

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
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. 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 26)
 - The Director of Adults' Health and Care (paragraphs 27 to 58)

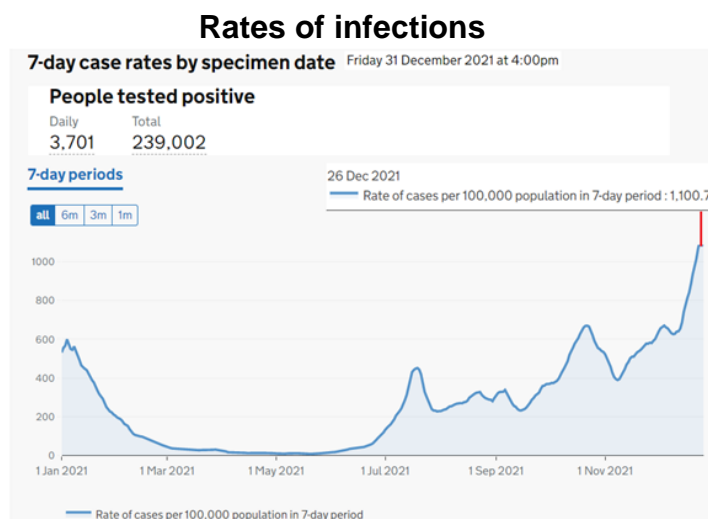
Public Health Update

4. This is an update on the epidemiology of COVID-19 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 Inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Also, the latest batch of data on COVID-19 epidemiology, hospitalisations and vaccination uptake is affected by reporting biases due to the holiday period. Officers will highlight these data caveats in the presentation of the report at the HASC meeting.
6. The overall epidemiological situation in Hampshire continues to be characterised by a very high and rapidly increasing case notification rate and a low stable death rate. This situation is largely driven by high transmissibility of

the Omicron and Delta variants. Case rates are currently highest among young people aged 20-24 years. Overall, case rates are high in Hampshire's Districts, suggesting sustained and rising community transmission. We now have a largely vaccinated, but partially boosted population so need to encourage uptake among unprotected people and urge COVID-19 booster uptake if eligible, to top-up immunity.

COVID epidemiology

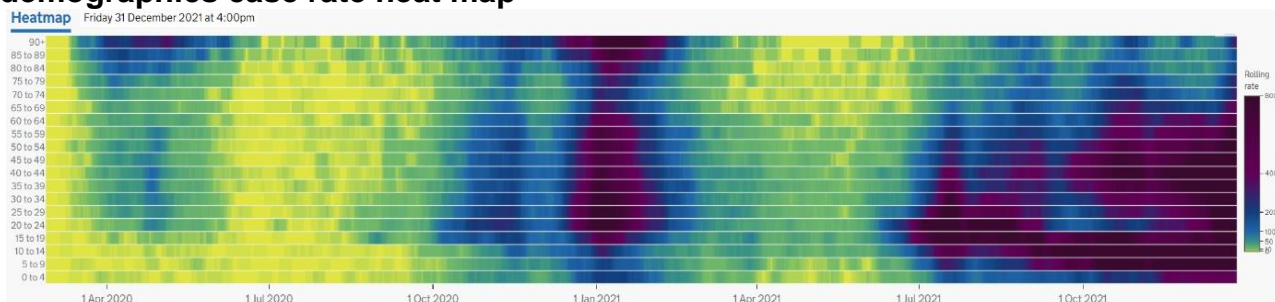
- The overall epidemiological situation for Hampshire continues to be characterised by a very high and rapidly increasing case rate at 1,100.7 cases per 100,000 population in the 7-day period as of 26th December 2021, against the National 7-day rate of 1,253.8 cases per 100,000 population. The current Hampshire rate is a 24.5% rise from 884.4 cases per 100,000 population, in the previous week. These surging rates due to predominance of the Omicron and Delta variants, are especially concerning against a backdrop of waning vaccine immunity. The critical message while rates are high and with a new variant in circulation, is that the community, with the County Council's leadership, gets fully vaccinated and, if eligible, boosted, and that face coverings, good ventilation, hand and cough hygiene and social distancing measures, are complied with, to control the spread of infection.



