characteristics groups may potentially experience differential access, outcomes and/or patient experiences.

Each of our restoration and recovery workteams have undertaken high level equality impact assessments to identify gaps and actions to address inequalities and meet the needs of different protected groups across the HIOW system. Highlights of this work include:

- Building on the work provider Trusts do to routinely record demographic and other information to share this intelligence and agree further action priorities
- Developing ways to share examples of good practice across the area
- Establishing a HIOW Accessible Information Standard group to identify strengths and gaps and share examples of good practice across all providers

- Increasing use of online methods and pre-healthcheck questionnaires to ensure healthchecks for those with serious mental illness or learning disabilities are completed safely
- Improving access to cancer screening and the National Diabetes Prevention programme by ethnic minority communities
- Establishing a Prevention and Inequalities Board to co-ordinate and monitor evidence based interventions
- Setting up staff networks for employees from ethnic minority backgrounds, with disabilities, and LGBT+ across NHS organisations
- Completing Covid-19 risk assessments for all vulnerable staff
- Staff wellbeing measures established and routinely monitored
- The Wessex Cancer Alliance developing a plan to reduce inequity of access to cancer services which includes a public awareness campaign to increase confidence of local people to seek advice and access services.

4. NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commission a number of local services. Key updates on these are:

- **Pharmacy services**

Pharmacies remain busy providing essential services for patients whilst adhering to social distancing measures.

Whilst all pharmacies are open, some are operating to different hours to ensure they are able to catch up and to clean.

- **Dentistry services**

All dental practices in the South East providing NHS services are now able to provide face-to-face care.

Practices are providing different types of treatment though they are minimising treatment involving Aerosol Generating Procedures (AGPs) (such as fillings, root treatment, crown preparation, scale and polish) due to the ongoing risk this poses to the dental team and patients. Dependant on staffing and the infection control measures which practices have been able to put in place, some practices are not offering any treatment involving AGPs.

Practices are seeing fewer patients each day due to the time taken to clean between patients, this combined with a backlog of patients due to the period of time when all practices were closed, means that patients may have to wait longer to receive treatment. Practices are prioritising patients so that they see those first who need urgent treatment, or who are in the process of receiving a course of treatment which was paused during the lockdown period.

All practices continue to offer a telephone triage service for both their regular patients and other members of the public. During this they can provide advice, prescribe medication to relieve pain or treat infections and can make a clinical decision if they feel that the patient needs to be referred to one of the urgent care hubs if they are unable to carry out the necessary treatment at their own practice.

The initial remote stage, can also identify possible/confirmed Covid-19 cases (and household contacts), patients who are shielding, and patients at increased risk, to ensure

safe care in an appropriate setting. This stage also helps to prevent inappropriate attendance, support appointment planning and maintain social distancing and patient separation.

Additional Urgent Dental Care hubs have been put in place and there are now 69 in operation across the South East.

- **Optometry services**

High street optometry practices are now providing face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

5. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are:

- Continuing to work with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Analysing the themes from the results of a survey undertaken with the HIOW NHS Citizens Panel and the health questions in local authority citizens surveys which we will then engage on in more detail pan HIOW
- Developing further work to explore people's experience of being on our elective waiting list during the pandemic to understand how we can support them
- Working closely with Healthwatch to understand the views of our seldom heard communities
- Continuing to work with our local Primary Care Networks to support them to engage with local communities on the evolution of their services.

6. Recommendation

The Committee is asked to note this update briefing.

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Statement from University Hospital Southampton Foundation NHS Trust regarding the temporary closure of the New Forest Birth Centre

The decision to temporarily close the New Forest Birth Centre has been taken to ensure we can continue to provide the safest possible care for our families.

Having reviewed our current and projected staffing levels over the next few months, we have concluded that we would not be able to adequately staff the Centre.

The safety of our staff is also paramount and, owing to the COVID-19 pandemic, a number of our colleagues have been unable to return to their substantive roles, meaning fewer midwives and support staff are available.

As a result the decision, which will be reviewed regularly, has been taken to close the Centre until January 2021. There will then be a further review of staff levels to decide whether it can safely reopen.

Our staff have been informed and will transfer to the Princess Anne Hospital in Southampton and our home birth services.

Expectant mums who call the labour line will be able to discuss the options for Broadlands birth centre or labour ward at Princess Anne Hospital or opt for a home birth.

