



Hampshire County Council

Adults Health and Care Covid-19 update

14th September 2020

Context - timeline

- Preparations in response to Covid-19 commenced in late February 2020
- WHO declared a pandemic on 11th March 2020
- Department of Health and Social Care initiated NHS surge planning on 17th March
- HIOW Local Resilience Forum declared a major incident on 18th March 2020
- Government passed Coronavirus Act 25th March 2020
- Welfare response for vulnerable residents established through late March 2020.
- Department of Health and Social Care published the Social Care support plan on 16th April 2020
- 29th May 2020 First tranche of IPC funding provided to care providers across Hampshire
- June 2020 - Restoration and recovery programme established across HCC / AHC
- 7th July 2020 second tranche of IPC funding provided to care providers
- Outbreak Engagement Board and Health Protection Board established 14th July 2020
- National shielding programme ended – 31st July 2020
- Major incident stood-down by Local Resilience Forum, in favour of stabilisation and active watching brief alongside outbreak planning



Response and Recovery Update

Jess Hutchinson & Sarah Snowdon
September 2020

Context and overview

- HIOW Local Resilience Forum initiated response to protect Vulnerable Residents at an LRF level, report covers the Hampshire Welfare arrangements as part of this overall response
- Adults' Health and Care, with partners, rapidly moved to pandemic response, including 'changed support' for many people receiving social care services
- Comprehensive response structure to support vulnerable individuals including:
 - Local Resilience Forums
 - Hantshelp4vulnerable
 - Welfare response team
- Specific measures to support carers, homeless, increased pressure on mental health provision etc



The Welfare Response Partnership

- Hampshire County Council, 11 district / borough councils, Community / Voluntary Sector organisations plus other key partners
- Supporting significant number of Hampshire residents; 53,000 people advised to shield (clinically vulnerable and clinically extremely vulnerable)*
- Approximately 20,000 people with social care needs

*Vulnerable residents include those deemed at risk because of age, disability, pregnant women, homelessness, substance misuse or other reason



Key activities

- Those on the national shielding list – contact has been made with all; through automated calls (WACS), text and where necessary personal calls and contact
- Over 32,000 calls have been made or received by Hantshelp4vulnerable
- 6,106 referrals to district / borough council-run LRCs for support
- Key support required in terms of LRC referrals related to collection and delivery of food and prescription / medication
- 71 new support plans funded by AH&C from people previously unknown to AH&C



Role of the voluntary sector

- Hampshire CVS Network is an alliance of 9 charity organisations
- Significant role in co-ordinating the response of the voluntary sector to support local communities
- Working alongside the district and borough councils in LRCs
- Over 4000 people signed up to new or existing voluntary organisations during the pandemic
- Not the same level of requirement for the NHS volunteers recruited by central government
- Insight & Engagement Unit study around volunteering in Hampshire to maximise the availability and skill sets of volunteers
- A multi-agency working group focused on volunteers and volunteering has been established as part of recovery

The pausing of shielding

- 31 July national shielding programme ceased
- 53,200 Hampshire residents who had been shielding have confirmed they have support arrangements in place
- Small number required additional support
- “It’s OK to...” campaign has started:
 - Learning how technology can help you
 - Staying active
 - Getting out and about safely
 - Reconnecting with others safely
 - Looking after yourself
- Skeleton LRC and VCS structure, Hantshelp4vulnerable and an internal Hampshire County Council welfare team will be retained



Community Recovery & Outbreak Planning

- Managing safe return to services where they had been paused
- Welfare Recovery & Stabilisation Group established
- Working closely with the NHS to support hospitals
- County Council (including Public Health), district & borough councils, CCGs, CVS & Citizens' Advice and Government working closely on the welfare response and the shielded
- Contingency & capacity planning as part of outbreak control planning
- Supporting social care providers including care homes

Recovery Planning & Response Transition

- AHC carried out a “Stop/Start model” exercise in June to capture what was stopped or started during Response, this was used to develop Recovery action plans.
- Assistant Directors are accountable for the Recovery action plans for their service areas.
- Any plans which have a potential financial, reputational, legal or department-wide implication are escalated to the AHC Recovery Executive Group for decision, to DMT if necessary and then to Gold.
- Arrangements are progressing for the department to smoothly transition from the Response phase to Recovery. This can be quickly reversed to response using the stop start models and standing up Bronze.