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

- Age demographic data suggest case rates are high in all age groups as of 26th December 2021. Case rates are highest among young people aged 20-24 (2,215.2 cases per 100,000 population) and 25-29 (2,152 cases per 100,000 population) years of age. In contrast, among older people aged 60 and over, rates are still relatively lower at 372.7 per 100,000 population, though worryingly they are increasing. Reassuringly, rates in younger children aged 0-4 years are relatively lower for now, at 387.8 per 100,000 population. However, we have to protect our unvaccinated and partially vaccinated children, including vulnerable communities by promoting vaccination and urgent rollout of the COVID-19 booster campaign and highlight the importance of taking reasonable care to keep safe, regularly test and contact trace in line with national guidance.

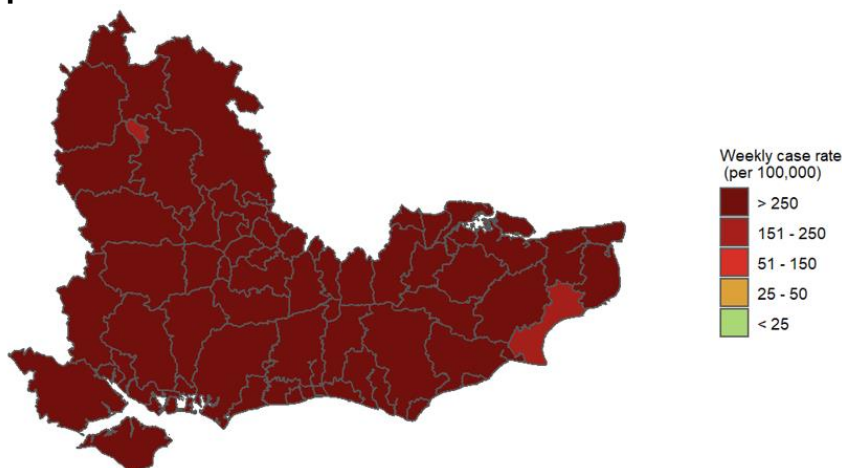
Age demographics case rate heat map



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

- Epidemic intelligence varies considerably at a District level. Overall, all-age case rates are high at more than 250 cases per 100,000 population in Hampshire's Districts, suggesting high and sustained community transmission. Hart has the highest 7-day all age (1,270.4 cases per 100,000 population) and over 60 year case rates (443.6 cases per 100,000 population) as of 26th December 2021. With the new and rapidly spreading Omicron variant driving high infection levels, it is essential that District and County Council work collaboratively to curtail spread and protect the health of communities, especially the most vulnerable ones.

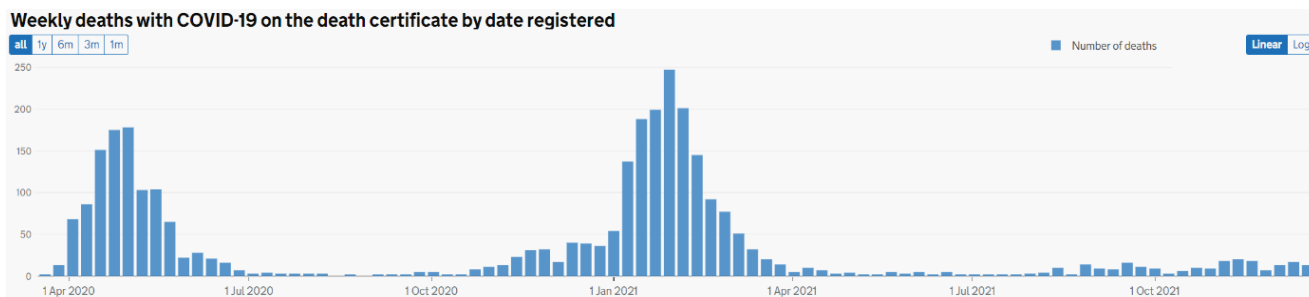
Case rate map



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

- Deaths involving COVID-19 have been steadily falling since mid-January and were consistently lower for people who had two vaccinations. Currently, the County is experiencing a variable, but overall low death rate. The important message here is that being fully vaccinated and boosted is more protective than being unvaccinated or partially vaccinated, and thus a key part of the policy response for reducing hospitalisations and deaths.

