



Hampshire
County Council

Health and Adult Social Care Select Committee

Adults' Health and Care Covid-19 update

21st September 2021

Response and Recovery Update

Jess Hutchinson



Hampshire
County Council

www.hants.gov.uk

The Bigger Picture (1)

- Pressures on acute hospitals
- Waiting lists for elective procedures are increasing
- Delays in treatment during COVID
- Official figures are that **one million people** have reported long term impact from COVID. **Strong co- morbidity with diabetes, heart disease and obesity. May be life long**
- **Continuation of COVID inequalities, social deprivation, the homeless, people with learning disabilities**



The Bigger Picture (2)

- Longitudinal studies demonstrate overall an **8% increase in mental health issues as a result of COVID**
- The social, physical and economic environments in which people are born, grow, live, work and age have important implications for mental health. **Mental Health deterioration will affect some groups much more than others**
- **In addition- impact upon the mental health social care workforce and NHS workforce and of course our own staff**
- Among people who indicated coronavirus affected their well-being, **disabled people....specified that the coronavirus was making their mental health worse (46% for disabled people and 29% for non-disabled people)**



The care market

- Care Act gives us a significant responsibility around shaping the market
- Social Care Providers are leaving the market
- Recruitment and Retention of the social care workforce is a concerning area – intelligence indicates it will be further impacted by mandatory vaccination for those working in CQC-registered settings
- Contingency arrangements requested from providers
- Increase in the number of covid outbreaks in settings across the County
- PPE and Infection Prevention & Control compliance impacted by lifting of restrictions by the government

Safeguarding

- Continued high levels of safeguarding concerns
- Increase in domestic abuse
- Reduction in visiting care homes and home visits generally-difficult in that this curtails the professional curiosity/intelligence
- Additional pressure on carers
- An increase in self-neglect and hoarding

Implications

- Continue to be proactive in preventing infection and supporting vaccination
- Continued focus on supporting the market
- Contingency arrangements from providers in terms of staffing / capacity
- Close monitoring and management of capacity and timeliness of care and support
- Continued focus on areas such as safeguarding Focus on workforce recruitment and retention
- Supporting and engaging with front line staff; further development of our wellbeing offer for staff will be required
- The context of financial risk needs to sit alongside potential increase in demand. Need for further analysis and projection and for input into social care reform
- Need to maximise new ways of working and technology given the likely financial situation



Getting Going Again fund

- £950,000 grant programme (from £3.8m MHCLG funding)
- Designed to support people who were identified as Clinically Extremely Vulnerable or Clinically Vulnerable
- 8 grants awarded to date (total value £201k)
- 18 further applications in the process of being assessed

Examples include:

- £7k to a Wheelchair Tag club to support new members to join
- Over £145k to fund different initiatives designed to counter social isolation and loneliness
- £6k to an organisation helping people rebuild / learn lip-reading skills
- £8k to an organisation helping rebuild community links in the Nepalese community and addressing health issues

Day Services Recovery

- OA number of people attending day services has dropped from approx. 300 pre-covid to 165 (moving to res & nursing care / deaths)
- Longer-term people are likely to require the services this creates short-term cost implications
- YA returned approx. 1000 people to day services
- YA services still not at pre-covid capacity due to a number of factors, including infection prevention measures, people not wanting to return
- Continue to monitor sustainability of individual services / providers

Departmental Recovery (1)

- Significant operational pressures throughout the summer has seen non-urgent activity stood down until the end of September
- Critical service priorities and extra resource capacity have been agreed to mitigate pressures in the short to medium term
- Corporate Afghan Resettlement programme fully underway led by AHC – resource intensive and likely to continue for approx 6 months
- Savings delivery (T19 and T21) and financial improvement activity continue as business critical
- Savings Programme 2023 (SP23) proposals finalised for Cabinet approval in autumn following Balancing the Budget consultation – EIAs also completed
- Continued focus on delivering critical strategic change e.g. CareDirector

Departmental Recovery (2)

- Staff continue to be fully engaged in Future Ways of Working planning and transition – teams able to return to HCC managed premises from 13 September
- Market Position Statements (MPSs) have been refreshed and published
- New MPS developed for Physical Disabilities for publication in September
- Work underway to refresh AHC's Long-Term Strategy for Cabinet approval in December
- Demand Management & Prevention remains an important priority, including making best use of Wider Community Assets
- Initial overarching Covid lessons learned review completed; further detailed evidence being gathered to inform next steps overseen by Care Governance Board
- Emergency Planning training needs analysis for AHC staff is in progress, action plan to be agreed in December for implementation of training programme in 2022



