

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	23 November 2021
Title:	Covid Update
Report From:	Director of Adults' Health and Care, Director of Public Health and Chief Executive of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group

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Purpose of this Report

1. The purpose of this report is to provide an update to the Select Committee on the response to the Covid-19 pandemic in Hampshire.

Recommendation

2. The Health and Adult Social Care Select Committee note the update.

Executive Summary

3. The Health and Adult Social Care Select Committee has received updates on the response to the pandemic since July 2020 from the NHS, the Director of Public Health and the Director of Adults' Health and Care. On this occasion the updates have been brought together into one agenda item. Sections of the report have been provided by:
 - The Director of Public Health (paragraphs 4 to 16)
 - The Clinical Commissioning Group regarding the NHS (paragraphs 17 to 33)
 - The Director of Adults' Health and Care (paragraphs 34 to 88)

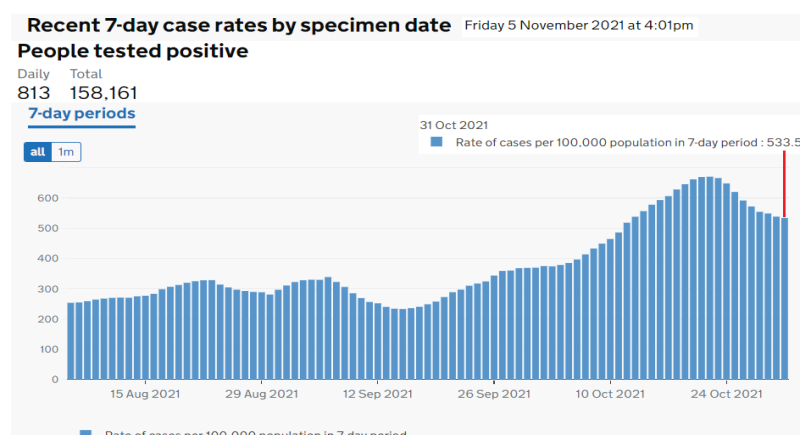
Public Health Update

4. The following provides an update on the epidemiology of COVID-19 in and the core COVID-19 response arrangements in Hampshire.
5. Inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Officers will ensure any such issues are highlighted in the presentation of the report at the HASC meeting. This will particularly apply to the latest data on the transmission of the virus, the position of hospitals in Hampshire and the progress of the vaccination programme.
6. The overall epidemiological situation in Hampshire continues to be characterised by a high but decreasing overall case notification rate and a low stable death rate. Case rates are currently highest among children aged 10-14 years, with increasing over 60 year case rates. Overall, case rates are high in Hampshire's Districts, suggesting sustained community transmission. We now have a largely vaccinated population, but every effort should be made to maximise uptake among unprotected people and encourage COVID-19 booster uptake to top-up immunity over winter.

COVID epidemiology

7. The overall epidemiological situation for Hampshire continues to be characterised by a high stable case rate at 405.1 cases per 100,000 population in the 7-day period as of 31st October 2021, which is above the National 7-day rate of 346.5 cases per 100,000 population. The current Hampshire rate is a 15.8% decline, in the previous week, though we need to be cautious over-interpreting small changes in trends, that may be impacted by the half term break. Yet, these rates are high due to predominance of the Delta variant, and especially concerning against a backdrop of waning vaccine immunity. We know that encouraging high vaccine uptake, face coverings, good ventilation, hand and cough hygiene and maintaining social distancing are effective measures to control the spread of infection.

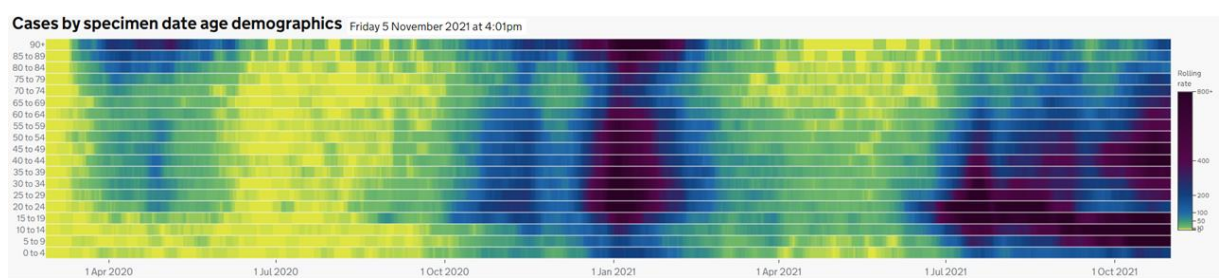
Rates of infections



Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

8. Age demographic data suggest case rates are present and high in all age groups as of 8th November 2021. Case rates are prevalent in all age groups, but 10-14 year olds are the most affected age group with a rate of 1,292 per 100,000, this is a decrease compared to the previous week. Case rates are now starting to decrease in the 40-44 year age band. In contrast, among older people aged 60 and over, rates are still relatively lower at 254.7 per 100,000 population, though worryingly they are increasing due to much earlier waning of vaccine immunity among older people. The message therefore is that the community, with the County Council's leadership, supports the rollout of COVID-19 booster doses to give further protection and vaccination of children aged 12 to 15 years, which should also help drive down infection case numbers in children.

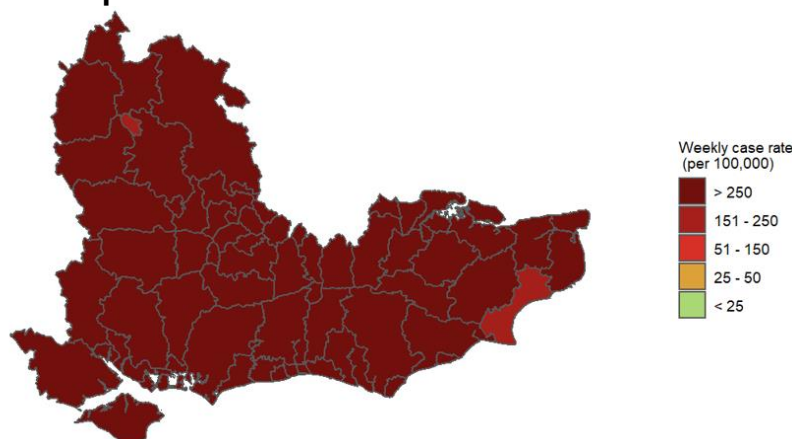
Age demographics case rate heat map



Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

9. The picture varies considerably at a District level. Overall, all-age case rates are high at more than 250 cases per 100,000. The COVID-19 all age case rates are decreasing across the Hampshire districts. At 655.4 per 100,000 population, Gosport has the highest 7-day all age case rate, higher than the England case rate of 386.7 per 100,000 population. Gosport has the highest over 60 year case rate of 297.5 per 100,000 population, on the 3 of November 2021. With high infection levels it is essential that through District and County Council collaborative leadership, infection rates are controlled, and outbreaks managed effectively.