This change does not affect antenatal and post-natal services which will continue to run at the New Forest Birth Centre.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Health and Adult Social Care Select Committee
Date:	22 October 2020
Title:	Adult Safeguarding
Report From:	Director of Adults' Health and Care

Contact name: Sue Lee, Strategic Safeguarding Partnership Manager, Adults' Health and Care

Tel: 01962 845943

Email: susan.lee@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

Recommendations

2. That the Health and Adult Social Care Select Committee receives this annual update report related to adult safeguarding and notes it will be received by Cabinet on 24 November 2020.
3. That the Health and Adult Social Care Select Committee note the positive progress with regards to safeguarding adults in Hampshire and the commitment of a wide range of Adult Services officers in achieving this level of performance.
4. That the Health and Adult Social Care Select Committee note the developments and risks in relation to the remit of our local authority statutory duty to safeguard and keep vulnerable adults safe from abuse and/or neglect
5. That the Health and Adult Social Care Select Committee note the contribution of the Hampshire Safeguarding Adults Board in leading the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight, including the Hampshire Safeguarding Adults Board Annual Report for 2019/20.
6. That the Health and Adult Social Care Select Committee receive a further update on adult safeguarding in 12 months' time.

Executive Summary

7. Adult safeguarding is a core duty of every local authority and the term is used to describe all activity undertaken to prevent the abuse and neglect of adults with care and support needs, as well as the response to abuse or neglect

when it does occur. It therefore covers a spectrum of responses by a range of partners ranging from the prevention of abuse and/ or neglect through to criminal prosecution.

8. This report provides an overview of developments and actions undertaken by Adults' Health and Care and a range of partners in safeguarding the wellbeing and safety of vulnerable adults in Hampshire.
9. Of significant note is the introduction of a COVID 19 Assurance Framework to enable Hampshire Safeguarding Adults Board (HSAB) and safeguarding partners to closely monitor safeguarding activity and use this intelligence to support flexible partnership responses to meet needs. Data will be reviewed to understand safeguarding trends locally and re-prioritise the strategic plan accordingly in order to support services to respond to any changes in the nature and pattern of local safeguarding activity. Another important development is HSAB's lead role of in respect of safeguarding policy development across Hampshire, Southampton, Portsmouth and Isle of Wight.

Contextual information

10. There are several pieces of legislation covering adult safeguarding with the main statutory responsibilities for local authorities, Police and the NHS covered by the Care Act 2014 and subsequent statutory guidance.
11. Resources have recently been refocused to ensure dedicated leadership and the necessary expertise is applied to these specialist areas, distinct from the adult safeguarding responsibilities.
12. Although previously covered in this generic annual safeguarding report, PREVENT and domestic violence are now covered in separate reports due to the high level of risk and the specialist nature of the areas involved.

Hampshire Safeguarding Adults Board (HSAB)

13. The HSAB continues to be a well-established successful strategic board whose membership includes all key multi-agency partners. This year, the Board has agreed a different approach regarding chairing arrangements. The Director of Adults' Health and Care now chairs the Board. However, an Independent Scrutineer has recently been appointed to work alongside the Board and its member organisations to provide critical challenge and support. This role will commence in early October following the successful appointment of Jane Lawson – who has acted as a Safeguarding Board Chair to three different areas and led work on adult safeguarding nationally through a range of roles, including for the Local Government Association. The Independent Scrutineer will provide scrutiny and challenge to the HSAB and act as constructive critical friend ensuring that the Board continues to fulfil its core statutory responsibilities. The focus will be on gaining assurance around the Board's key strategic priorities and objectives. including:
 - Partner agencies working together effectively and collaboratively to prevent abuse and neglect where possible.

- Implementation of effective local safeguarding arrangements with agencies and individuals making timely and proportionate responses.
- Safeguarding practice is person centred and outcome-focused and it improves and enhances the quality of life of the adult.
- Safeguarding practice is continuously improving and reflective practice and learning from serious cases drives continuous improvement.

Safeguarding responsibilities and COVID 19

14. Duties and responsibilities relating to safeguarding adults have remained a statutory duty and Sections 42-45 of the Care Act 2014 that relate to safeguarding adults have not changed or been 'eased'. The local authority and HSAB have been required during the pandemic to offer the same level of safeguarding oversight but with an emphasis on proportionate responses and consideration given to the operational pressures providers and others are likely to be under.
15. The Care Act Easements guidance 2020 clarified that local authorities must continue to offer the same oversight and application of Care Act 2014 Section 42 duties as before, but that responses should be proportionate and mindful of pressures on social care providers.
16. Safeguarding concerns and risks have increased during the pandemic and so HSAB and partners across health and social care and other sectors are needing to continue to work to prevent and reduce the risk of harm to people with care and support needs, including those affected by COVID-19.
17. HSAB has introduced a COVID 19 Assurance Framework to enable the Board and partner agencies to closely monitor safeguarding activity and use this intelligence to support flexible partnership responses to meet needs. HSAB will be reviewing data to understand safeguarding trends locally and re-prioritise its strategic plan accordingly in order to continue to support services to respond to any changes in the nature and pattern of local safeguarding activity.
18. HSAB has continued to offer the same level of safeguarding oversight whilst recognising the increased operational pressures partner agencies have been responding to. Going forward, the focus will be to continue work to prevent and reduce the risk of harm to people with care and support needs.
19. A key priority for the Board will be to gain assurance from partner agencies about how any impact of COVID-19 on local safeguarding arrangements is being managed. The HSAB COVID 19 Assurance Framework will enable us to closely monitor the extent to which COVID 19 is impacting on people with needs for care and support and specifically, on the effectiveness of local safeguarding arrangements. This Framework is under constant review and regularly updated to take account of new and emerging challenges and issues.
20. During COVID 19, the HSAB has maintained 'business as usual' as far as possible during the pandemic but with a focus on working differently and flexibly in order to take account of the need to protect the wellbeing of staff and partners. The Board's business continuity plan included making a number of

