

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	14 September 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. This report provides an update on the COVID-19 response and support provided across the county of Hampshire by Adults' Health and Care, working with all key partners. The three main areas explored in the report are:
 - the support that has been provided to vulnerable residents and people supported by adult social care services during the pandemic,
 - the moves toward recovery of our services and usual support services, and
 - an update on the impacts and the work being undertaken to support the whole care home sector across Hampshire.
2. This report is intended to supplement the update provided to the Health and Adult Social Care Select Committee by the Director of Adults' Health and Care on 6 July 2020.

Recommendations

3. 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.
4. 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.
5. 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.
6. 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.

Executive Summary

7. This report outlines the extensive work undertaken in Hampshire throughout the COVID-19 pandemic by providing details of the response by Adults' Health and Care and the different organisations who have come together, working with us, to meet the needs of people in Hampshire, particularly the most vulnerable. An update is also provided on the work being undertaken with the care home sector, in response to the impacts experienced, both from excess deaths and wider business continuity issues, through to the remarkable and resilient recovery the sector is valiantly undertaking.
8. Measures that have been identified and are being taken to support the recovery of a range of directly delivered services across Adults' Health and Care as the current response phase to the pandemic subsides are also included.
9. The approach to partnership working across Hampshire around the wider community recovery as well as the planning for outbreak control are also outlined within this report.

Contextual information

10. The coronavirus pandemic has had a pervasive impact on all aspects of life across all our communities and upon the Adult Social Care sector. The impact of the illness has caused significant distress for a larger proportion of the population than was known to Adults' Health and Care before the crisis; including those deemed to be at higher risk and vulnerable to COVID-19 impacts through a range of clinical and other reasons.
11. New demands on the existing health and social care system have been experienced and have led to unprecedented challenges. For example, increasing requirements around swift hospital discharge with a need for the creation of extra capacity in 'out of hospital' settings to enable anticipated acute hospital capacity to be available. In many situations this has increased complexity of need which services have had to manage.
12. Necessary requirements around social distancing have led to social isolation and this is especially challenging for those with dementia, learning disabilities, mental health problems or autism and is also very difficult for their carers. Some services, such as day services, had to be stopped in their original form to comply with social distancing, although many are starting to re-open albeit with significantly reduced capacity. Significant stress and family distress has been experienced by many individuals and families. It is important to recognise these consequences and also to pay tribute to the many organisations and individuals who have sought to maintain support, in the most challenging of circumstances.
13. Adults' Health and Care have operated in response to COVID-19 on a number of levels; service specific responses within our usual operating frameworks to meet the requisite adult social services duties, working with

NHS partners to ensure sufficient 'surge' capacity was created and supported in the event of reasonable 'worst case' scenario planning for "wave 1" of the COVID-19 pandemic, creating a broad 'welfare' response across the county of Hampshire with district / borough councils and the voluntary / community sector, providing support to the whole of the regulated care sector at a Hampshire County Council level, operating and leading elements of response as part of the COVID-19 response and now, stabilising and recovering service provision.

Aspects of the Response phase

Adults' Health and Care departmental response

14. Adults' Health and Care, along with all other Hampshire County Council departments, moved quickly to ensure continuity and safety of its services and support to the circa 20,000 people receiving social care support in Hampshire.
15. An internal 'Bronze' operational response structure was established within the department to manage and oversee all aspects of our response to the pandemic. This reported to the departmental management team and linked with Hampshire County Council's Silver and Gold operational command structure and, where necessary, operated with partners across local and national government and the health and social care economy.
16. Usual Adult Social Care services were adapted in light of the social-distancing and lockdown across all activities. This saw the cessation of many services in their usual form, ranging from the suspension of day services and respite services, ensuring our 'front door' services such as the Contact, Assessment and Resolution Team (CART) could operate remotely (whilst maintaining full service coverage), through to establishing new ways of supporting people discharged from hospital settings.
17. It is also vitally important to confirm that all usual services that safeguard individuals have been maintained during our COVID-19 response, safeguarding, mental capacity and mental health assessments, as well as deprivation of liberty safeguards. We have continued to work relentlessly with Police and other partners regarding domestic abuse and other key service areas. Arrangements have also been put in place to monitor our compliance with our 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 has put upon all our staff and those of our responding partner agencies.