Case rate map

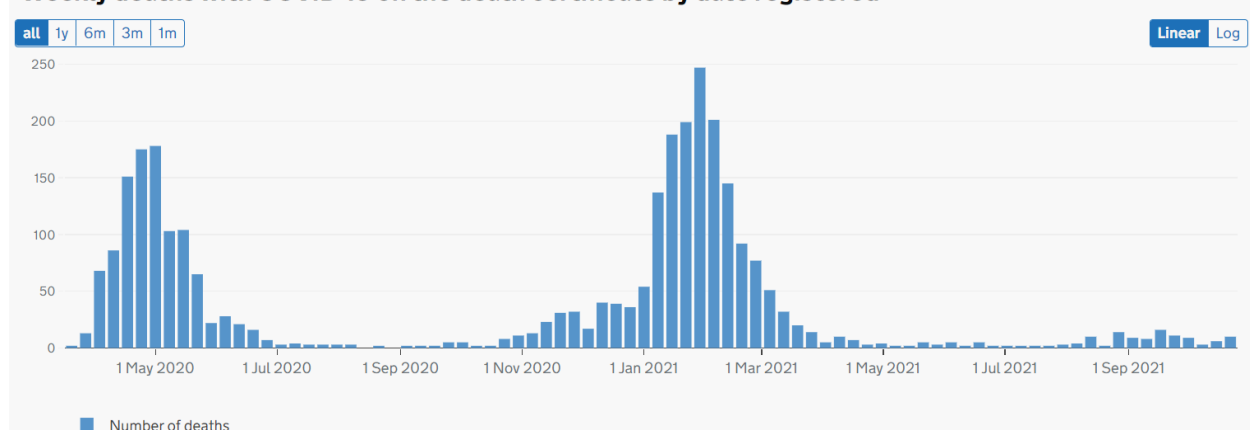


Source: Situational Awareness Report, UK Health Security Agency Local Authority Report Store

- Deaths due to COVID-19 have been steadily falling since mid-January compatible with the successful roll out of vaccination. Currently, the County is experiencing a variable, but overall low death rate. The important message here is that vaccination is highly effective against death from COVID-19 and that being fully vaccinated is more protective than if you are unvaccinated or partially vaccinated.

COVID-19 deaths

Weekly deaths with COVID-19 on the death certificate by date registered

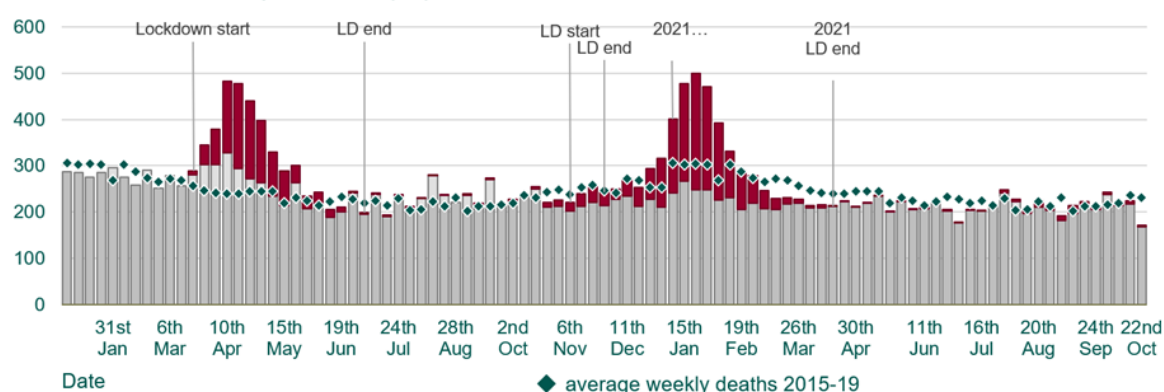


Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

- Trends in excess deaths above the five-year average for 2015-19, suggest that the higher COVID-19 mortality experience across Hampshire mostly occurred during wave one and wave two. Since March 2021 the overall number of deaths has been below or comparable to what we would expect for this time of year.

Excess deaths

All deaths in 2020 and 2021 by week, with proportion where COVID-19 is mentioned



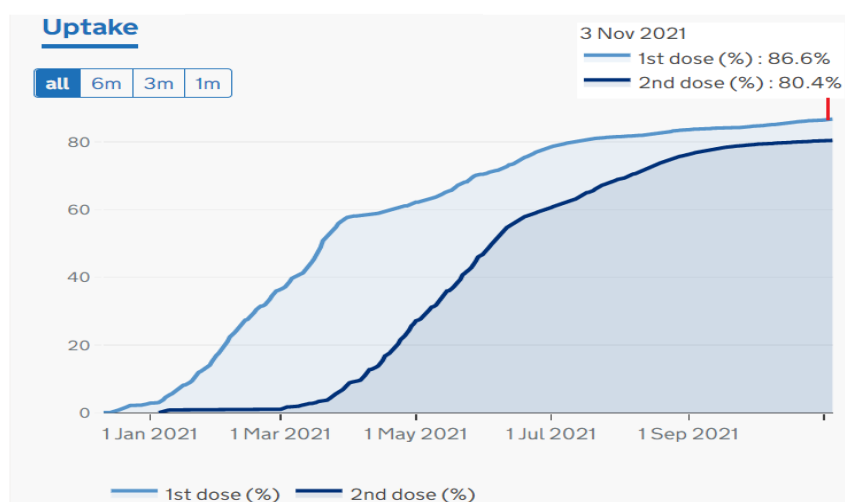
Data source: ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, Public Health England Office for National Statistics, licensed under the Open Government Licence.

- Healthcare backlog and continuous high demand due to COVID-19 and non-COVID-19 conditions are characterising this new phase of the pandemic. After an earlier decline, hospital admissions due to COVID-19 are gradually increasing and are detailed in the NHS update.