adjustments to working arrangements to ensure effective partnership working and to maintain progress. Furthermore, the HSAB has commissioned a cross-Hampshire review into excess deaths and harms as a result of Covid-19. This a complex undertaking and will be reported in due course.

HSAB Annual Report

21. The Care Act sets out a duty for Safeguarding Adults Boards (SABs) to publish an Annual Report on their activities. These should be published as soon as feasible after the end of the financial year. The report should include information on the findings of Safeguarding Adults Reviews (SARs) completed during the financial year, and information about those which are ongoing at the year end. Given the pandemic and the significant increase in operational pressures faced by partner agencies it was agreed to defer publication of the annual report until September
22. The 2019-2020 Annual Report has been produced outlining the Board's progress and achievements against the published Strategic Plan. These priorities focus on the themes of awareness and engagement; prevention and early intervention; workforce development; quality assurance; learning and review and service user involvement including Making Safeguarding Personal. The annual report highlights the key themes the Board will be focusing on over the coming year under the strategic priorities described above as well as a continued focus on joint working and coordination. As can be seen significant progress has been made in spite of the unprecedented challenges facing partner agencies during the COVID-19 pandemic. The report also highlights the key areas the board will be focusing on during 2020/21. A copy of the report can be viewed here [HSAB Annual Report 2019-20](#) .

Safeguarding Policy and Guidance

23. Responsibility for the policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight. The Hampshire Safeguarding Adults Board continues to lead the policy development work on behalf of neighbouring Local Safeguarding Adults Boards (LSABs). The new 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance was published in July 2020 and is available on the HSAB website. Partner organisations have been requested to review their current standard operating procedures and training programmes to ensure these are in line with the new 4LSAB Multi-Agency Safeguarding Policy and Guidance.
24. Another key area of adult safeguarding guidance that has been developed is the new 4LSAB Safeguarding Concerns Guidance which is based on the national guidance published by ADASS and the Local Government Association (LGA) in June 2020. This provides a tool to support partner agency decision-making about what should be referred under formal safeguarding arrangements and clarifies alternative risk referral pathways where statutory safeguarding criteria are not met. It is anticipated that as the Guidance embeds in day to day practice this will help to reduce inappropriate safeguarding referrals.

25. Adults' Health and Care is currently reviewing and updating internal adult safeguarding policies and practice guidance to ensure these are in line with the new multi-agency Adult Safeguarding Policy and Guidance.

Cross boundary working

26. The 4LSABs continue to work together in order to align and coordinate as far as practicable adult safeguarding work across the area. A number of 4LSAB working groups are in place addressing areas of common interest and this approach has reduced unnecessary duplication and improved consistency of approach.
27. There has been effective joint working on policy development between the 4 local authorities in Hampshire and the Isle of Wight particularly where the guidance relates specifically to local authority decision making about whether or not statutory safeguarding duties are engaged. This approach has enabled key policy and guidance to be completed in an effective and timely fashion.
28. Joint work between the 4LSABs and the 4 Local Safeguarding Children Partnerships (4LSCPs) has rolled-out the joint Family Approach Protocol in 2018. This protocol was developed in response to findings from a range of reviews, HSAB and Hampshire Safeguarding Children Partnerships (HSCPs) have continued to deliver joint multi-agency training events on the Family Approach Protocol. A further area of common interest between HSAB and HSCP is the development of a joint 'Safeguarding in Transition Protocol' in response to learning from a recent Safeguarding Adult Review.

Safeguarding Adult Reviews

29. Under the Care Act 2014, the local safeguarding adults' board must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult in its area has not died, but the LSAB knows or suspects that the adult has experienced serious abuse or neglect. Duties and responsibilities to safeguarding adults remains a statutory duty and Section 44 of the Care Act 2014 relates to the need to conduct Safeguarding Adults Reviews have not changed or been 'eased'. Consequently, the Board has maintained activity regarding SARs, though new ways of conducting these have been adopted as a result of COVID-19.
30. The HSAB Learning and Review Subgroup will review all referrals and will determine whether the circumstances of the case engage SAR criteria and if yes, what type of 'review process will promote the most effective learning and improvement action to prevent future deaths or serious harm occurring again. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults.
31. SAR referrals are decided upon against agreed criteria which include:
- the concerns relate to a person with needs of care and support – whether or

not in receipt of services at the time of death or injury

- there is information to indicate causal link between the death and abuse, neglect or acts of omission.
- There is concern about the way partners worked together to safeguard the adult.
- The concerns relate to systemic failings relating to multiple organisations and there is potential to identify learning to improve the local safeguarding system, multi-agency practice and partnership working.