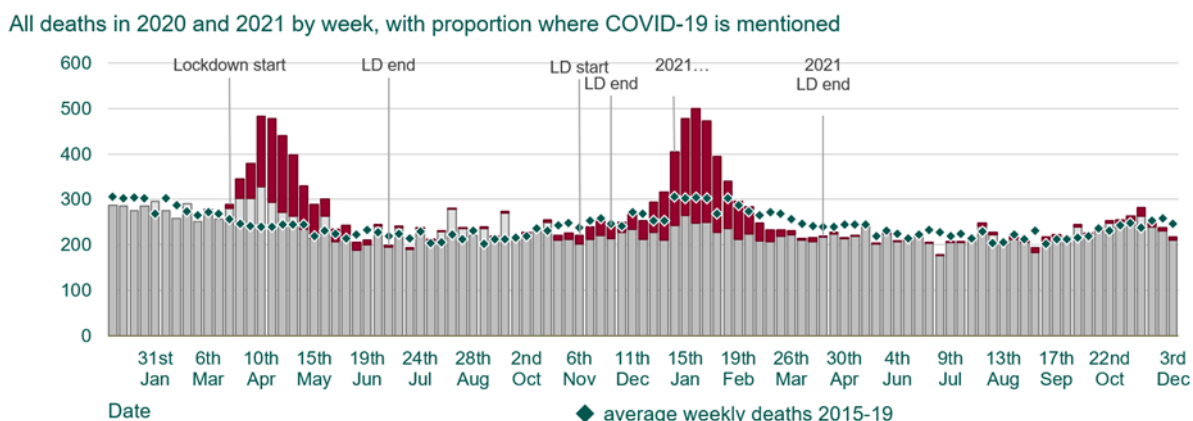
COVID-19 deaths



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

11. Overall, excess deaths above the five-year average for 2015-19 are below or comparable to what we would expect for this time of year, with some spikes, following an initial substantial drop from the very high excess death peaks during wave one and wave two. In the pandemic so far (13 March 2020 to 10 December 2021), there have been a total of 2,034 excess deaths above the five-year average in Hampshire.

Excess deaths



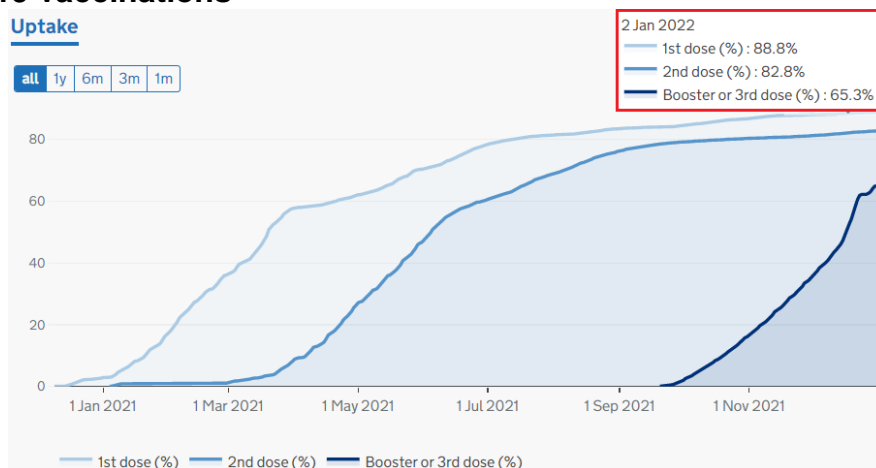
Data source: ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, Public Health England Office for National Statistics, licensed under the Open Government Licence.

12. Workforce absences against a background of care backlog and continuous high demand due to COVID-19 and non-COVID-19 conditions are characterising this phase of the pandemic. Whilst COVID-19 hospitalisations have remained stable, they are on the rise and detailed in the NHS update.

COVID-19 response arrangements

13. Vaccination - In Winter 2021/22 we now have a largely vaccinated population. Latest data at time of writing (and to be updated verbally at HASC) was that around 88.8% of the Hampshire over-12 population have received a COVID-19 vaccination, with 82.8% having had two doses, and 65.3% boosted, as of 2nd January 2022. An estimated 79.3% of adolescents aged 16-17 years and 65.2% of children aged 12-15 years have received a COVID-19 vaccination. Vaccine uptake is high but needs to be even higher, especially where there are inequalities in uptake and every effort should be made to maximise uptake among unprotected individuals who are susceptible to infection.