Welfare response across Hampshire to vulnerable / shielded residents

18. The Director of Adults' Health and Care chaired the welfare response for Hampshire and the Isle of Wight Local Resilience Forum (LRF), supporting and co-ordinating work across all local authorities, the voluntary and community sector, faith communities and wider statutory partners (Hampshire Constabulary, Hampshire Fire and Rescue, NHS partners, etc). The LRF has the role to co-ordinate responses, disseminate learning, escalate issues and provide mutual aid in responding to civil emergencies: this has been a particular high risk area throughout the COVID-19 pandemic given the need to protect the most vulnerable and support them through shielding and maintaining essential safety in a variety of settings.
19. A welfare team was formed in March 2020 from Adults' Health and Care staff, as well as officers from across the County Council. Colleagues took on additional roles and extended 'normal' weekly working from five to seven days in order to make welfare calls and respond to requests being received. This team was stepped down at the end of July in line with the national government decision to pause shielding (see sections 40-47).
20. As part of the Hampshire County Council area response, a Helpline called Hantshelp4vulnerable was established and widely advertised where call advisers triage contacts from vulnerable people who are seeking help. Callers were:
 - provided with information and signposting including, where appropriate, to the NHS;
 - referred to Local Response Centres (LRCs), operated by each of the district and borough councils, where they were connected to local support, usually provided by an army of well-organised and well-supported volunteers, to access food, prescription collection and other forms of support;
 - referred to the County Council's Adults' Health and Care Welfare Team where more complex or urgent needs and personal care requirements were identified.
21. Contact with those residents who were shielding has been via email, SMS, phone and face to face visits. Since the end of March over 32,000 calls have been made or received by the Hantshelp4vulnerable phone line.
22. Hantshelp4vulnerable call line and our Adults' Health and Care welfare team. Other people identified as needing to shield have registered with the national programme and have either identified no support required or accessed specific support issues available through the national shielding programme; food deliveries, medication collections, etc. The number of shielded residents not directly requiring any support or support provided by Hampshire County Council and our partners was approximately 30,000.
23. The Hantshelp4vulnerable phone line became an invaluable asset as a result of an extensive media campaign. This has enabled Hampshire County Council to reach beyond the Clinically Extremely Vulnerable and Clinically Vulnerable group and into the broader vulnerable population. There have been 6,106 referrals to district / borough council run LRCs for support, as

well as several hundred referrals to Citizens Advice for information. This has been alongside 7,000 Hampshire residents who have received central government food parcels. It should be noted some people have been in receipt of support through both schemes, given some of the inadequacies and limitations of the national shielding programme offer.

23. As a result of the referrals and work we have undertaken through the Hantshelp4vulnerable arrangements we have seen 71 new support plans funded by Adults' Health and Care, people with previously unidentified eligible social care needs.
24. Adults' Health and Care proactively made contact with the 7,000 people receiving central government food parcels as part of a "Get Going Again" strategy started at the beginning of July. This was a piece of proactive work designed to move people, without specific social care needs back to more independent arrangements for food and medication and to arrange continued volunteer support where required. Only 27 people so far have required additional support to their existing arrangements. This underlines the quality of support provided through 'lockdown' and the importance of the "Get Going Again" campaign.
25. The Department has received very positive feedback on the welfare response from Hampshire residents throughout the duration of COVID-19. The public have not only been grateful for direct support from volunteers with food, medication, befriending, emotional wellbeing and financial hardship support but also, for the welfare checks themselves. For example; "Mr X has been isolating for three months due to a cancer diagnosis. He says he hasn't laughed in all that time and my call gave him someone to laugh with. Mr X is feeling unmotivated and isolated and he was really grateful to talk about goal setting and being referred to the check and chat service" and "Thanked us all for caring and for our empathy, it is much appreciated and most helpful".