Recovery of Day Services

- Significant progress is being made in a number of areas as part of the department's gradual recovery of its services.
- All HCC Care day services for Younger Adults have now re-opened, with HCC Care day services for Older Adults re-opening throughout September.
- 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.
- The re-start of commissioned day services for Older Adults remains a challenge we are working hard with providers to resolve.

Workforce Recovery

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, and b) Ensure managers are equipped with the tools and the skills to ensure productivity and quality are maintained.

Lessons Learned Workstream

- Two targeted COVID-19 Learning Reviews are now underway focusing on HCC Care and Management of the Provider Market.
- This workstream is also undertaking:
 - Scenario-based sessions with former Bronze Group members
 - Surveys and reviews of teams and services
 - Reflective sessions
 - 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 Home update

Graham Allen

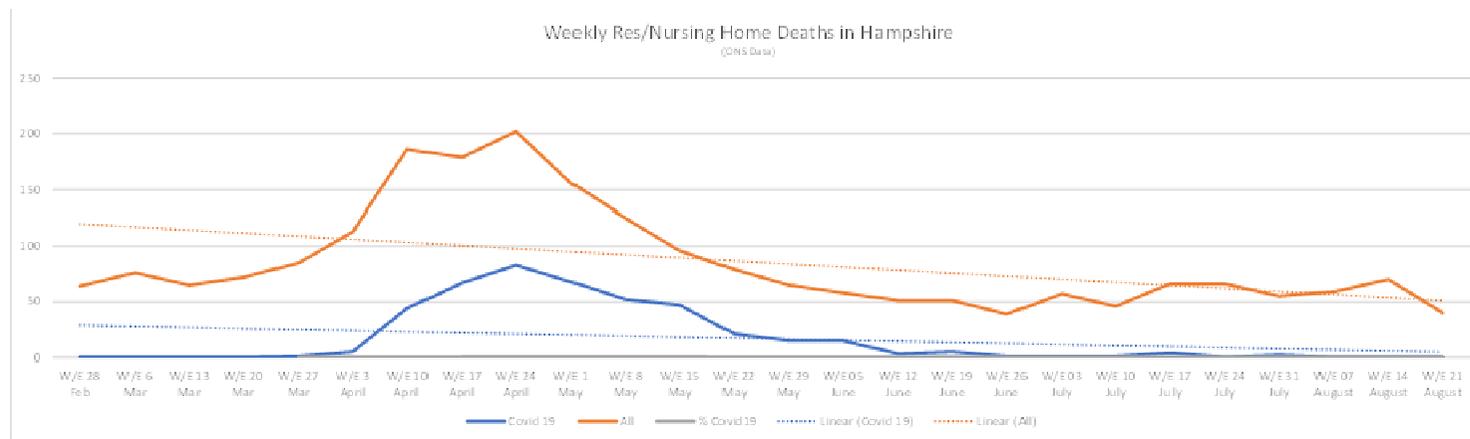
Director of Adults' Health and Care

September 2020



Progress of Covid-19 within Hampshire's care homes

- Between 28/2/2020 and 14/8/2020 there have been 2,299 deaths in all care home settings in Hampshire
- 469 deaths have Covid-19 identified as the cause of death, with circa 800 deaths overall being 'excess' over the same period (compared to average over 5 year period)



Care home Infection Prevention and Control measures

- Care home testing; national programme has seen delays and challenges, however 83% of care homes now reporting access to regular testing kits, lab capacity remains the issue alongside the logistics of registering and undertaking routine testing
- Visiting; care homes continue to carefully manage visiting within the guidance
- Occupancy; sector capacity currently standing at 89% of registered beds available (11,177 sector identified 'occupied' beds)
- Govt. announced national fund of £600m for Infection Prevention and Control and need to have a comprehensive range of measures in place in mid-May 2020; £18.4m provided by early July alongside 'best practice' exemplar applied to Hampshire response, HCC Cabinet approves additional 'commissioned' care uplifts - £16m paid to providers by September, CCGs match additional 'commissioned' care payments.

Continued vigilance and support

- Risk / failure within the sector
- Testing regime
- Risks of isolation to residents
- Continued close oversight, heading into winter
- Continued sector –wide support through working with HCA and others
- Commissioned learning reviews continuing

Thank you



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