COVID-19 response arrangements

13. Vaccination - In Autumn 2021 we now have a largely vaccinated population. Latest data at time of writing (and to be updated verbally at HASC) was that around 86.6% of the Hampshire over-12 population have received a COVID-19 vaccination, with 80.4% having had two doses, as of 3rd November 2021. An estimated 72.7% of adolescents aged 16-17 years and 36.8% of children aged 12-15 years have received a COVID-19 vaccination. Though vaccine uptake is already very high, it could be higher still and every effort should be made to maximise uptake among unprotected susceptibles.

COVID-19 vaccinations

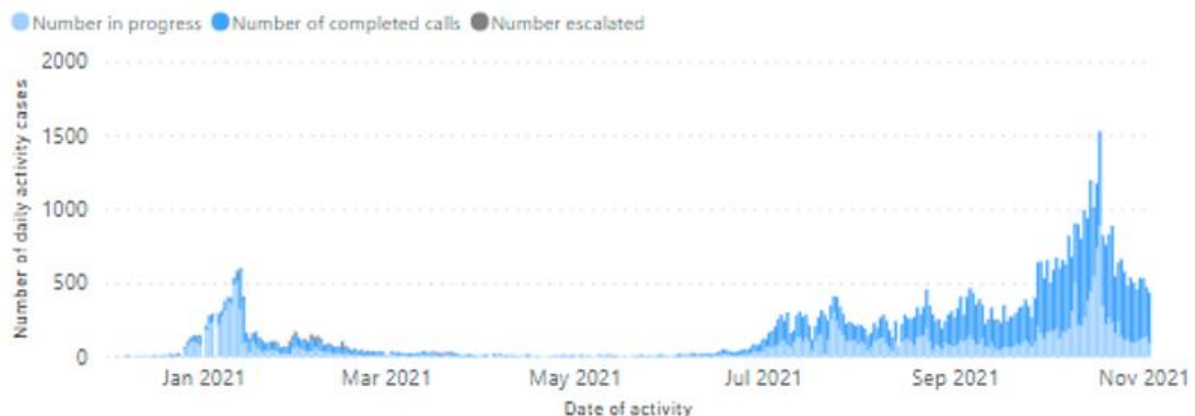


Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

14. Test, Trace, and Self-Isolation – The Test, Trace, and Self-Isolation system remains critical to breaking chains of transmission to manage the virus over the autumn and winter. Symptomatic or asymptomatic testing helps to find people who have the virus, enables their contacts to be traced and helps ensure people self-isolate and/or get tested to prevent onward spread. Local targeted community testing arrangements continue to support the focus on disproportionately impacted and other high-risk groups. Our high case rates mean that we need to encourage the public's uptake of testing, fast and efficient tracing and self-isolation.
15. The Hampshire Local Tracing Partnership (LTP) has been a success with high case completion. Average daily cases in the service over the previous two weeks is estimated at 539 per day. A hybrid model of the Local – 4 approach, for self-completion of new cases within a 4-hour window is operational, that flexes onboarding and prioritisation of Districts with high case rates and service capacity issues.

Hampshire Local Tracing Partnership case outcomes

Daily number of cases by outcome



Source: Hampshire LTP case outcomes

16. Hampshire continues to play a vital role in supporting people on low incomes who are required to self-isolate by delivering financial assistance via the Test and Trace Support Payment scheme (TTSP) and Practical Support Payment (PSP) schemes. Further details on these schemes are provided in the Adults' Health and Care update.

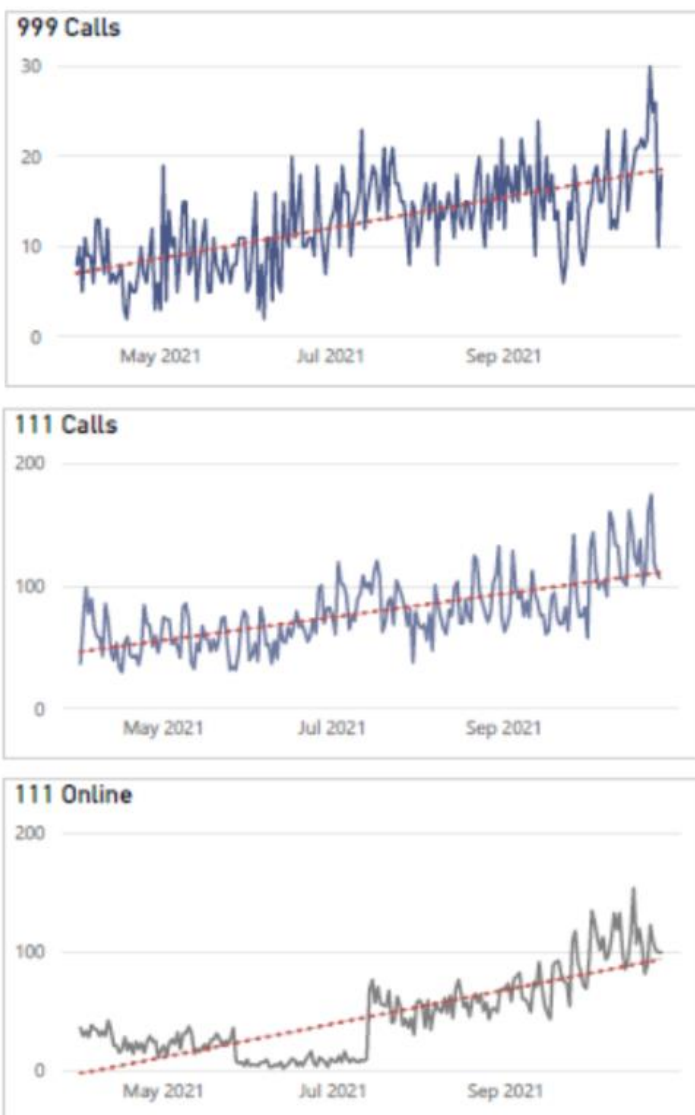
NHS Update

17. The following provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services, including increases in planned activity.