Role of the Borough and District Councils and Local Response Centres

26. There are 11 Borough and District Councils across Hampshire. Each of these councils set up LRCs which brought together local council and voluntary sector professionals (via local Council for Voluntary Services organisations) with volunteers to co-ordinate support at a neighbourhood level. They have been working closely with local supermarkets and charities, including foodbanks as well as with parish and town councils.
27. Borough and District Councils, along with the CVS (Council for Voluntary Services) organisations, have been able to use their extensive local community contacts and knowledge to ensure that the response within local communities has been as effective as possible.
28. A scaled-down LRC and CVS structure will be retained alongside the Hantshelp4vulnerable arrangements until the end of March 2021. It is an aspect of our collective continuity planning that these response structures could be stood up again, if required in the future.

Role of the Voluntary Sector and volunteer capacity

29. Hampshire CVS Network is an alliance of nine charity infrastructure organisations who work together to help Hampshire's charities, community groups and social enterprises to succeed and flourish. During the pandemic it has played a significant role in co-ordinating the response of the voluntary sector to help mitigate the impacts of the pandemic on local communities as well as providing support for voluntary organisations.
30. Hampshire saw a significant response in terms of people volunteering to help their local communities during this time. Around 4,000 volunteers signed up to new and existing frontline projects supporting vulnerable people across Hampshire. This meant that on some occasions there were more volunteers available than work for them to do. It has also meant that there was less of a pull on the NHS volunteers that were recruited by central government. It is important to recognise and thank the tireless work of voluntary sector partners and volunteers, perhaps this more than anything else underlines the uniqueness of community spirit and cohesion that exists across our communities.
31. The County Council's Insight and Engagement Unit has recently carried out a study around volunteering in Hampshire, designed to inform and support the recovery phase of COVID-19 and maximise the availability and skill sets of volunteers. A multi-agency working group focused on volunteers and volunteering has been established as part of the wider community recovery programme. Much of its initial focus will be on responding to the key issues highlighted by the survey, encouraging people returning to volunteering to do so safely and retaining those who had volunteered for the first time. Some of the key findings of the study were:
 - Many younger people had got involved for the first time bringing new skills (eg. IT) however, they had different and changing demands on their time so needed more flexible opportunities
 - There were time-limited opportunities for some e.g. children returning to school
 - There was a need to avoid the view that the crisis was over; many people needing continued support were now less supported and at risk of being adversely affected by the lockdown experience
 - Some of the pop-up organisations were stepping back and people needed to be offered attractive local alternatives to remain active in volunteering
 - A locally organised experience is preferable to signing up to a national or county-wide scheme and messaging from all points of enquiry should direct people accordingly, this underlines the importance of place
 - There is a need to thank and celebrate volunteers
 - There is a need to communicate clearly where more volunteers are needed.

Food Supply

32. One of the key priorities for the welfare response in Hampshire was to ensure that those people who were isolating or shielding had sufficient food and other basic items. The LRCs were instrumental in ensuring that people had food, as well as medicines and other basic supplies, delivered to them by volunteers where required. There has been a significant draw upon local resources to maintain food banks and to access on-line and supermarket direct deliveries. Initially, this was a major pressure, but from June 2020 onwards additional supermarket slots started to become available and some of the national mechanisms, through the shielding programme, enabled direct 'local' referrals to priority slots. This has helped significantly in the period leading up to and since the ending of the national shielding programme on 31 July.

Impact of COVID-19 on Mental Health

33. The mental health and emotional wellbeing of the population during the pandemic is a widely reported issue and cause for concern. A range of initiatives have been implemented alongside other statutory and voluntary sector partners in view of social distancing measures and the closure of key services. Hampshire Mental Health Well Being Centres are now remotely accessible and continue to offer a service to those in need. The Hantshelp4vulnerable helpline has been strengthened by a dedicated advice line staffed by Solent MIND assisting people including carers feeling anxious in isolation. Specialist mental health support has been set up to provide advice and guidance to homeless accommodation schemes.
34. As part of the wider community recovery programme a multi-agency Mental Health and Wellbeing Recovery Board has been established (see paragraph 58).