Care Home update

Graham Allen

Director of Adults' Health and Care

Progress of Covid-19 within Hampshire's care homes

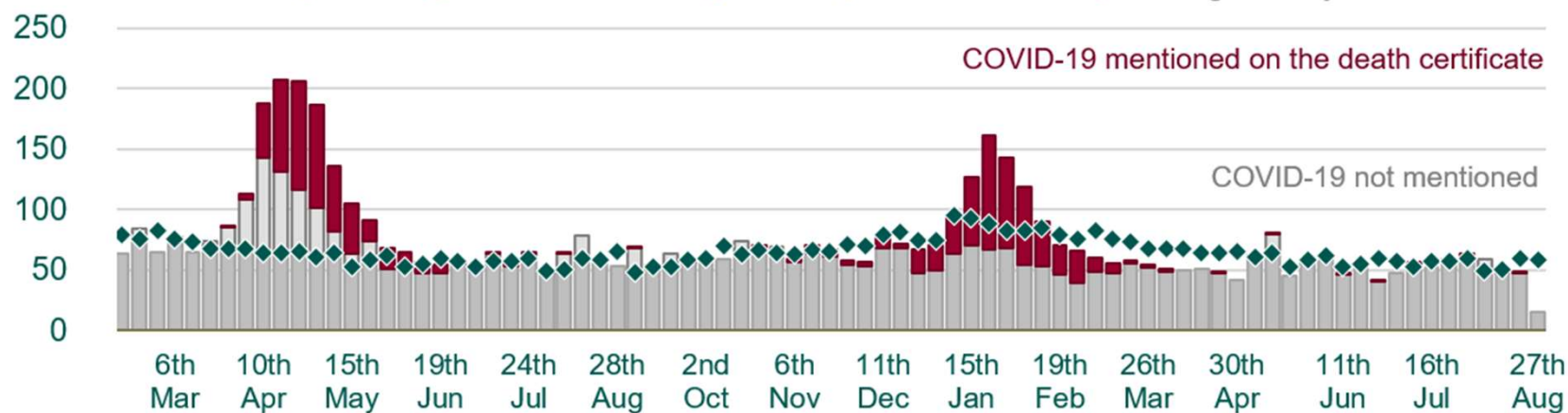
For the time period requested – from 1st February 2020 to 27th August 2021 (ONS week 6 2020 to week 34 2021) and registered up to the 4th September 2021

- there have been **6,069** deaths from all causes in Hampshire care homes (nursing or residential)
- **994** of these deaths had COVID-19 mentioned on the death certificate - – in line with Govt. reporting; within 28 days of a positive COVID-19 test
- These figures are based on date of death occurrence as opposed to date of registration. They reflect all deaths registered as at the 4th September 2021 and are subject to revision, especially the most recent weeks.

*The source of the underlying data is - Death registrations and occurrences by local authority and health board published by ONS. The graphs are adapted from Latest excess mortality and place of death analysis – up to Week 34 released by LKIS South East, Public Health England.

Deaths in care homes (nursing or residential) - Hampshire

◆ average weekly deaths 2015-19



Data source: ONS Death registrations and occurrences by local authority and health board. Analysis produced by LKIS South East, Public Health England. Figures for most recent weeks are subject to revision and should be treated with caution. This includes all deaths that occurred up to the 27th August 2021 but were registered up to 4th September 2021.

Care Home Market Overview



Executive Summary - Residential Care Home Covid-19 Tracker

Snapshot Date
Thu 09 Sep 2021

Residential Care Homes
(using Capacity Tracker)

481

Homes with Covid-19
Residents

21

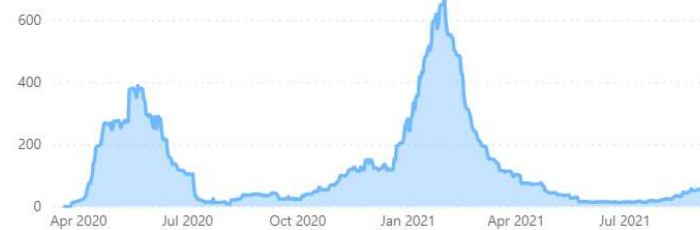
Residents

10,623

Residents with Covid-19

65

Residents with Covid-19



Residents
Covid-19 Vaccinations

1st Dose

94.7%

2nd Dose

92.1%

Staff

Covid-19 Vaccinations

1st Dose

93.3%

2nd Dose

86.9%

Total Beds (CQC)