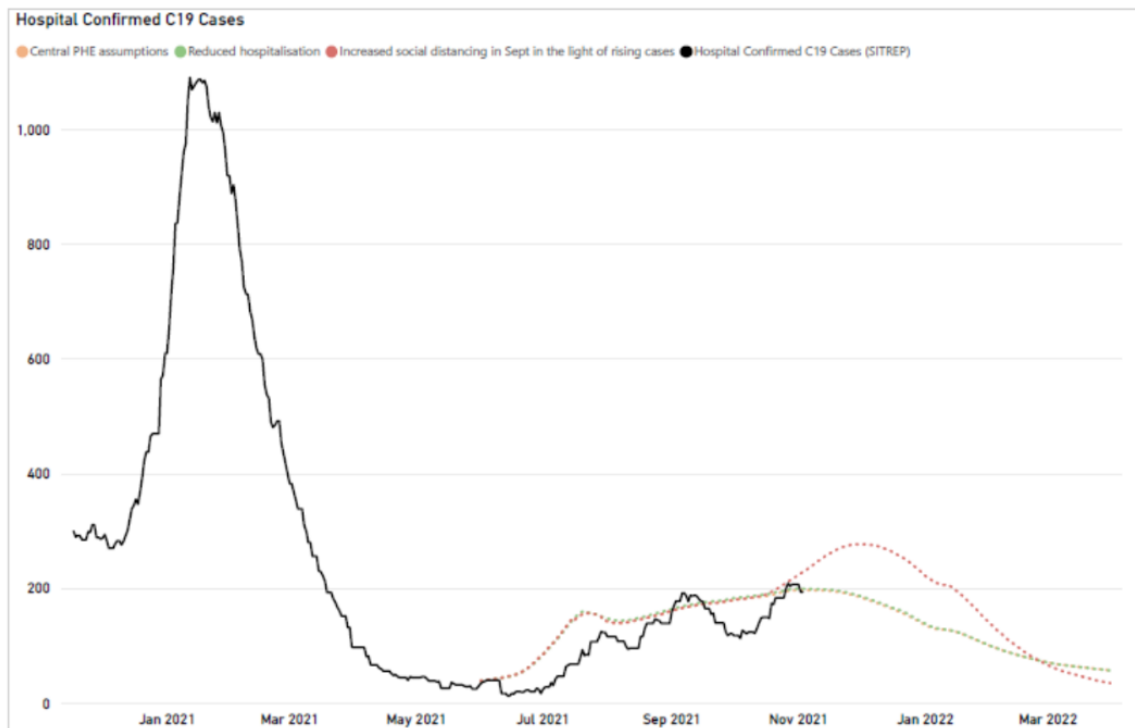
Impact of COVID-19 in Hampshire and the Isle of Wight

18. The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms. These graphs demonstrate a stepped increase over the last three months.

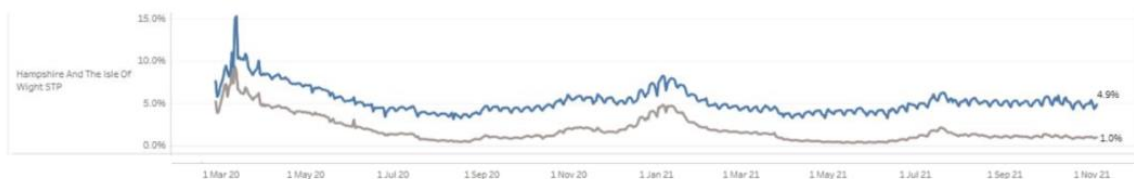
HIOW - NHS Pathway Triage Query Covid Symptoms (111/999)



19. The following graphs show the number of daily COVID-19 cases in acute Trusts across Hampshire and Isle of Wight due to COVID-19. Again, we have seen the impacts of increased COVID-19 activity from early September onwards, and these are in-line with the case modelling.



20. The following graph shows the daily staff sickness rate across Hampshire and Isle of Wight.



21. As at 2 November, the staff absence rate is 4.9% for all staff absences, which is an improvement on previous highs of 8.8%. Sickness related to Covid-19 sickness or self-isolation is currently at 1%.
22. We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups.
23. Our primary care colleagues continue to do all they can to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and while continuing to play a significant role in the delivery of the COVID-19 vaccination programme across Hampshire and Isle of Wight. More face-to face appointments are available for those who need them, and primary care continues to provide access via telephone and online via eConsult where appropriate.

24. Our community mental health teams continue to work closely together to supported discharge services, early intervention services and keep our patients safe in the community under incredibly challenging circumstances.
25. The number of patients with COVID-19 being cared for in hospital reduced to very low levels by the end of May (46). Since COVID-19 lockdown restrictions were lifted on 19 July, we have seen numbers rise steadily, and they have continued to rise throughout October. However, positively, in light of the continued roll-out of the COVID-19 Vaccination Programme across our communities, we are seeing far less patients who need intensive care and significantly fewer deaths. As of 1 November, there were 194 patients with COVID-19 being cared for across all four hospital sites in Hampshire and Isle of Wight. The largest increase in COVID-19 cases identified in the last 30 days is predominantly in the 10 - 24 year old age groups.
26. We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.
27. Across Hampshire and the Isle of Wight we have seen a marked increase in non-COVID-19 related demand for care. At present:
- NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID19 activity have returned to pre-pandemic levels
 - Emergency Department activity volumes had risen to peaks above “normal” levels in June and July – but during October and November have moved to 9% higher than plan. Demand for 111 services and 999 services is 20% higher than the same periods in 2019.
 - Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to work hard to safely deliver care to the population
 - The number of patients in hospital who are medically fit has risen to 17% of our total acute beds, which is impacting on the length of time patients are spending in hospital. Working closely with our partners we are doing all we can to reduce this and ensure patients are discharged in a timely way, however there are acute workforce shortages which continue to cause considerable challenges.

Recovery of services across Hampshire and the Isle of Wight

28. Elective recovery plans have been finalised by all Trusts and include additional activity in order to treat patients more quickly.
29. We are currently delivering a higher level of activity than the national standard (95% of 2019/20 activity levels), and our main focus is now on ensuring patients experiencing the longest waits anyone are treated by March, and that the total

number of patients on the waiting list is reduced. This is extremely challenging in the face of urgent care pressures, and our providers continue to working partnership to do all they can to ensure patients can be treated.