Impact of COVID 19 on People in Caring Roles

35. People who care for family members or others have generally been disproportionately impacted by the consequences of social distancing, isolation and shielding. Since the outbreak of the pandemic, carers' organisations, including Andover Mind, Carers Together, Hampshire Young Carers Alliance and Princess Royal Trust for Carers have responded to support both carers and the wider community in Hampshire. They have extended the opening times of their helplines and have adapted and widened their service offerings to provide listening services, virtual peer groups for carers, making welfare calls to carers and running online workshops for carers, as well as making their services available to people who are self-isolating or shielding. Such organisations continue to innovate and offer extended services as referrals to them continue to increase. Additional support has been provided by Adults' Health and Care through the provision of a dedicated carers support role, hosted by Carers Together.
36. Operational teams continue to monitor the situation for families to ensure that individuals with disabilities and older people continue to have their needs met and that carers are supported. Additionally, the County Council

has set up a weekly carers sub-group as part of its formal response to dealing with the pandemic consisting of carers, representatives from carers organisations in Hampshire and operational staff from the County Council's Adults' Health and Care department. This arrangement is paying significant dividends in ensuring pro-active responses and support to those requiring assistance and enabling co-ordination of the available capacity.

Domestic Abuse

37. Support and advice continue to be available in Hampshire for people if they, or someone they know, is experiencing domestic violence or abuse or is struggling to control their behaviour. This is provided by Hampshire Domestic Abuse Service and other methods including Facebook messenger. This work and network of support has been developed closely with partners across Hampshire County Council and with Hampshire Constabulary and other partners.

Rough sleepers

38. Significant effort has been made in collaboration across the relevant housing authorities (district / borough councils) to meet the Government requirement that all homeless people living in Hampshire should be offered accommodation and move off the streets. The District and Borough Councils continue to offer accommodation to homeless people who may not previously have been considered priority need but may now be considered vulnerable in the context of COVID-19 taking into account their age and underlying health conditions. However, as hotels and B&Bs have opened up to local visitors, finding appropriate emergency accommodation for all rough sleepers has become increasingly challenging due to the complexity of support needs of many of these people.
39. As part of the outbreak control planning work, there is a focus on the challenges of managing an outbreak within homeless hostels and the County Council is actively supporting and collaborating with District and Borough Councils to identify contingency accommodation that could be used in this scenario. Extensive contingency work has also been undertaken by staff in Adults' Health and Care, working with Public Health and housing colleagues, on outbreak management arrangements in homeless hostels and other facilities – as part of the local outbreak plan high risk settings approach.

The pausing of shielding

40. From 31 July support provided through the national programme was paused for those people who have been shielding because they were regarded as Clinically Extremely Vulnerable or Clinically Vulnerable . The central provision of food parcels also stopped from this date.
41. Some 53,200 Hampshire residents who have been shielding have either confirmed to us or the national programme that they have appropriate support arrangements in place, with a small number of local residents

requiring additional support to complete their return to more independent living. Overall, since the announcements relating to the easing of shielding arrangements were made there has been extremely positive progress in contacting all those people who had been receiving support in order to confirm potential ongoing needs, a task made no easier given the inaccuracies of contact details we had initially received through the national programme.

42. Our complementary communications campaign “It’s OK to…” has been designed with engagement from District / Borough Council partners to support the wider vulnerable group with the risks and barriers to independence caused by COVID-19, taking account of the fact that some people have not been outside of their home for some time. It has also been shared with other Local Resilience Forum partners, such as the Clinical Commissioning Groups (CCGs) and Southern Health Foundation Trust (SHFT).
43. The “It’s OK to…” campaign has started and is initially targeting those that have been shielding with 15,000 emails already sent followed by 30,000 letters. The campaign is focusing on the following elements:
 - Learning how technology can help you.
 - Staying active.
 - Getting out and about safely.
 - Reconnecting with others safely.
 - Looking after yourself.
44. Future areas of focus by the campaign will include Mental Health and the financial impact of COVID-19.
45. Independence packs have been developed with the involvement of Hampshire County Council’s Public Health team and the community of partners supporting shielding / vulnerable residents. These are also being distributed via call centres and through LRCs.
46. The digital elements of the campaign started on 2 August with comprehensive information published on the County Council’s website.
47. The “It’s OK to…” campaign logo is shown below:

It’s OK to…



Adults' Health and Care Recovery

48. In June, Adults' Health and Care carried out a "Stop/Start model" exercise to capture what was stopped or started during the Response to COVID-19, and the related proposed Recovery action. These Stop/Start models are now built into Recovery plans for each service area and provide a baseline reference in the case of a future COVID-19 peak with the agility to 'switch back on' Response if necessary.
49. Assistant Directors within Adults' Health and Care are responsible for the development and delivery of detailed Recovery plans for their service areas, as part of an established and robust Adults' Health and Care Recovery governance framework. Any plans which have a potential financial, reputational, legal or department-wide implication are escalated to the Adults' Health and Care Recovery Executive Group for decision, to the Departmental Management Team if necessary and then to Hampshire County Council Gold. The department's governance approach links in closely with the corporate Gold / Silver / Bronze Response structure, the Hampshire County Council Recovery Group, as well as the Public Health and local/national Recovery planning.
50. Significant progress is being made in a number of areas as part of the department's gradual recovery of its services. An example is the provision of day services, both directly provided (HCC Care) and commissioned, which was stopped in response to COVID-19. All HCC Care day services for Younger Adults have now re-opened, with HCC Care day services for Older Adults due to re-open through September. Some 28 external day services for Younger Adults have now opened that Adults' Health and Care commission places at, with more due to open in the next month. As at the end of August, over 400 younger adults with disabilities have returned to some form of day service provision, from a cohort of 1,140. A further 220 younger adults are scheduled to return in the next month. 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. The re-start of commissioned day services for Older Adults remains a challenge we are working hard with providers to resolve. It is also 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. We expect capacity in Younger Adults services to be <50% of that pre-COVID-19.
51. Arrangements are progressing as the department transitions smoothly from the Response phase to Recovery. This will entail the 'closure' of the weekly Bronze Response Group and its related sub-groups, with a seamless transfer of ongoing activity to existing Recovery governance forums. Arrangements are being put in place to clearly identify roles and responsibilities should there be a future COVID-19 local / national outbreak, necessitating the efficient reinstatement of Bronze and related Response activity. In this scenario, the Adults' Health and Care Recovery Executive Group would switch swiftly and seamlessly into the Adults' Health and Care Response Executive Group. That Group will have oversight of the

department's Response, while day to day Response activity will be led by Bronze in line with the County Council's established Command and Control procedures.

Community Recovery and Outbreak Planning

52. One of the key recovery workstreams is the Community recovery and Outbreak Control Planning.
53. Our District and Borough Council partners as well as our colleagues in the voluntary sector are involved in the stabilisation and recovery planning around community welfare, with three district Chief Executives actively engaged in our ongoing welfare planning. It has been agreed, in principle, that a skeleton LRC and VCS structure will be retained alongside the Hants help4vulnerable arrangements and an internal Hampshire County Council welfare team (based in CART) until the end of March 2021. This structure will not only enable support for shielded / vulnerable residents if required, but also support potential outbreak control planning should residents be required to self-isolate and require volunteer support. For example, we have recently extended the service to support those returning from holiday who may need support with essential supplies so that they can effectively self-isolate.
54. A Welfare Recovery and Stabilisation group has been established consisting of representatives from across the County Council, including Customer Insight and Engagement, Adults' Health and Care and Public Health, the VCS organisations (represented by Community First), District and Borough Councils (represented by Hart District Council), the CCGs and Citizens Advice. Colleagues from Winchester City Council are also part of the group in their lead role for homelessness and high-risk settings.
55. The focus of the group to date has been contingency and capacity planning for possible future lockdowns or local restriction scenarios. Working groups have been established to develop process and procedures around outbreak control planning as well as communications for the wider community recovery.
56. The next priorities for the group are to plan for four outbreak scenarios: no change to current situation; increased infections and tightening of restrictions; full lockdown measures and district / local lockdown.
57. A draft memorandum of understanding for COVID-19 outbreak control is also under development by the group. It will cover the roles and responsibilities of all partners, including the County, District / Borough Councils, NHS and VCS organisations in order to ensure the response to any future potential outbreak is as well planned and co-ordinated as our collective response to the first-wave. It will include (but is not limited to) the identification of risks and development of mitigating actions with respect to the following areas:
 - Data management and management of the shielding list
 - Food supply
 - Pharmacy delivery

