

Response and Recovery update

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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



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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



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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



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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 udetailed 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.



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Thank you



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