30. Cancer activity remains strong, with Wessex Cancer Alliance second highest nationally and Hampshire and Isle of Wight the fourth highest performing Integrated Care System. Hampshire and Isle of Wight continues to exceed the 28 days faster diagnosis standard, however we have seen more challenged performance in the last the months as a result of the expected marked increase in two-week wait referrals. Breast cancer referrals, for example, are 20% above plan.
31. A significant programme of investment is underway to sustainably transform mental health services over the next three years for the benefit of our communities, with a particular focus on children and young people.
32. We continue to work with partners to support implementation of innovative ways to reduce waiting lists wherever possible, while continuing to support on the health, wellbeing and recovery of individuals working across the system.
33. In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system continues to work in partnership to:
 - innovate, share learning and work with patients to make best use of our existing planned care capacity. This work has included:
 - drawing on insight from national productivity and efficiency tools (such as Get It Right First Time) to maximise patient throughput of, for example, theatres
 - using digital approaches to benefit patient experience and reduce non-value adding activity for example virtual consultations, patient-initiated follow-up and digital preoperative assessment
 - rolling out best practice pathways of care including the use of 'advice and guidance' to ensure patients are able to access the optimal outcome as rapidly as possible
 - create additional capacity - in a co-ordinated and sustainable way that maximises the return on investment. This work has included:
 - accessing capacity in the Independent Sector, creating multi-organisational treatment hubs, and jointly negotiating with providers of capacity to get best value
 - accelerating the creation of a flexible workforce that will be able to support the hub development, administrative support to enhance take-up of independent sector capacity. The workforce element will enable us to build greater resilience into our delivery programme and build a more secure workforce for the future

Adults Health and Care Update

34. The following provides an update on the impact of the pandemic on social care.

Pressures on services

35. The social care market in Hampshire, like the wider national social care market is currently experiencing a number of significant pressures, particularly with the regards to the recruitment and retention of staff. A number of factors such as the impact of Brexit, the impact of Covid 19, the wider opening of the services market (bars, restaurants etc) and the mandating of full vaccination for all staff working in CQC-registered care settings are all impacting on the ability of care providers to maintain sustainable levels of staffing.
36. The shortage of staff is evident across the whole social care system given the ever increasing demands in levels of care needing to be delivered and the increasing volume of care as a result of increased activity across health and care sectors, impacting on our providers as well as our own teams. Within certain areas of the Adults' Health and Care workforce such as HCC Care and some frontline social work teams, it is also increasingly difficult to attract and retain staff, particularly in the face of the recruitment offers being made by other sectors in the wider economy, particularly retail and hospitality.
37. Adults' Health and Care are working closely with care and support providers to support them where possible to maintain required levels of care and ensure stability in the market. The Call2Care campaign which is detailed in paragraphs 72-76 of this report is designed to attract new people to work in care.

Market Interruption

38. Covid19 has meant that service interruptions with our providers have been more frequent, challenging and complex. During the course of the pandemic, we have had to support providers with a number of different interruption scenarios such as:
- Shortages of PPE
 - Shortages of testing kits
 - Agencies refusing to work in care settings with Covid19 cases
 - Care home outbreaks with cases impacting both the residents and staff
 - Insufficient staffing in care homes due to absence as a result of Covid19, staff needing to self-isolate or other illness
 - Families struggling to support someone they care for because a live-in carer has Covid19.
39. Adults' Health and Care has provided an extensive range of support to the care sector during the pandemic and continues to do so.
40. In terms of issues around capacity, there is daily monitoring of providers reporting information into the National Capacity Tracker. All providers reporting pressures in relation to workforce, PPE or capacity receive a follow-up telephone call with the outcome recorded on the provider view area of AIS. This

information is then used to inform our departmental monitoring of the provider market.

41. Effective and quick distribution of the national funding streams for the sector, through commissioning teams.
42. Throughout the pandemic the Department has co-ordinated regular liaison meetings between the County Council, Clinical Commissioning Groups, the Care Quality Commission and Hampshire Care Association to inform local market support. This has done through a Care Home Board chaired by the Director of Adults' Health and Care, Graham Allen.
43. A dedicated provider portal web page has been set-up and regular monthly provider newsletters sent out, in addition to more ad-hoc communications.
44. Adults' Health and Care commissioning teams have co-ordinated the effective and rapid distribution of national funding streams such as the Infection Control Fund (ICF) and the Contain Outbreak Management Fund (COMF) to individual providers. Additionally, the Department made temporary changes to the way it funded certain providers, such as making block payments to day service providers, to ensure greater market stability. The latest awards of Government funding (£11.2m) is in process for dispersal across the social care sector in two tranches, in line with both required distribution and an element of local discretionary allocation.

Mandatory Vaccinations

45. All staff who work in CQC-registered care settings will need by law to be doubly vaccinated by 11 November 2021. Monitoring and support around the mandatory vaccination requirement is now in place for staff in care homes.
46. In Hampshire, as of 1st November 2021, 442 staff in registered care homes, 392 of whom work in older peoples' homes were unvaccinated – representing 3% of the sectors workforce. It is estimated that around 200 people will leave the sector In Hampshire, placing further pressure on staffing capacity. Within, HCC Care, 26 people were unvaccinated at that date with 97% of HCC Care staff fully vaccinated.
47. A public consultation has been completed for vaccination to be applied in NHS settings and the wider social care sector. Consequently, on 9th November the Secretary of State for Health and Social Care informed the House that a draft statutory instrument (secondary legislation) would be laid before Parliament to seek to enact mandatory vaccination for NHS and social care staff in all patient / public facing roles – to come into effect from 1st April 2022, subject to Parliamentary approval.

Safeguarding

48. Changes in individual circumstances resulting from Covid19, may have resulted in an increase in the number of potential safeguarding incidents. In addition, the ability of the Adults' Health and Care teams to visit people in their homes, be

that their own home, a residential home or a supported living setting was reduced in order to reduce infection risk. Contact with people who use social care services, including assessments and reviews was largely carried out online, using tools such as MS Teams, or over the telephone.