- Voluntary transport
 - LRC capacity and finance
 - VCS capacity and finance
 - Hardship
 - Homelessness
 - Communications
 - Social care response
 - Hantshelp4vulnerable and welfare response
 - Personal Protective Equipment (PPE) supply for the voluntary sector.
58. Also included in the scope of the Community Recovery, there is a separate Mental Health and Wellbeing Recovery Board chaired by the Director of Public Health for Hampshire and is a collaboration across Hampshire County Council, VCS and SHFT. This forms part of the system-wide Mental Health and Wellbeing Recovery LRF Cell led by SHFT. All psycho-social support work sits with the Mental Health and Wellbeing Recovery Board.

Workforce Recovery

59. The strategic objectives of the Adults' Health and Care Workforce Recovery workstream are:
- **Wellbeing Support**
Build on the departmental and corporate wellbeing offer to ensure there is support available given the experience of staff working during the pandemic.
 - **Change Support**
Identify how the service can capture / capitalise upon the flexibility and resilience demonstrated by staff during COVID-19 and embed new ways of working.
 - **Working Differently Interface**
Reconcile Working Differently with the COVID-19 response, particularly the impact on the original flexible working principles e.g. drop-in centres and office hubs.
 - **HR-Focused Activity**
 - a) Re-invigorate Value Based Recruitment in the context of new remote / virtual recruitment processes.
 - b) Ensure managers are equipped with the tools and the skills to ensure productivity and quality are maintained.
60. A diagnostic tool was developed with senior leaders to understand the main issues and concerns regarding staff welfare within each service area, and how this varies across the Department, to inform the ongoing staff support offer. Findings from the Staff Wellbeing survey and service area Stop/Start models were fed into this exercise.
61. The Adults' Health and Care Staff Wellbeing Hub was set up at the beginning of the COVID-19 emergency and continues to operate with

support from Adults' Health and Care Learning & Development resource. Plans for the Staff Wellbeing Hub in the longer-term are under consideration by the departmental management team. As part of the staff wellbeing offer, Connect 5 is being carefully considered to support staff mental health, particularly in response to COVID-19. It is also recognised that focus upon teambuilding, in a post-Covid world will be significant in the context of Recovery and staff wellbeing.

62. In terms of recruitment and training of staff, planning continues to further support virtual recruitment and Values Based conversations in the longer-term. Virtual training is now in place for all identified essential training across the department, and work to restart critical face to face training is nearing completion.
63. Learning lessons will 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.
64. Two targeted COVID-19 Learning Reviews commissioned by the Care Governance Board are now underway within the department, focusing on HCC Care and Management of the Provider Market. In addition, the Lessons Learned workstream is undertaking the following activities to feed back into the department's strategy:
 - Scenario-based sessions with Bronze Group members
 - Surveys and reviews of key teams and services
 - Reflective sessions – e.g. use of PPE
 - Participation in system wide reviews – e.g. hospital discharge arrangements
 - A review led by the Hampshire Safeguarding Adults Board on health and care sector impacts and learning
 - Regional and national reviews and inquiries.