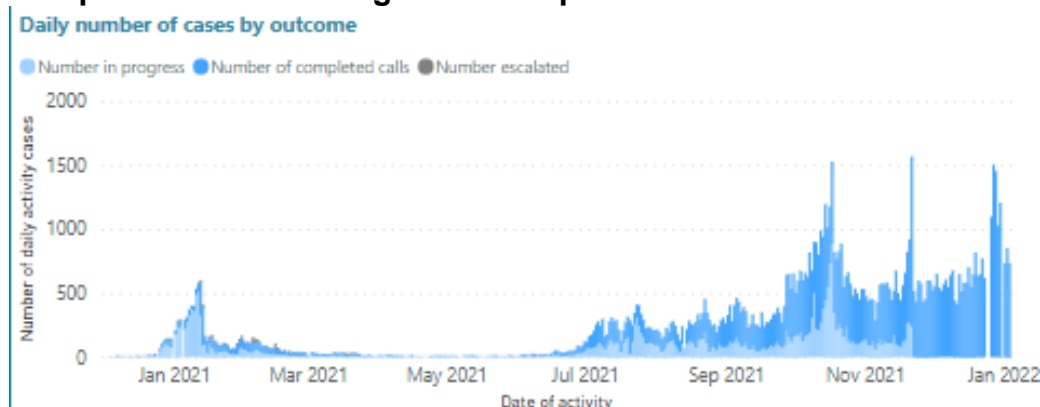
COVID-19 vaccinations



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, self-isolation and access to support where required.
15. The Hampshire Local Tracing Partnership (LTP) has been a success with high case completion. The UK Health Security Agency have described Hampshire as having one of the most effective tracing services in the region. Average daily cases in the service over the previous two weeks is estimated at 837 per day. A hybrid model of the Local – 4 approach, for self-completion of new cases within an 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



Source: Hampshire LTP case outcomes

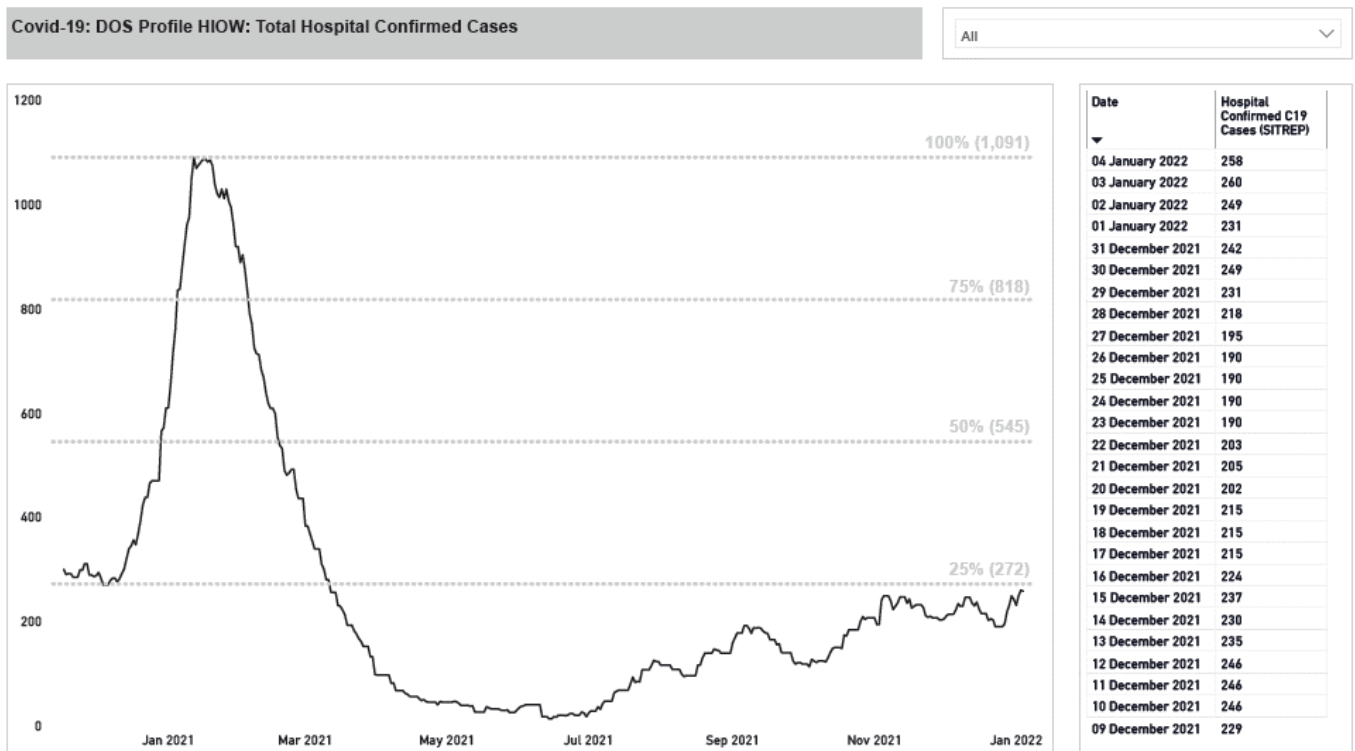
16. Hampshire continues to play a vital role in supporting people on low incomes who are required to self-isolate by delivering financial assistance via signposting to the Test and Trace Support Payment scheme (TTSP) and Practical Support Payment (PSP) schemes.