32. The purpose of the SAR is to establish whether there are any lessons to be learnt from the circumstances of a particular case and the way in which local professionals and agencies worked together to safeguard the adult at risk. The SAR brings together and analyses findings from investigations carried out by individual agencies and provides a detailed overview of the interfaces involved in the case, in order to make recommendations for improving future practice, where this is necessary.

33. Over the past year, HSAB has received 15 referrals for a SAR representing a 50% increase in referrals, compared to the previous year and of these 3 cases progressed to a review (2 of which have been completed and 1 is in progress). The issues raised in the referrals include concerns about self-neglect and hoarding, self-harm, substance misuse, homelessness, mental health in transition, financial, sexual and physical abuse, poor care and treatment including medication errors, misdiagnosis, unsafe hospital discharge. Since April 2020 to date, HSAB has received a total of 7 SAR referrals which means despite the significant challenges presented by COVID-19 and heightened operational pressures experienced by partners, the SAR referral rate remains stable and in line with expected volume. The majority of referrals do not progress to a review because they do not meet the criteria outlined in paragraph 31. However, in such cases other learning exercises, either at an individual organisational or multi-agency level are undertaken.

34. During the period covered by this report the HSAB has also completed and published 2 reviews commissioned the previous year (Ms D and Ms E). In January 2019, the HSAB commissioned a SAR to review the circumstances of Ms D's case and her support and during transition from Children's to Adults' Health and Care. A further SAR was undertaken during 2019/20 regarding Ms E who died in hospital following a poor end of life experience in the months prior to her death. Both SARs were undertaken with the full involvement of the families involved. The final report and learning summary for both reviews have been published on the HSAB website and a multi-agency action plan for each review addressing the learning highlighted have now been implemented.

35. Given the current challenges presented by COVID-19, the Board is exploring alternative approaches for conducting reviews to ensure it is able to fulfil its statutory responsibilities in this regard but that these are carried out in a proportionate yet effective way. In 2020/21, the Board will be piloting the SCIE 'Rapid Time SAR' approach which enables reviews to be completed in a very

short timescale. It will also be adding virtual 'learning into practice' events to its training offer.

Learning and development

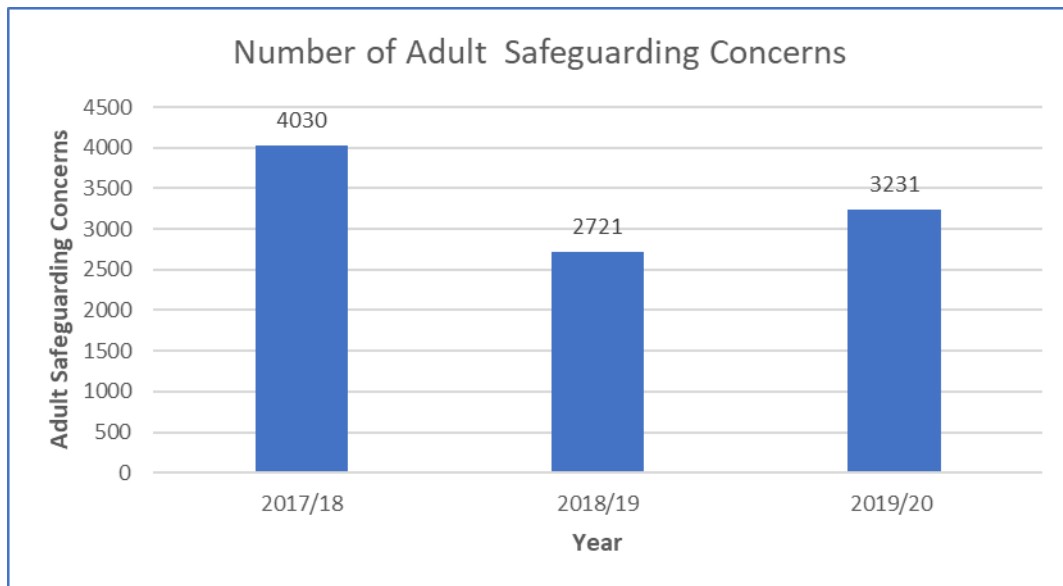
36. HSAB has continued to provide a fully funded multi-agency training programme of which the content is linked to our strategic priorities. These training events continue to be very popular with all multi-agency partners and has involved nearly 700 professionals representing a wide cross section of agencies and sectors. Over the past year, 16 half day training workshops have been held linked to the Board's strategic priorities.
37. Due to the restrictions arising from COVID 19, HSAB has been unable to implement a training programme in the first two quarters of 2020. However, a virtual training strategy has been developed to enable the training programme to resume from October 2020 onwards. This will focus on the roll out of the new 4LSAB Safeguarding Adults' Policy (2020) and the 4LSAB Safeguarding Concerns Guidance (2020) as well as well other topics linked to HSAB priorities including, Family Approach, Making Safeguarding Personal, Multi-Agency Risk Management Framework and Financial Abuse, Fraud and Scams. Virtual training packages (departmental and HSAB) will need to be developed to ensure that staff are able to access training during social distancing and periods of lockdown.
38. Adults' Health and Care Learning and Development Team offers a comprehensive safeguarding training programme. This has been reviewed and updated to take account of the new Multi-Agency Safeguarding Adults' Policy and Guidance. The Adults' Health and Care training programme was suspended during the peak of the pandemic however, this resumed at the beginning of September delivered on a virtual basis.