Care sector impacts

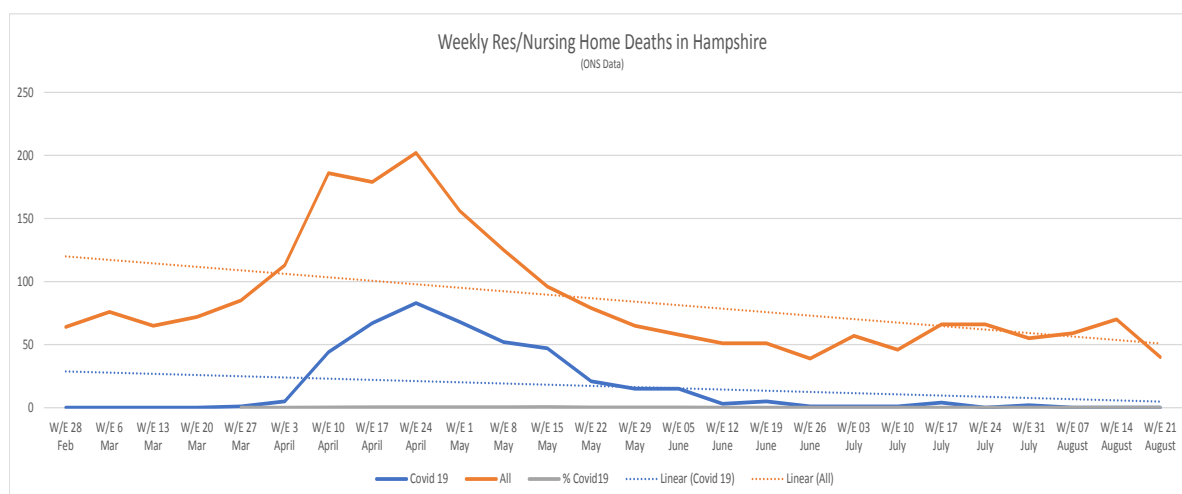
65. As stated in the previous report received by this Committee the impacts upon families and staff caring for individuals in care home settings have been significant and the effects upon the care home sector have featured regularly in national news reports. Approximately 40% of care homes in Hampshire have seen positive cases of COVID-19, either for their residents or their staff.
66. 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.
67. Some recent reports include the [Stirling University report](#), which highlights a range of likely contributory factors but does not conclusively evidence the root cause, as the data available is judged to be inadequate. However, it

highlights factors such as the transfer of patients from hospital who were not tested early on in the pandemic, the erratic testing strategy for care home staff, particularly the lack of testing of asymptomatic staff and residents, and links between care home characteristics and outbreaks.

68. Equally, it is likely that some of the knock-on effect of COVID-19 restrictions (such as isolating residents and stopping visits to residents) may also have contributed to excess deaths – as highlighted in the [Lancet](#). Adelina Comas-Herrera of the LSE points out that even if the majority of this year's excess deaths in care homes are not directly attributable to COVID-19, that does not mean they are not a consequence of the pandemic. “Isolating residents may mitigate the spread of the virus, but it is associated with morbidity of its own. Care homes are built for communal living and staffed accordingly. The lack of supervision places isolated residents at increased risk of injury, particularly from falls, and their mental health might suffer. People with dementia often stop eating if they are depressed, which can hasten death. Besides, it is no small task to persuade people with dementia to stay in their rooms and maintain physical distancing. No-one wants to see care-givers resort to restraining or sedating residents.” Care home visiting has been in place, cautiously and within the available guidelines for some weeks now. However, incidences of an outbreak, either for staff or residents, will continue to prompt changes to local visiting regimes. Furthermore, reviews have been commissioned about the experiences of the care home sector in Hampshire, both for the directly provided HCC Care homes and across the wider sector. At the time of writing this report findings are not available but will be brought before this Committee once they are.
69. Overall, and in light of academic studies beginning to be published - in Hampshire, a total 2,299¹ people have died in care home settings in the period between the week ending 28 February 2020 and the week ending 14 August 2020. Appendix 1 provides a regional comparator of care home deaths per 1,000 beds – Hampshire shown in red.
70. Of these deaths 469 people had COVID-19 recorded as the cause of death on their death certificate. Of this total number of 2,299 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.
71. Figure 1, below, shows the progression of care home deaths during the period 28 February to 21 August.

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/weekending14august2020>

Figure 1 – Care home deaths in Hampshire 28/2/20 – 21/8/20



72. In addition to the high 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.
73. In response to these pressures Hampshire County Council (and Hampshire 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 will amount to an additional £16m (additional payments up to September 2020).
74. 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](#).
75. 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.
76. Additionally, 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. Payments were made in May, prior to the national funding being received, and again in early July to the care home sector – this totals some £15m, with an additional £2m being provided to the domiciliary care sector, up to £0.5m to the day opportunities sector and the balance of

funding used to fund emergency supplies of PPE. A return to Government on the use and outcomes of the funding will be submitted at the end of September.