NHS Update

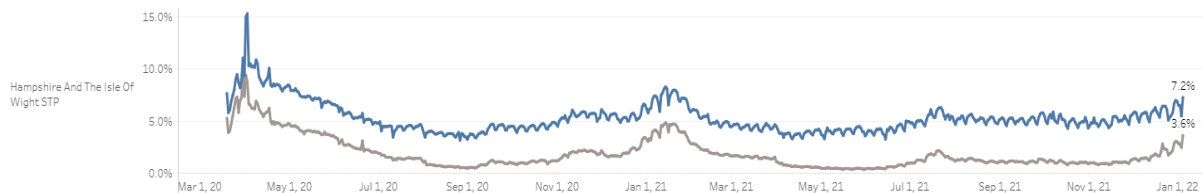
17. The following provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services. The latest wave of Omicron is having a significant impact on NHS services. This is a rapidly changing situation, and further updates will be presented verbally at the meeting.

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

18. The following graphs show the number of daily COVID-19 cases in acute trusts across Hampshire and Isle of Wight due to COVID-19. We have seen the impacts of increased COVID-19 activity from early December onwards, in-line with the case modelling.



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



20. As at 4 January 2022 the staff absence rate is 7.2% for all staff absences, with sickness or self-isolation related to Covid-19 currently at 3.6%. These are below the high points of 8.3% and 4.8% respectively in 2021 but are currently

increasing as we progress through the latest wave of Omicron. Absence rates continue to be monitored on a daily basis.

21. 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.
22. 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 their significant role in the delivery of the COVID-19 vaccination programme across Hampshire and Isle of Wight.
23. 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 challenging circumstances.
24. Since COVID-19 lockdown restrictions were lifted in July 2021, we have seen numbers rise steadily, and they have continued to rise throughout the winter period. 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 2021, there were 194 patients with COVID-19 being cared for across all four hospital sites in Hampshire and Isle of Wight. This increased to around 210 at the start of December 2021, and has risen to 258 as of 4 January 2022.
25. 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.
26. 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-COVID-19 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 moved to 9% higher than plan, and stayed at this level during December and January. Demand for 111 services and 999 services are 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 20% of our total acute beds, which is affecting the length of time patients are spending in hospital. Working closely with our partners we are doing all we can to improve this and ensure patients are discharged in a timely way.

Adults Health and Care Update

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

Pressure on services and market interruption

28. There are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors
29. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff as detailed in the previous update. These pressures are now being compounded by the impact of the Omicron variant on staff sickness and absences. Adults' Health and Care are planning with partners and providers across the sector to prepare for a number of scenarios, in terms of absences, including a prolonged period through January and February of absence levels of up to 30% across the social care system. Whilst plans to enable the deployment of resources in the event of major and sustained capacity issues have been developed, the future uncertainty means that there remain significant risks for service continuity in the coming period.
30. As detailed in previous updates, Adults' Health and Care continues to provide high levels of support to the care sector.
31. 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 and provide support where required.
32. In order that it can respond to specific issues around infection prevention and control, a weekly forum consisting of senior managers from Adults' Health and Care and Public Health has been established. This has a particular focus on outbreak prevention and control, testing and the rollout of vaccinations. This has served us well over time.
33. Adults' Health and Care is continuing to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care campaign which was detailed in the previous report and is designed to attract new people to work in the care sector.
34. Adults' Health and Care commissioning teams continue to co-ordinate the effective and rapid distribution of national funding streams to providers, with the latest one-off funding, received in December, targeted at supporting the wider social care workforce (residential care, nursing care, domiciliary care, day care, personal assistants etc).