49. Many people have experienced disruption to the delivery of their usual care since the start of Covid19. Services such as day services and respite services have either been closed or have been operating at a reduced capacity. These are settings where safeguarding concerns may often be identified.
50. The care that some people receive in their own homes has also been reduced in some circumstances, particularly where service users or their carers have had concerns around infection prevention. This in turn may have led to additional pressures on those carers.
51. Day services and respite services, under normal circumstances provide respite to both individuals and their carers, allowing them to spend time apart and lead more independent lives. The reduction in the provision of these services along with the other factors outlined in this section are likely to have led to a significant increase in pressures on many carers. To mitigate some of these pressures the County Council, working with voluntary sector partners, has put in place a number of initiatives to help support carers. These include provision of information and advice, outreach and befriending services and in some cases the provision of small carers' grants.
52. As a result of the above, Adults' Health and Care is currently reviewing the levels of safeguarding enquiries that it receives, looking at data from other local authorities with a similar population size to identify trends or themes.
53. Nationally, there is a focus on Safeguarding Adults Reviews relating to self-neglect. This is also reflected in Hampshire, where a themed Safeguarding Adults Review is due to be published shortly. This focusses on 6 cases where people have died who were not open to any services and who had a history of alcohol and/or drug misuse, hoarding and other forms of self-neglect.
54. Adults' Health and Care continued to prioritise prevention, excellent practice, professional development, system improvement, audit, and learning from Safeguarding Adults Reviews. This included by:
 - Introducing extra resource in key areas in the short term, to protect time for professional development despite growth in demand.
 - Planning for the implementation of a new social care recording system, *Care Director*, in 2022 to improve recording of safeguarding data.
 - Introducing a new senior social work role, which went live on 1st October 2021. Social workers that meet a required standard of practice will be remunerated for taking on professional lead roles, including Safeguarding Lead to ensure good safeguarding standards in teams.

- Restarting home visits for those who could not be visited during lockdown, with the use home working guidance to equip staff to make use of professional curiosity and effectively support people at risk.
- Delivering an extensive campaign on re-launching Making Safeguarding Personal and introducing new mandatory safeguarding training, alongside an automated training dashboard.

55. Please see the full Adults Health and Care annual safeguarding report for further details.

Workforce

56. Since the start of the Covid19 pandemic there has been an increased focus on the wellbeing and resilience of the staff who work in Adult's Health and Care. This focus on wellbeing continues to be a priority with people being encouraged to book their annual leave allocation and to take regular breaks, including lunch breaks.
57. In-person team meetings have restarted, with some teams participating in team-building events. All staff have been able to take advantage of a small amount of financial recognition for each person to enable them to have lunch (no alcohol) together or participate in a team activity.
58. Concerns around team capacity and workload-related issues as well as a high level of vacancies for certain roles have led to the decision to create additional capacity in the Adults' Health and Care workforce of around 40 temporary posts. This has been supported by a department-wide recruitment drive which has seen approximately 90 applications, resulting in recruitment to over 20 permanent posts.

Winter Resilience (Provider Market)

59. There are a range of measures being put in place to help individual providers deal with incidents that may arise as a result of situations such as outbreaks of Covid19, staffing shortages etc. Actions cards are being developed so that specific guidance is in place for responding to the wide variety of interruptions scenarios. When these are complete they will be added to an updated provider failure/interruption policy.
60. The County Council's Emergency Planning team are facilitating sessions with staff across the department to ensure we have reviewed our detailed plans to respond to any emergency home closures.
61. Additional temporary posts are being recruited in the Adults' Health and Care Provider Quality team to support providers in the event of potential service interruption or failure as well as to help them to recover from such situations.
62. The department holds a list of agencies that providers can contact to find alternative staff. This list is regularly reviewed and updated with the agencies. Plans are also underway to commission a 12 week emergency care bank, so that Adults' Health and Care can respond to urgent provider staffing requests.

Winter Resilience (HCC Care)

63. The County Council's own HCC Care arm, which runs residential and nursing homes for older people, respite services for adults primarily with learning disabilities and day services for both older people and people with disabilities, is experiencing the same pressures as the wider care market. National issues such as Brexit, Covid19, increased levels of sickness as well as pressures driven by NHS demands are all placing increasing difficulties on service delivery.
64. The service is experiencing a shortage of staff and is competing with other providers within the care sector for scarce staff resources. Recruitment to vacancies and retention of staff across HCC Care, as in the wider care sector, is increasingly challenging. Due to such pressures and low occupancy levels in two HCC Care facilities the Director of Adults' Health and Care took a decision, for operational safety reasons, to temporarily close these two care homes.
65. The service is expecting to come under further pressures during winter resulting from a number of issues, including fluctuating levels of Covid19, predictions of bigger flu impact due to lower resistance in communities and the re-emergence of other illnesses such as Norovirus.
66. In addition, the onset of winter pressures on local hospital systems will further exacerbate the pressure felt on an already fragile care sector workforce

Winter Plan (Supporting the NHS)

67. The foundation for the Winter Plan is to build upon the Discharge to Assess (D2A) and Short-Term services that have been supporting the Hampshire system since the beginning of this financial year. These services have been commissioned in such a way that they can be flexed when there is a surge in demand.
68. Over the past 3 years we have consistently experienced a 20% increase in demand between November and December and a further 10% increase in demand between January and March. This year, CCGs have brought winter plans forward to the start of October and we have been increasing capacity in services from this time, as when required.
69. There has been no significant reduction in demand for hospital discharges over the past 6 months, and we have maintained additional staff working in each service. Additionally, acute hospitals have seen significant operational challenges, including increased occupancy and ambulance handover delays, alongside elective care pressures. Additional resources will be required to support increased demand and referrals to our D2A services and through to onward care. Further additional staff will also be needed in the Single Point of Access (SPOA) and reablement teams. Wraparound care services in terms of support from GPs, social care support, therapist support etc are also required to support the discharge process.

70. Work is ongoing with the NHS to look at what can be done to reduce demand at the front door, for example promotion of preventative services, promotion of the flu vaccine and increased working with voluntary sector.
71. It should be acknowledged that this is being planned and delivered in the context of considerable uncertainty around any new Covid19 variants, a potential flu outbreak and increased demand and complexity of needs.

Call to Care campaign

72. The Call to Care campaign has been created in collaboration with our recruitment agency partner, Connect2Hampshire, to encourage people in Hampshire to consider a career in care.
73. The scope of the campaign is to encourage people to consider a career in care in response to vacancies across the independent sector. The campaign will also take every opportunity to promote careers in care within Hampshire County Council, with a focus on HCC Care.
74. A Campaign Manager has been recruited to focus on attracting, retaining and developing the care workforce in Hampshire. A social media campaign, using Facebook, Instagram, LinkedIn, Snapchat and TikTok has been running since the end of August 2021, as part of a wider marketing campaign, designed to drive people to the www.CallToCareinHampshire.co.uk website. This wider campaign has involved promotions via local newspapers, local radio, universities, job boards (e.g. Community Care, CV Library), recruitment fairs and even recycling centres.
75. The campaign is starting to see a number of successes; 16 new people have registered as Personal Assistants in Care on the Hampshire PA Finder website.
76. Average weekly impressions (also known as views) for Facebook adverts are in the region of 50k and the new microsite for Call to Care has circa 500 users each week. Most users that find and use our microsite are from the Newsquest digital campaign (local newspapers online - Daily Echo, Hampshire Chronicle, Romsey Advertiser, New Forest Post, Andover Advertiser, Aldershot Star), with others directed from the national campaign or social media.

