



Hampshire
County Council

Response and Recovery update

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July 2020

Response Overview

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, establishing increased capacity for overall welfare provision and establishing a comprehensive response structure linking with HCC, NHS, VCS and other LRF partners.

The Welfare Response Partnership

- Hampshire County Council, 11 district / borough councils, Community / Voluntary Sector organisations + a range of key partners
- Supporting significant number of Hampshire residents; 53,000 people advised to shield (clinically vulnerable and clinically extremely vulnerable), approx. 13,000+ contacts received from vulnerable residents* and also some 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. Approx. 6,500 have needed additional support
- 13,066* vulnerable residents have contacted the hantshelp4vulnerable contact centre; 2,665 provided with information and advice, 5,781 referred to Local Response Centres and 2,854 referred to adult social care and 836 already known to adult social care.
- Of the 5,781 people / households referred to Local Response Centres 51% of support required have related to food and 32% for prescription collection / delivery

*Some multiple calls received

Key factors in transition from Response to Recovery

- Food supply to those shielding / self-isolating has been the most significant challenge – both from the national shielding programme and through access to local supermarket and other distribution channels
- Supporting thousands of people to regain and recover their independence as lockdown eases
- Stabilising and restoring adult social care support
- Mental health impacts are and will continue to be significant
- People in caring roles and those with suspended support through lockdown measures
- Increases in and additional support for those experiencing Domestic Abuse, supporting rough sleepers and those with substance misuse support needs and other marginalised groups

Adults' Health and Care Recovery overview

Stop/Start Modelling & Recovery Planning

- AHC are using a “start stop model” to capture what was stopped or started during Response, and the related proposed Recovery action.
- Stop/Start templates have been completed by all AHC service areas/Recovery workstreams in early June.
- These provide a baseline reference in the case of a future COVID-19 peak, and agility to ‘switch back on’ Response if necessary.
- Assistant Directors are responsible for the development and delivery of detailed Recovery plans for their service areas.
- Each Start or Stop will have a related plan varying in complexity dependent on the task.
- Any plans which have a potential financial, reputational, political or department-wide implication are escalated to the AHC Recovery Executive Group for decision, to DMT if necessary and then to Gold.
- The AHC Recovery Governance approach agreed links in with Gold/Silver/Bronze Response, HCC Gold Recovery, Public Health and local/national Recovery planning.

Community Recovery

- The purpose of the Community Recovery model is to:
 - Manage the risks and opportunities presented by work with the wider shielded community.
 - Collaborate and share innovative practice and shared opportunities with other Local Authorities within the Local Resilience Forum (LRF) hub.
 - Take advantage of funding and technological opportunities that are now available due to the COVID-19 Response.
 - Co-ordinate recovery of services for rough sleepers.
- Working closely in collaboration with the Insights & Engagement Team led by Deborah Harkin, with strong links into District Councils. There are also close links into the AHC Demand Management & Prevention programme.
- Membership of Partnership Delivery Group expanded, with focus on risks, opportunities and issues relating to Volunteering and the VCS.
- Also in scope of the Community Recovery model will be a separate Mental Health and Wellbeing Recovery Board under the Mental Health and Wellbeing Recovery LRF cell led by Nick Broughton (Southern Health). Both of these groups are system collaborations.
- The Mental Health and Wellbeing Recovery Board will be chaired by Simon Bryant / Public Health and is a collaboration across HCC, Mental Health VCS and Southern Health.
- All psycho-social support work will sit with the Mental Health and Wellbeing Recovery Board.

Workforce Recovery

- 4 main strands within the Workforce Recovery model:
 - Welfare and wellbeing support offer, including Bereavement support.
 - Welfare support for HCC leavers following their exit from our employment.
 - Interface with the AHC Working Differently Transformation to 2019 and 2021 programmes.
 - Direct Care workforce recruitment.
- A diagnostic tool is in development to understand the main issues and concerns regarding staff welfare, and how this varies across the department.
- The Connect 5 offer is being carefully considered to support staff mental health, particularly in response to COVID-19.
- Teambuilding will be significant in the context of Recovery and staff wellbeing.
- Recovery planning underway to support virtual recruitment and Values Based conversations.
- Most training can be delivered virtually but our planned offer is likely to be impacted by costs and an increase in alternative providers.

Lessons Learned

- 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:
 - Surveys and reviews of key teams and services
 - Reflective sessions – e.g. use of PPE
 - Targeted reviews – HCC Care and care homes
 - Participation in system wide reviews – e.g. hospital discharge arrangements
 - Review led by Hampshire Safeguarding Adults' Board
 - Regional and national reviews and inquiries.

Thank you