Safeguarding Activity

39. Over the last few years Adults' Health and Care have continued to make improvements to the capture and reporting of safeguarding information supported by the introduction of a Safeguarding Dashboard. As a result of these changes it is not possible to directly compare activity between years.
40. The vast majority of safeguarding concerns are now directed to the Adult Multi-Agency Safeguarding Hub (MASH) where staff review them in relation to the action required, consider multi-agency information sharing and proportionality. This enables the services to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.
41. The nature of concerns reported to Adults' Health and Care are often on a continuum of poor-quality care through to extremely serious abuse. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.
42. MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker and advise on appropriate action.

43. An overview of recent annual referral numbers is shown in Table 1 below.

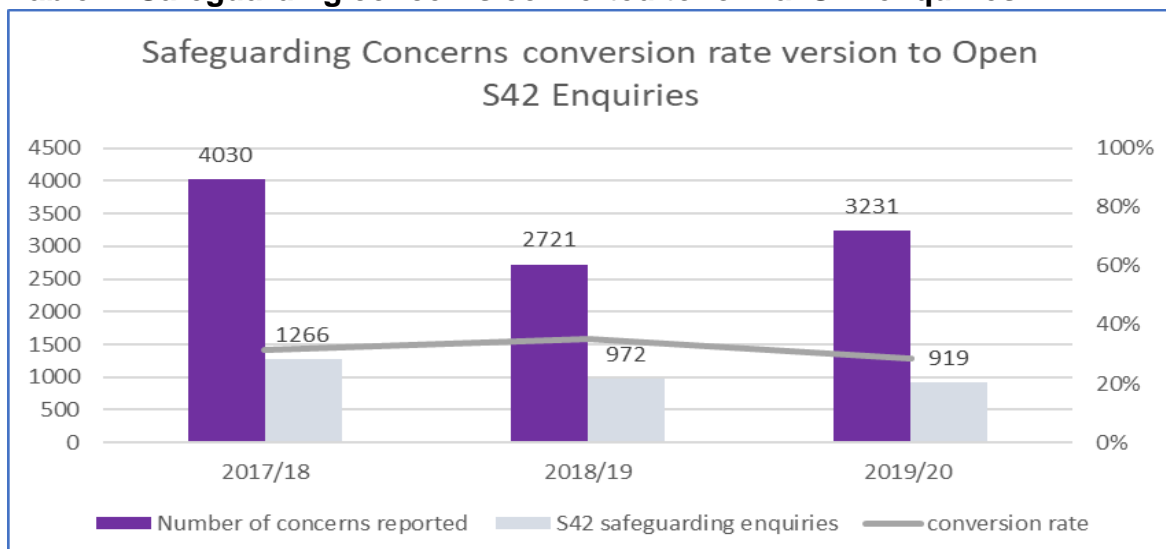
Table 1: Annual safeguarding concerns raised



44. As can be seen in **Table 1** there was an increase of adult safeguarding concerns of 19% (510 additional concerns) recorded in 2019/20 across the whole year compared to the previous reporting period. There was not a significant increase in concerns during February and March as the impacts of the pandemic began to be felt. However, a significant increase in open concerns has occurred during the first half of the current year. This reflects a variety of factors including the changes to the way in which providers are monitored on the quality of their provision, the more pro-active approach being undertaken in safeguarding adults' and the work to support partner agencies with regard to determining a safeguarding concern.

