

## HAMPSHIRE COUNTY COUNCIL

### Report

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

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#### **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<sup>[1]</sup> 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.

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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**

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