14,121

% Bed Occupancy
(CQC Beds)

75.2%

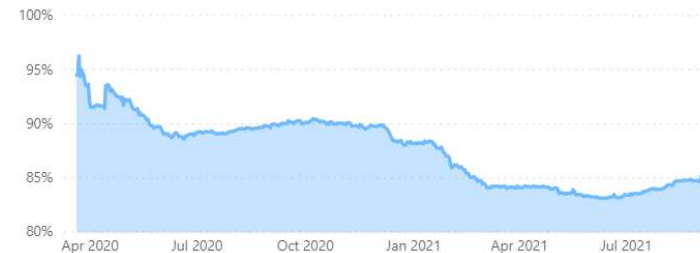
Total Beds (NCT)

12,476

% Bed Occupancy
(NCT Beds)

85.1%

% NCT Bed Occupancy



Residents Flu Vaccinations

219

% Residents Flu Vaccinated

2.1%

Overall Pressure



Workforce Pressure



Overall PPE Status



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A challenging working environment (1 of 2)

- Occupancy levels have shown an improvement over the summer, increasing, on average, from 83% to 85% since June, but they remain below the 90% target that care providers state is their break-even point and with significant variation in occupancy levels in different homes.
- The strain on staff is increasing, with higher absenteeism reported due to the holiday period, increasing sickness and isolation, and a weary workforce. We are particularly concerned about the welfare of the Registered Managers. There is a reliance on Agency staff, at increased fees.
- Other sectors are now opening up e.g. retail and hospitality, offering better pay terms and working conditions and competing for the same pool of staff. Our response has been to set up a Call to Care campaign to promote a career in care.
- Mandatory vaccination is compounding the workforce issue across Hampshire. Despite a high percentage uptake of the 1st vaccine (93%) there are still 1,200 staff who remain unvaccinated and may shortly leave the sector. We are working closely with health colleagues to support providers to maximise their uptake.

A challenging working environment (2 of 2)

- There are signs that Covid outbreaks are on the rise, with 21 homes reporting outbreaks over the past month, impacting 65 residents. We will continue to reinforce IPC guidance to help to contain outbreaks.
- We have issued more than £40M in Govt, grants to support Hampshire homes over the past 18 months (more than £60m to the sector overall and increased care fees of £17m), but no future national grant funding is secured beyond September. We have reassured the sector that we will continue our commitment to pay fees monthly, in advance, for the remainder of this financial year, to support with their cash flow.
- We have started to see some home closures over the summer. Six residential services have announced their intention to close, leading to the loss of approximately 131 beds across Hampshire.
- Most of the impact is being seen in the North of Hampshire and all care groups are impacted – LD, PD and OA.
- We are developing our 'worry list' based on vaccination data, quality insight and factors captured on the national capacity tracker, these are homes we will monitor closely over the coming weeks, and support as required.

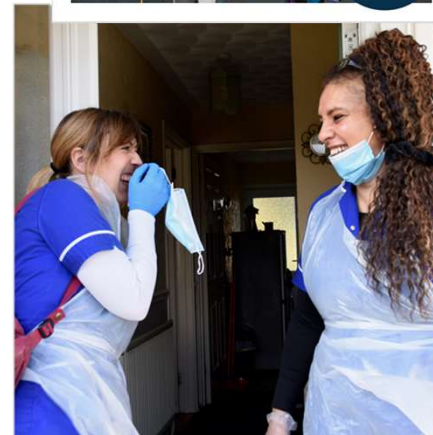
Call to Care Workforce Campaign

connect.hampshire



1. A countywide **Call to Care marketing campaign** to promote care as a career, targeting staffing in a range of care settings. Linking to schools/college recruitment fairs.
2. Investment in a **dedicated recruitment team** with C2H specifically for the care home market.
3. Investment in **IPC and care certificate training** to develop and upskill the workforce.
4. Appointing a dedicated workforce **campaign programme manager**.

www.CallToCareinHampshire.co.uk



Thank you



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