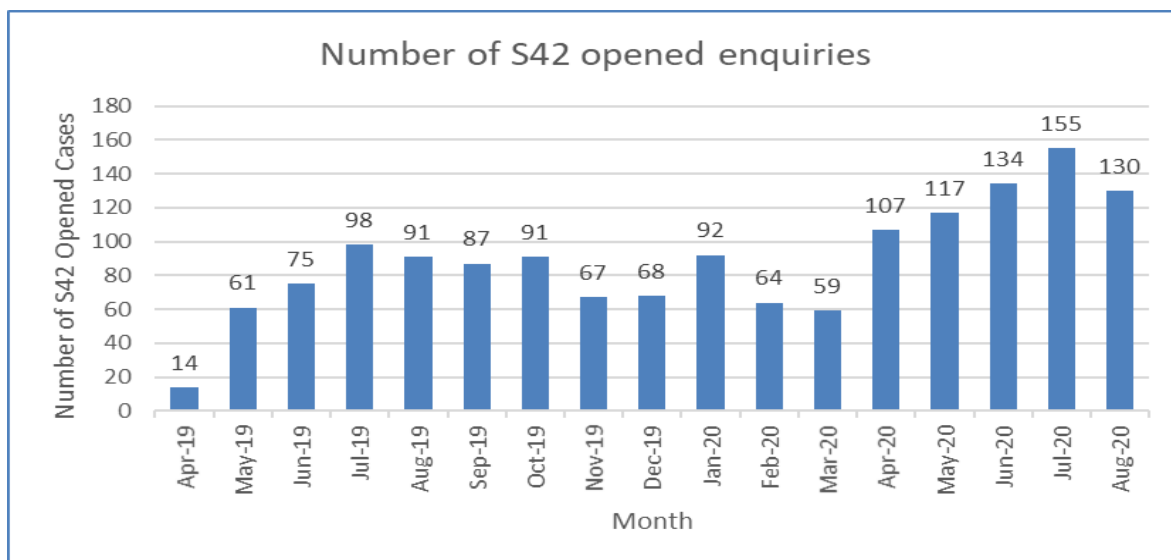
45. As shown on **Table 2**, there were 28% (919) safeguarding concerns in 2019/20 which converted to become formal safeguarding enquiries. This showed a slight decrease compared to the previous year which was 35% (972) in 2018/19.

Table 2: Safeguarding concerns converted to formal S42 enquiries



46. Table 3, below, shows the month on month number of open S42 enquiries over a 17 month period. As can be seen a significant increase has been experienced since April 2020, in comparison to April 2019. This inevitably relates to concerns during the period when Covid-19 began to be significantly experienced.

Table 3: Number of Section 42 opened enquiries



Client Affairs Service

- 47. The Client Affairs Service (CAS) operates to manage the property and financial affairs for people who lack the mental capacity to do this for themselves. People supported by the team have no family willing or deemed suitable to do this on their behalf.
- 48. This is a growing area for the County Council as the contract to provide the service for Southampton City Council was extended to include all their deputyship, not just the higher value cases. This ‘sold’ service has developed further due to previous agreements with Guernsey and with the Clinical Commissioning Groups (CCGs).
- 49. During the pandemic, CAS have been able to continue paying their 1000 clients bills, purchasing them the items they require, and ensuring their financial wellbeing, with all CAS staff now working from home 80% of their time.
- 50. The Service Manager for the Deprivation of Liberty Safeguards (DoLS) and Client Affairs service is currently in her third year as Chair of the National Association of Public Authority Deputies (APAD). In this role she has lead on ensuring the national APAD training can be delivered remotely, assisted with developing webinars and APAD website, liaised with the Court of Protection and Office of the Public Guardian on best deputyship practice for public authorities across England and Wales.

51. A recent audit of the Client Affairs Service identified positive controls regarding safeguarding of clients' assets and good management processes, positive fraud awareness, with security of transactions reinforcing the overall view of this as a safe service.

Key Priorities

52. A focus on COVID-19 assurance, recovery and learning is a key priority. As part of its assurance role, the HSAB will be actively monitoring the volume of safeguarding concerns raised in order to identify patterns and trends in the nature of these. There will be a focus on gaining understanding of key vulnerability factors and risks being experienced during the pandemic impacting on wellbeing and safety of individuals including:

- Presentation of more complex care and support needs and/or safeguarding concerns requiring a higher level of support or intervention due to delays in seeking help.
- In terms of criminal activity, the pandemic has been seen as an opportunity by some criminals to exploit vulnerable people. Financial scams have increased and there has been a noted increase in scams relating to the pandemic. In response, HSAB has established a multi-agency working group bringing together professionals from a wide of agencies to develop joint guidance about protecting oneself from fraud, cybercrime and scams.
- Isolation both for people living in care homes and in their own homes which can increase the risk of abuse occurring and reduce the likelihood it will be reported and dealt with.
- Reduced contact with adults with care and support needs as a result of services such as day services or lunch clubs, closing to protect people from transmission of the virus and also to focus resources where they are most needed. These service disruptions may be unsettling and confusing due to changes in routine and to be more socially isolated with fewer daily contacts.
- Additional pressures on carers or family members as supports such as day services, respite services and lunch clubs are closed. Carers and family members may find themselves having to spend longer periods providing support without adequate breaks and assistance. This can cause stress and tensions that put additional strain on the caring relationship.
- Further work around COVID-19 related deaths will be undertaken by Adults' Health and Care to understand the progression of the virus across all our care settings. Regarding learning disability specifically, the national Learning Disability Deaths Review Programme (LeDeR) has been incorporated into the work programme of the HSAB Learning and Review Subgroup in order to maintain clear oversight of deaths relating to adults with a learning disability. Review activity around safe hospital discharge during the pandemic will also be undertaken.
- Nationally, there has been a significant increase in deaths involving adults with a learning disability. [From 10 April to 15 May, the Care Quality Commission received notifications of the deaths of 386 people](#) Figures also