Update on Recovery

77. The cumulative impact of the operational and workforce pressures described are reflective of the Recovery phase that the Department is currently working through, with the longer-term consequences of Covid now taking effect. To ensure sustainability of the Department's approach to Recovery for the longer-term, a proposal will be presented to DMT in late November to transition the temporary Recovery Escalation and Steering Group to a business as usual SMT Network. Importantly, this will enable senior operational and headquarters managers to regularly share intelligence, coordinate activity, reflect on good practice, and provide a forum for peer support. The SMT Network will have

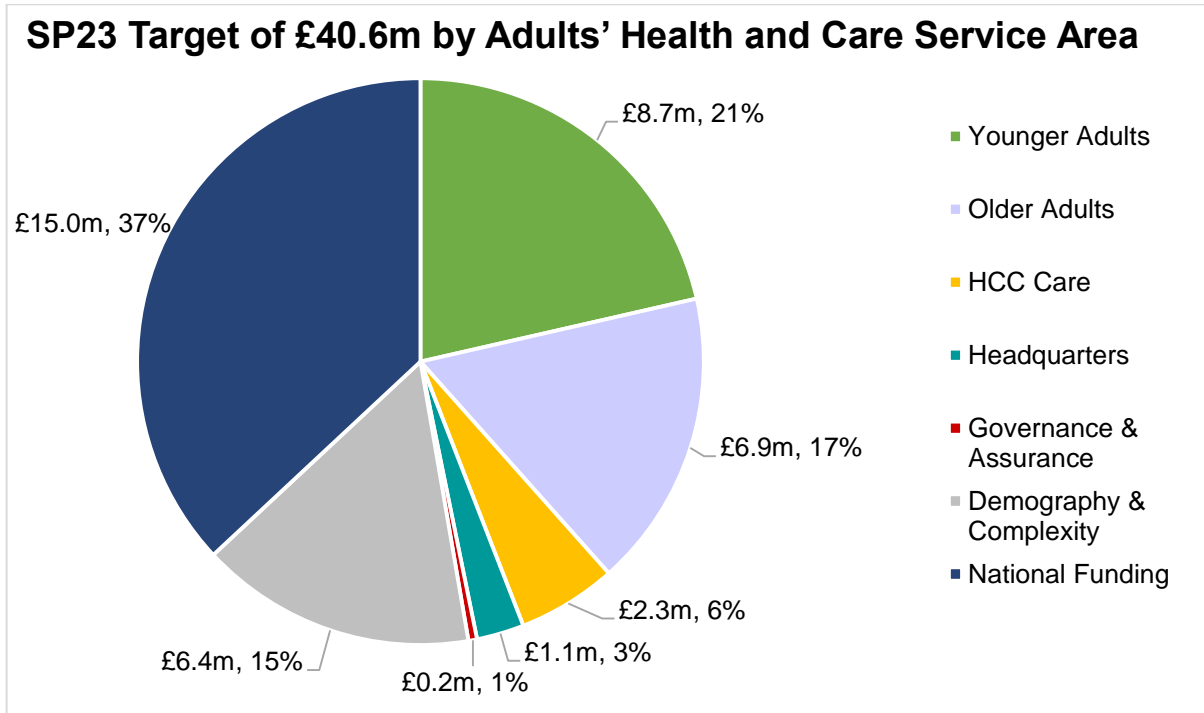
direct links to the Recovery Executive Group and/or DMT to escalate decisions and issues as appropriate.

78. Despite the significant challenges to recovery, positive steps are being made alongside the mitigations being put in place to manage pressures and shore up resilience. All offices have now reopened, and a review of the arrangements is planned for next year once new ways of working, in line with the organisation's new Open Workplace Policy, and the use of hybrid technology has been embedded. Other highlights of recent months include, but are not limited to, roll out of the Senior Social Worker role and Excellent Practice Validation, expansion of virtual appointments, mobilisation of the Older Adults One Plan programme, the opening of the Nightingale Lodge Extra Care scheme, continued close working with the Voluntary, Community and Social Enterprise sector, and refresh of the Department's four existing Market Position Statements (MPSs') alongside publication of two new MPS's for Physical Disabilities and Extra Care.
79. A refreshed five-year Department Strategy was due to be presented to Cabinet in December 2021, however due to the relentless operational challenges and other priorities such as the Afghan Resettlement Programme, this work has been postponed until the new year. The refreshed Strategy will now be prepared for Cabinet consideration in May/June 2022. Engagement with service users, carers and providers will continue between now and then to ensure that important feedback and views are taken into account. Development of the Department's Roadmap and annual Business Plan was similarly postponed, however work on these has now resumed and both are planned for internal publication in early December 2021.

Update on SP23 / T21 / T19

80. As at October 2021, £51.4m savings had been delivered of Adults' Health and Care's £55.9m Transformation to 2019 (T19) programme, together with £16.5m Transformation to 2021 (T21) savings (target £43.1m). The remaining £31.1m combined represents the most difficult element to achieve as this mainly relates to reducing expenditure on care packages within Older Adults and Younger Adults against a backdrop of increasing demand, complexity, and cost pressures alongside the potential longer-term impact of Covid-19, the financial challenges being experienced by NHS organisations and social care, increasing expectations and greater levels of regulation especially linked to quality.
81. In addition, the Department faces a further budget reduction of £40.6m (or 10%) by April 2023 as its contribution to Savings Programme to 2023 (SP23). These savings will build on past performance through T19 and T21 that has resulted in positive service transformation and innovation (including multi-million £ investment in Technology Enabled Care and modern Extra Care housing) alongside further efficiencies and service reductions. Additionally, the strengths-based way of operating that the Department has been increasingly working to over the last decade continues to improve service user independence and in turn has helped to limit the cost of paid for care packages. A high-level

breakdown of the Department's SP23 savings areas is provided in the diagram below.