Mandatory Vaccinations

35. All staff who work in CQC-registered care home settings needed 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.
36. In Hampshire, as at 29 December 100% (including exemptions) of staff working in care homes have received their double vaccination. Some individuals are exempt, and self-exemption guidance has been extended up until the end March 22. We anticipate that 100-150 staff will have exited the sector, as a

result of non-compliance. Our focus has shifted to promotion of the booster vaccine to further protect staff, working with health colleagues to signpost staff to local vaccination services/walk in centres. The booster is not mandatory, and updates on the NCT are not being kept up to date, our own records based on direct contact with the homes suggest that 61% staff have now had their booster. We continue to support the booster programme in social care settings.

37. A national HM Government public consultation has been completed for vaccination to be applied in NHS settings and the wider social care sector. Consequently, regulations were laid before Parliament on 14 December enacting mandatory vaccination for NHS and social care staff in all patient / public facing roles – to come into effect from 1 April 2022. Our teams will be supporting our care providers to ensure as many staff as possible comply with this new regulation. The main focus of this work will be our domiciliary care providers.

Home Visiting

38. The previous report highlighted increases in the number of safeguarding incidents as a result of a number of factors relating to the pandemic. These included disruptions to the provision of care, including closure of services offering day care and respite, and increased pressure on carers.
39. During restrictions, 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 minimise 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 although visits were undertaken when necessary. Over time this general lack of face-to-face contact has had a negative impact in some situations.
40. As a result, when Plan B was introduced by the Government, Adults' Health and Care, revised its *Home and Service Visits Guidance*, to ensure that staff have a clear understanding about when they should still carry out face to face visits. As has been the case throughout the pandemic, visits must continue to take place where face to face contact is required to carry out the County Council's statutory duties, and/or the purpose of the contact cannot be achieved without face-to-face contact.
41. In addition, the updated guidance recognises there are times when a visit will enable a practitioner to apply professional curiosity in potential safeguarding situations or where there are barriers to effective communication. This will depend on individual circumstances and the nature of the tasks to be carried out. Such circumstances may include where understanding a person's views, wishes, feelings and beliefs is compromised without face-to-face contact, where there is risk of carer breakdown or where there are quality concerns regarding a provider.

Winter Resilience (HCC Care)

42. As previously reported The County Council's own HCC Care arm, continues to experience the same workforce and other pressures as the wider care market. Despite vaccination uptake, the current and ongoing impact of Covid-19,

increased levels of sickness as well as pressures driven by NHS demands are all placing increasing challenges on service delivery.

43. The previously reported mitigation, involving a managed temporary closure of two under-occupied residential units and temporarily redeploying staff to neighbouring services was completed early December. Nevertheless, recruitment and retention continues to be challenging and workforce resilience is fragile.
44. Although the service seeing other pressures – such as seasonal chest infections and Norovirus, these are being managed within the service to maintain the safety and wellbeing of residents, visiting relatives and staff, referring to guidance from the UK Health Security Agency when required.
45. In addition, the onset of winter pressures on local hospital systems has required a greater proportion of bed-based capacity to support Short-Term provision to expedite hospital discharges for people with complex needs who then have their assessment of long-term support requires in a more homely setting.

Winter Plan (Supporting the NHS)

46. 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.
47. 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.
48. Demand for hospital discharges has increased as the public continue to present to emergency departments around the County in large numbers. We have maintained additional staff working in each service. Acute and community partners have seen significant operational challenges, including increased occupancy, ambulance handover delays, availability of workforce, elective care pressures and challenging levels of capacity in community resources. Additional Health funding has been made available for recruitment into Single Point of Access (SPOA) and reablement teams if candidates come forward.
49. 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 and booster vaccine and increased working with voluntary sector.
50. It should be noted that whilst managing winter pressures, considerable effort is also underway to support a response to the NHS of the potential impacts of a the recent Covid19 variant, Omicron. Hospitals across HIOW and Frimley ICS footprints all remain at Opel 4 (highest operational risk level) and Adults' Health and Care is delivering surges in short term services to support high volumes of safe discharges at the back door. Furthermore, given modelling on staff absence and continued high demands for services in mid-January a multi-agency discharge event to reduce acute hospital occupancy is scheduled.