show that people with learning disabilities were dying from COVID-19 at a much younger age than the wider population. While 89% of people to have died from suspected Covid-19 up to May 22 this year were aged 65 or over, deaths from the disease were highest among people with learning disabilities aged 55-64, who accounted for a third of COVID-19 deaths in the Care Quality Commission (CQC) figures.

- Ensuring access routes to services are accessible given the current emphasis on digital access and the potential barriers this may pose to some sections of the population including older people, those with sensory loss, dementia or other vulnerabilities.
53. Another key priority is to manage the demand as effectively as possible and address the opportunity for closer joint working system wide. This includes further developing responses between Children's Services and Adults' Health and Care regarding common areas, such as through embedding the Family Approach Protocol and the 4LSAB Safeguarding Concerns Guidance.
 54. There will need to be an increased focus on prevention and early intervention. A key aim in this regard has been to integrate safeguarding and the prevention and intervention agenda across the continuum from the procurement of services through to delivery. This agenda is both promoted and supported by the 4LSAB Multi-Agency Risk Management Framework (MARM) and a key area of focus is to work to embed this approach across a range of activity including high intensity service users, complex hospital discharge, homelessness, safeguarding in transition, etc.
 55. In 2021, Adults' Health and Care will make the transition to a new client record system called Care Director to replace AIS. The safeguarding module is currently in the design phase and once implemented, the new module will enhance reporting and analysis of safeguarding activity.
 56. The HSAB Strategic Plan is due to be reviewed and refreshed in Q1 of 2021. This process will be informed by a Stakeholder Survey and feedback from stakeholder events across the county.
 57. There are a number of partnership areas of safeguarding work where review activity will take place including domestic abuse MARAC arrangements, safeguarding people experiencing homelessness and safeguarding during transition.

Risk Issues

Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS)

58. The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived in order to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty as a result of care arrangements in place. These arrangements are

necessary to ensure that no-one is deprived of their liberty without independent scrutiny.

59. As has been reported previously, as a result of a Supreme Court judgement in 2014 the number of people eligible for DoLS was extended considerably.
60. Now that the Department for Health and Social Care (DHSC) have confirmed Liberty Protection Safeguards are postponed until April 2022, the pan Hampshire implementation plan is delayed.
61. Through the global pandemic, the response to DoLS had to be reduced to critical (March through to July 2020), although referral rates only reduced by about 20%. The DoLS qualified staff have adjusted to undertaking remote assessments in accordance with advice shared by the Court of Protection and DHSC, and the central DOLS team are back up to speed, assessing and authorising DoLS where identified.
62. The DoLS service is developing and leading the broader workforce with best social care practice in relation to assessing capacity and promoting human rights for the people of Hampshire.

Deprivation of Liberty (DoL)

63. For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances' applications are made to the Court of Protection. The greatest area of risk is our learning disability services and considerable delays are being experienced currently with applications referred to the Court of Protection subject to further delays due to the pandemic and increased demand.

Making Safeguarding Personal

64. All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. A recording tool has been developed to capture a service user's experience of Making Safeguarding Personal during the safeguarding process. HSAB has Making Safeguarding Personal as one of its strategic priorities and this area is under Board scrutiny, as well as the application of the Mental Capacity Act 2005.

Gosport War Memorial Inquiry

65. The Gosport War Memorial Hospital (GWMH) Inquiry Report was an in-depth analysis of the Gosport Independent Panel's findings. The report revealed that at Gosport War Memorial Hospital the lives of a large number of patients were shortened by the prescribing and administering of "dangerous doses" of a hazardous combination of medication not clinically indicated or justified. An Oversight and Assurance Board was established which included membership of Adults' Health and Care. This Board was a time limited Board with HSAB maintaining a scrutiny role to oversee the response to the Inquiry Report and to gain assurance that lessons are being implemented across the relevant

agencies involved. Going forward, the lead coordinating responsibility will rest with the STP Quality Board. There is an on-going police investigation led by Essex and Kent Constabularies into the historic issues at GWMH of which we are awaiting the outcome.