77. Positively, since the peak of the first wave of COVID-19 in March / April / May when care home occupancy fell overall to an unsustainably low level of circa 70% of available beds occupied, that has now risen to approximately 85% of available beds – as declared by all care home providers through care tracker data submissions. This is positive for many reasons, but most notably the financial resilience of providers can be on a stronger footing, meaning less residents at risk of being displaced through closures and secondly it underlines the confidence the public have in the sector. Again, it is important to recognise the compassion, professionalism and dedication of the whole sector in seeking to provide the highest quality care for residents (and their families).
78. 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 remains a vital element 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

79. 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.
80. In line with Government's progress toward reducing the current restrictions, services and responses will be amended over the coming period, whilst monitoring the risk of a second wave, in line with the Local Outbreak Management Plan.
81. 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.
82. Whilst there is still much further work to be undertaken as we steadily move from response to recovery, and 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:

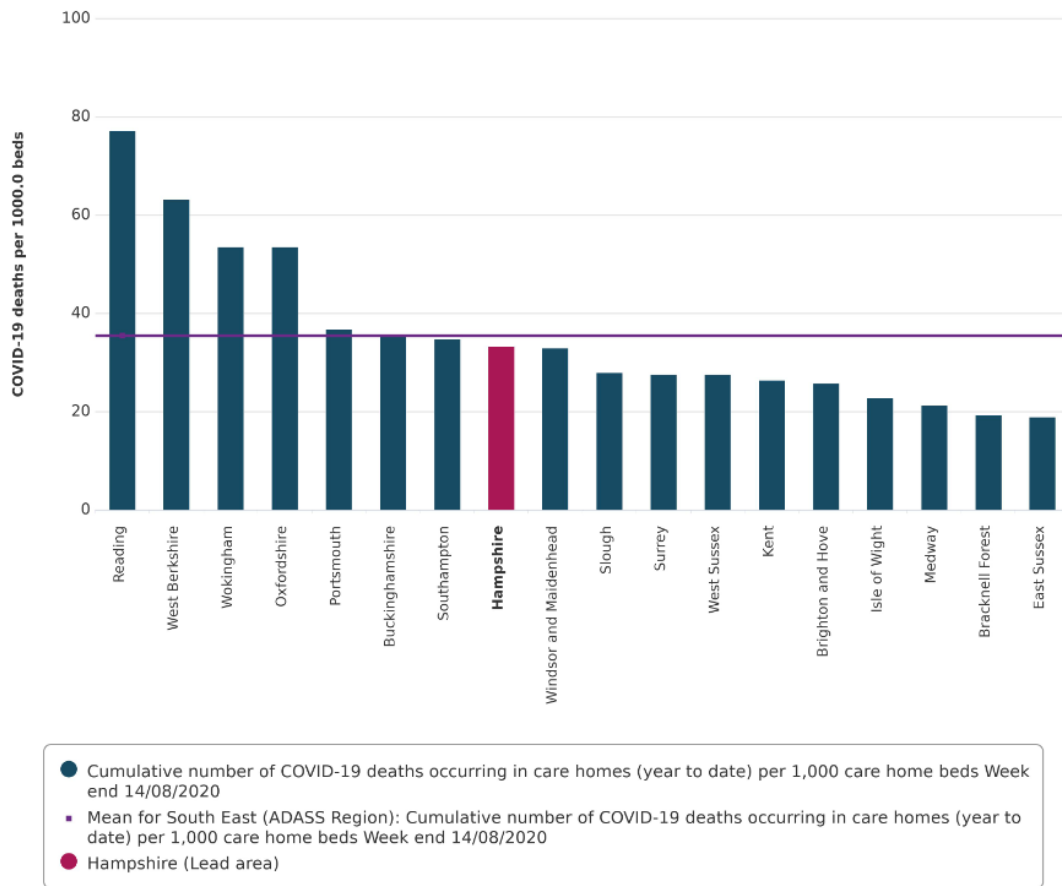
- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share 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.

Appendix 1

Cumulative number of COVID-19 deaths occurring in care homes (year to date) per 1,000 care home beds (Week end 14/08/2020) for South East (ADASS Region)



Source:
Calculated by LG Inform

Powered by LG Inform