

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	6 July 2020
Title:	Care Home Support offer and update
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 0370 779 5574

Email: Graham.allen@hants.gov.uk

Purpose of this Report

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

Recommendation(s)

3. That the Health and Adult Social Care Select Committee is assured by the work underway to support the care home sector through the development of a care home plan and notes the contents of this report.
4. That the Health and Adult Social Care Select Committee recognise the impacts upon the care home and wider social care sector and thank all those staff working across the sector for the humanity, compassion and care shown throughout their responses to Covid-19.
5. That the Health and Adult Social Care Select Committee receive further updates at future meetings on continuing work to support the care sector.

Executive Summary

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

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

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

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

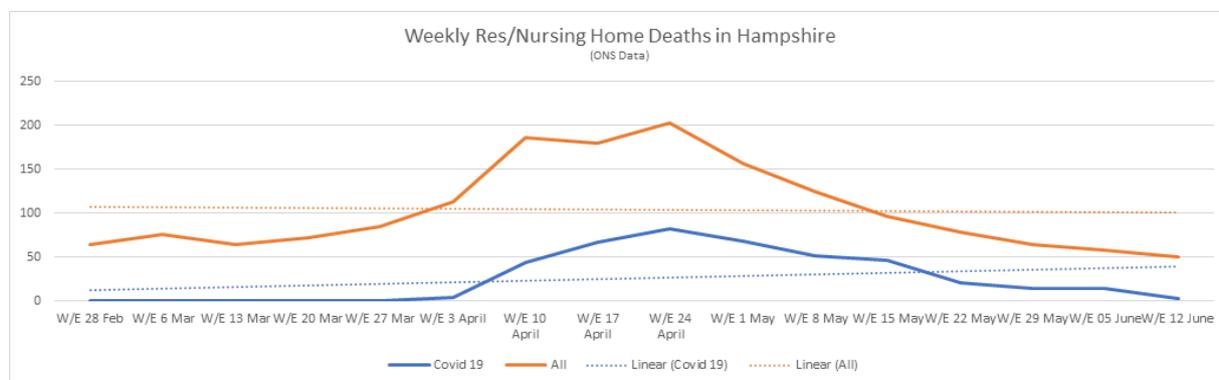
authority, working with partners, has needed to submit a detailed response to the Minister by 29 May outlining actions in place and progress by which assurance and confidence could be obtained. Hampshire County Council moved quickly, working with a range of partners, and made some £7.8m of direct payments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

Contextual information

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

Care sector impacts

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



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

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

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

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

Actions taken in respect of the care home support plan

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

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

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

Next steps

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

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

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

Conclusions

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

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

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

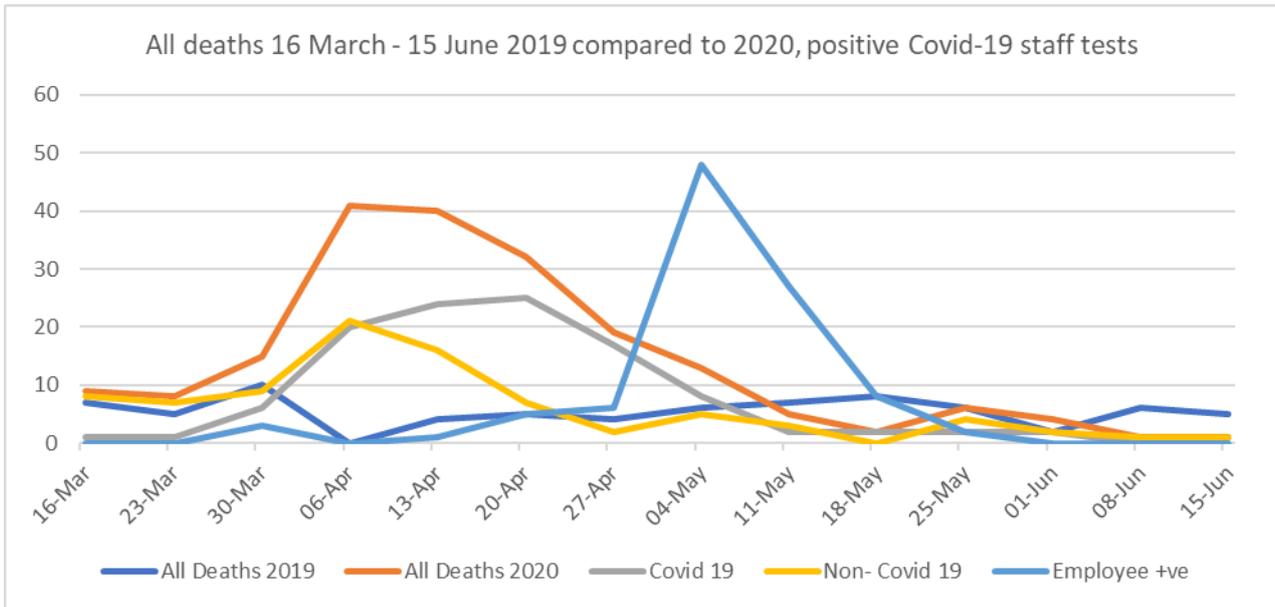
2. Equalities Impact Assessment:

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

Appendix 1

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

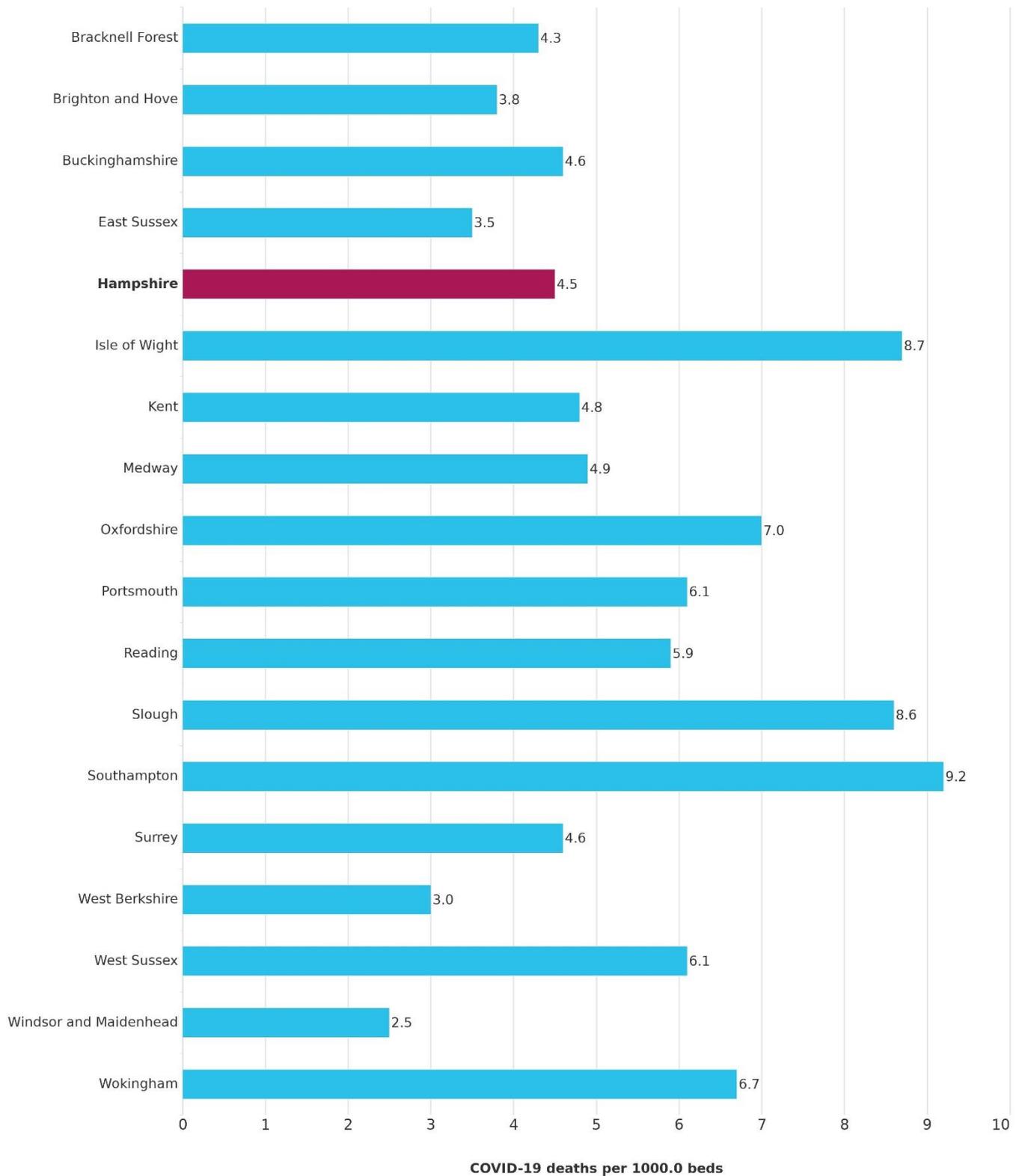
Appendix 2



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

Appendix 3

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



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