Finance

66. Adult safeguarding is core work for our front door services and for every team. It is therefore embedded in all service provision as a core duty of the department and as a result it is not possible to provide a total cost for carrying out safeguarding work within the Department.
67. The DoLS budget has been increased to £1.3million in order to support the demands being made upon the service. The department will continue to successfully operate within this budget. However, it is important to underline that we are continuing to use a risk-based approach to manage this area of activity, despite the increases in the budget made available the size of the demand in this area is being actively managed, rather than reduced.
68. In line with a national formula the HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups 26% and the Police 11%. The total HSAB budget in 2019/20 was £137,750.
69. The HSAB executive group has highlighted a concern that current funding arrangements only cover essential running costs and so there is minimal capacity to fund a wider programme of activities to help drive forward the Board's strategic priorities and business plan. The executive group has highlighted the need for work to be undertaken to consider resources to support the future coordination and delivery of the Board's work programme.. A particular pressure in the last year has been the significant increase in SAR referrals and activity. As an interim measure it has been agreed to use existing, available resources to recruit interim capacity to relieve current pressures. A review will be undertaken to consider organisational contributions to the HSAB funding in order to develop a longer term, sustainable solution.

Future Direction

70. The focus of the work over the coming months will be to:
 - Activities relating to COVID-19 assurance, recovery and learning.
 - Implementation of the new 4LSAB Safeguarding Policy Framework.
 - Ensuring Making Safeguarding Personal practice continues to improve
 - Review and refresh the HSAB Strategic Plan.
 - Increased focus on prevention and early intervention and develop use of the multi-agency risk management process across a range of services.

Conclusion

71. The approach to adult safeguarding in Hampshire continues to be well understood and co-ordinated via strong partnership arrangements across the 4 local authority areas and with all partners.
72. Within Adults' Health and Care the work is overseen by a senior officer reporting to the Principal Social Worker to provide assurance safeguarding responsibilities are being met. The Independent Scrutineer role will provide an opportunity to strengthen scrutiny and assurance around the effectiveness of local safeguarding adults' arrangements.
73. Further develop the collaborative arrangements across the wider safeguarding partnership and it is hoped will result in a strengthened executive arrangement across Hampshire and Isle of Wight.

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>
Care Act	2014

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:

The multi-agency policy, guidance and toolkit has its own equality impact assessment. The local authority approach to safeguarding is applicable across all communities. This is an annual report, so no individual Equalities Impact Assessment has been undertaken.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	22 October 2020
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

1. To consider the Committee's forthcoming work programme.

Recommendation

2. That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
<p>Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service. (SC) = Agreed to be a substantial change by the HASC.</p>									
<p>Andover Hospital Minor Injuries Unit</p>	<p>Temporary variation of opening hours due to staff absence and vacancies.</p>	<p>Living Well Healthier Communities</p>	<p>Hampshire Hospitals NHS FT and West CCG</p>	<p>Last update Sept 2020 (invite West CCG to joint present with HHFT). Next update due Spring 2021</p>				<p>x</p>	
<p>North and Mid Hampshire Clinical Services Review (SC)</p>	<p>Management of change and emerging pattern of services across sites.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>HHFT / West Hants CCG / North Hants CCG / NHS England</p>	<p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.</p>	<p>If any changes proposed, HASC to receive an update.</p>				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.		X ?			
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update March 2020. Further update timing tbc					
Mental Health Crisis Teams	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 of 9-12 month project delay. Update when work is resumed. (checked Oct 2020 no update)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update Sept 2020. Next update due Spring 2021				x	
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update Sept 2020. Next update due Spring 2021 tbc				x	
Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Sept 2020. Next update Jan 2021			X (w)		
Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling	Starting Well Living Well Ageing Well	HH FT and Hampshire CCGs	Presented July 2020. Next update due Nov 2020. Possible need for joint committee with neighbour		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
	five-year programme of investment in health infrastructure.	Healthier Communities Dying Well		authorities					
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. Next update due Nov 2020		x			
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. Updates on hold during pandemic (unless priority due to new report or poor outcome)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
				<p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report and update March 2020.</p> <p>HHFT latest report April 2020 received Sept 2020.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 at Sept 2019 and written response to concerns/queries.			x		
Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019, with pre-scrutiny of EM Decision due later (tbc)			x		
Working Groups									
Sustainability and Transformation Partnership Working Group	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	Will meet as needed going forwards.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Nov 2019. Timing 2020 best for Oct meeting. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report, last received March 2020)	x				
Public Health Updates	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny Jan 2019. Hampshire Suicide					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
				audit and prevention strategy provided July 2019.					
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update expected, timing tbc. Potentially Jan or March 2021.			X?		
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Adults' Health and Care Response and Recovery	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	
Hampshire and Isle of Wight Covid-19 NHS System Approach Overview	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	22 Oct 2020	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc
Care Home Support Offer and Update	To receive an overview of the care home and care sector position and an update on the Care Home Support Plan.	Living Well Ageing Well Healthier Communities Dying Well	HCC Adults' Health and Care	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	

* Work program to be prioritized and updated accordingly to note items that can be written updates only.

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:	No

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.)

Document

Location

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:

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.