Update on Recovery

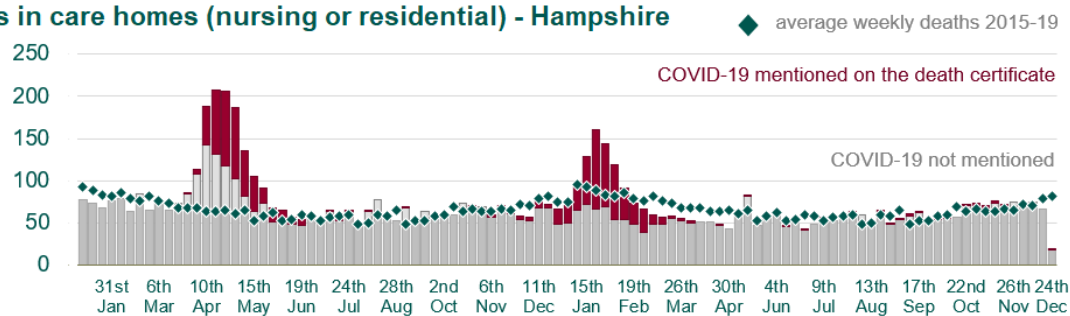
51. As a consequence of the Covid-19 case rates and mounting operational pressures, the Recovery Escalation and Steering Group, due to be stood down in December, has been continued until at least January as a regular forum for operational service leads to take stock, provide mutual support, and ensure an effective and timely response to urgent issues and decisions, escalating to Departmental Management Team (DMT) as appropriate. To ensure sustainability of the Department's approach to Recovery for the longer-term, dependent on the local and national Covid-19 position, it remains the intention in early 2022 to transition the Recovery Escalation and Steering Group to a business-as-usual Senior Management Team (SMT) Network including Headquarters as well as operational senior leads. The Recovery Executive Group was stood down in December as planned, with strategic department-wide decisions and issues relating to recovery now being managed at DMT level.
52. In response to Plan B and in line with the County Council's approach, all Adults' Health and Care staff are now working from home again where they can effectively do so, whilst undertaking face-to-face visits where required (as outlined above in the Home Visiting section). Those who need to attend workplaces for necessary operational, practical, or wellbeing reasons are being enabled to do so in a Covid secure way. Arrangements for Director-approved face-to-face learning continue with the emphasis upon continuing to observe measures to reduce the risks of Covid-19. Supporting the wellbeing and resilience of staff remains central to the department's values and ability to deliver effectively for our local residents.

Progress of Covid-19 within Hampshire's care homes

53. For the time period requested – from 1st February 2020 to 24th December 2021 (ONS week 6 2020 to week 51 2021) and registered up to the 1 January 2022
 - there have been **7,212** deaths from all causes in Hampshire care homes (nursing or residential)
 - **1,015** 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 1 January 2022 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 51 released by LKIS South East, Public Health England.

Deaths in care homes (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 24 December 2021 but were registered up to 1 January 2022.

Care Home Market Overview

54. Occupancy levels remain relatively stable at just under 87% of total beds reported as being available, but below the 90% target that care providers state is their break-even point and with significant variation in occupancy levels in different homes.
55. The strain on the workforce remains high and there is a continued high reliance on Agency staff, at increased fees. Workforce funding (the equivalent of £115 per staff member) was issued in November to support with recruitment and retention. We will shortly be allocating further funds which are being issued to us from central Government, this should translate to a further £210 per member of staff. Our advice to providers is to focus their efforts on staff retention and consider offering staff bonus payments.
56. Recruitment remains a big challenge across the care sector, and there has been significant competition for resources from other sectors in the run up to Christmas e.g. retail and hospitality. As part of our Call to Care campaign we have established a dedicated recruitment team within our partner organization Connect2Hampshire. This team was up and running from the start of November and has recruited 8 carers and are actively working to fill 30 plus roles across 6 homes.
57. An update on vaccinations within the care sector is provided in paragraphs 35-37.
58. There are continuing signs that Covid outbreaks are on the rise in line with the ongoing national picture, with 42 homes currently closed to admissions and 36 are reporting outbreaks (5 January). We continue to reinforce IPC guidance to help to contain outbreaks, we have provided care homes with links to a support pack to support winter contingency planning and our Quality team are providing ongoing support.

Climate Change Impact Assessment

59. 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.

60. 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

61. 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.