82. SP23 will challenge the Department like never before and it is inevitable that there will be impacts on front-line services. That said, the programme will be taken forward carefully and sensitively in line with the approach outlined above, and the Department is confident from the information currently held that its targets can be achieved. Findings from the Balancing the Budget consultation in summer 2021 were considered and Equality Impact Assessments produced to help shape the final proposals. Stage 2 consultations are planned in the Spring of 2022 on SP23 proposals relating to Social Inclusion and Demand Management and Prevention Grants. Positively, the direct impact of SP23 plans on the Adults' Health and Care workforce is expected to be minimal with very few staff posts to be potentially at risk. Importantly this will enable the further embedding of the large-scale workforce changes implemented during T19 and T21, alongside preparation for the roll-out of the new CareDirector system in Summer 2022, particularly while significant operational pressures and recovery from the lasting impacts of Covid-19 continue.

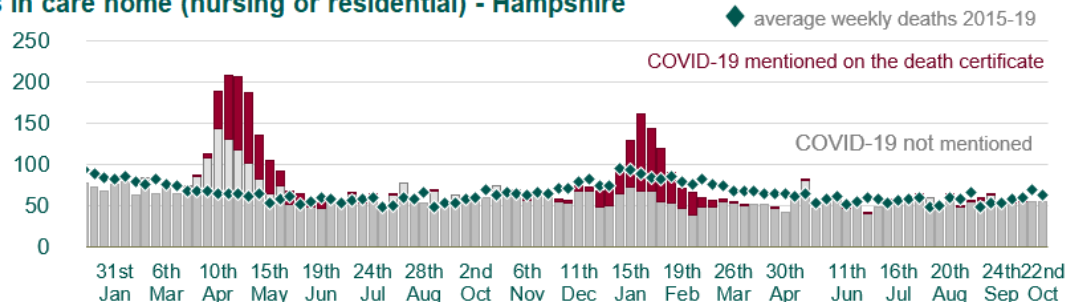
Progress of Covid-19 within Hampshire's care homes

83. For the time period requested – from 1st February 2020 to 22nd October 2021 (ONS week 6 2020 to week 21 2021) and registered up to the 30th October 2021

- there have been **6,875** deaths from all causes in Hampshire care homes (nursing or residential)
- **1,004** of these deaths had COVID-19 mentioned on the death certificate. These figures are based on date of death occurrence as opposed to date of registration. They reflect all deaths registered as at the 30th October 2021 and are subject to revision, especially the most recent weeks.

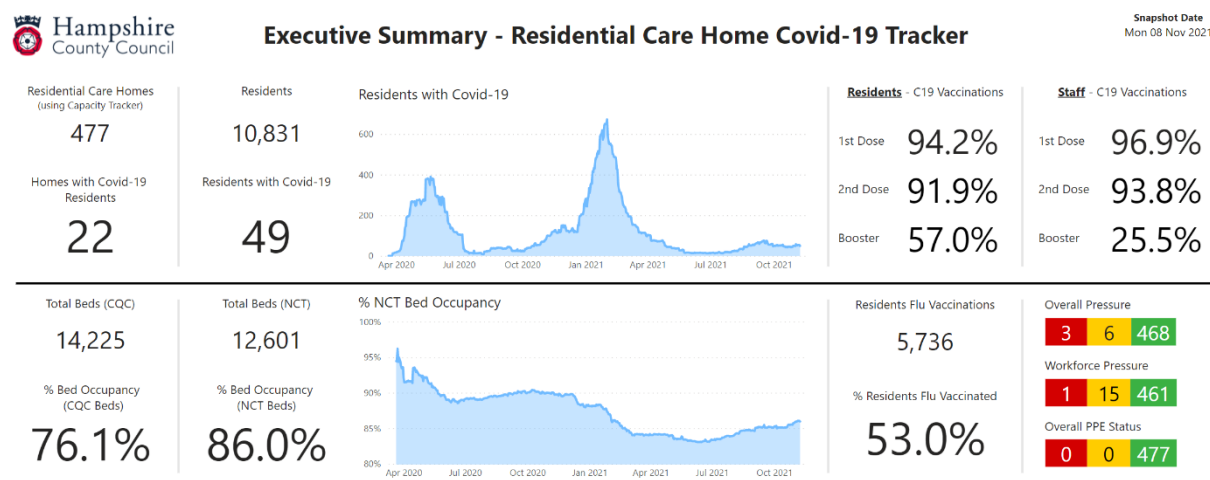
*The source of the underlying data is - Death registrations and occurrences by local authority and health board published by ONS. The graphs are adapted from Latest excess mortality and place of death analysis – up to Week 42 released by LKIS South East, Public Health England.

Deaths in care home (nursing or residential) - Hampshire



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 22nd October 2021 but were registered up to 30th October 2021.

Care Home Market Overview



84. Occupancy levels have shown an improvement over the summer, increasing, on average, from 83% to 86% 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.

85. The strain on staff remains high and there is a continued high reliance on Agency staff, at increased fees.

86. Other sectors continue to open up e.g. retail and hospitality. As part of our Call to Care campaign we have established a dedicated recruitment team within our partner organization C2H. This team was set up during October and is currently working with 30 homes and managing recruitment. We have additional funding

streams through ICTF (confirmed until end March) and COMF to support outbreak management and Govt. has just announced a workforce retention and capacity fund to offer further support over the winter period. This should go some way to helping to build resilience among the workforce.

87. We have put a lot of effort into supporting care homes to maximise the take up of the vaccination before it becomes law on 11th November and just over 3% of the workforce have yet to take up the first dose. We have engaged directly with the top 50 homes who have had a lower uptake to ensure that they have robust contingency plans in place and that there will be no interruption to service. All have assured us that they do not anticipate any significant impact on their ability to deliver care
88. There are signs that Covid outbreaks are on the rise, with 35 homes reporting outbreaks over the past month, impacting 65 residents. We will continue to reinforce IPC guidance to help to contain outbreaks and have developed a support pack to help providers with their preparations for winter.

Climate Change Impact Assessment

89. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

90. Climate Change Adaptation and Mitigation

The carbon mitigation tool and climate change adaptation tools were not applicable on this occasion because this is an update and not seeking a decision.

Conclusions

91. This report is presented in order for the Health and Adult Social Care Select Committee to maintain an overview of the response to the pandemic locally, which is a key issue for the health and care sector in Hampshire at present. This gives the Committee the opportunity to remain informed and identify any areas that may warrant further scrutiny.

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:	no

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:

An impact assessment has not been undertaken as this report is providing an update not proposing any change for decision.