

Public Document Pack



NOTICE OF MEETING

Meeting	Cabinet
Date and Time	Friday, 15th May, 2020 at 2.00 pm
Place	Remote Meeting
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 24)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. AN EARLY REVIEW OF THE COUNTY COUNCIL'S RESPONSE TO THE COVID 19 CRISIS (Pages 25 - 46)

To consider a report of the Chief Executive regarding the County Council's response to the Covid-19 crisis.

7. COVID-19 FINANCIAL IMPACT (Pages 47 - 66)

To consider a report of the Director of Corporate Resources regarding the financial impact of the Covid-19 crisis.

8. COVID-19: TEMPORARY CHANGES TO THE COUNTY COUNCIL'S DUTIES UNDER THE CARE ACT 2014 (Pages 67 - 120)

To consider a report of the Director of Adults' Health and Care regarding temporary changes to the County Council's duties under the Care Act 2014.

9. DOMESTIC VIOLENCE (Pages 121 - 128)

To consider a report of the Chief Executive regarding specific concerns and activities related to domestic abuse and violence during the Covid-19 crisis.

10. THE LOCAL AUTHORITIES AND POLICE AND CRIME PANELS (CORONAVIRUS) (FLEXIBILITY OF LOCAL AUTHORITY AND POLICE AND CRIME PANEL MEETINGS) (ENGLAND AND WALES) REGULATIONS 2020 - AMENDMENT TO STANDING ORDERS AND EXECUTIVE PROCEDURES (Pages 129 - 142)

To consider a report of the Director of Transformation and Governance regarding the impact of new legislation as a result of the Covid-19 crisis.

11. EXCLUSION OF THE PRESS AND PUBLIC

Recommendation:

That the press and public be excluded from the meeting as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present, there would be disclosure to them of exempt information within Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, being information relating to the financial or business affairs of any particular person (including the authority holding the information). which should not be disclosed for the reasons set out in the report.

12. FARNBOROUGH INTERNATIONAL LIMITED - INTEREST RATE DEFERRAL AND LOAN REPAYMENT TIMETABLE - EXEMPT (Pages 143 - 152)

To consider an exempt report of the Director of Corporate Resources regarding Farnborough International Limited.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

This page is intentionally left blank

Agenda Item 3

AT A MEETING of the Cabinet of HAMPSHIRE COUNTY COUNCIL held at the Castle, Winchester on Monday, 3rd February, 2020

Chairman:

* Councillor Keith Mans

- | | |
|-------------------------------|--------------------------------|
| * Councillor Rob Humby | * Councillor Andrew Joy |
| * Councillor Roz Chadd | * Councillor Stephen Reid |
| * Councillor Liz Fairhurst | * Councillor Patricia Stallard |
| * Councillor Judith Grajewski | * Councillor Seán Woodward |
| * Councillor Edward Heron | |

Also present with the agreement of the Chairman: Councillor Carter, House, Huxstep, Latham, McNair-Scott, Oppenheimer, Porter and Warwick.

164. **APOLOGIES FOR ABSENCE**

All Members were present and no apologies were noted

165. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Mans disclosed a personal interest by virtue of being a Director of the Oakhaven Care Agency.

Councillors Humby, Grajewski and Woodward declared personal interests by virtue of being members of LEP Boards.

Councillor Chadd declared a personal interest by virtue of her daughter attending South Farnborough Junior School.

166. **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were reviewed and agreed.

167. **DEPUTATIONS**

No requests to make a deputation had been received.

It was noted that Councillors House and Porter would speak on a number of items on the agenda with the agreement of the Leader.

168. CHAIRMAN'S ANNOUNCEMENTS

The Chairman reported on recent meetings he had attended regarding the joint venture with Kent County Council, noting the success of the partnership.

With reference to Britain's recent exit from the European Union, the Chairman highlighted the increasing importance of strong bilateral relationships with international partners.

169. REVENUE BUDGET & PRECEPT 2020/21

Cabinet considered a report of the Director of Corporate Resources regarding the Revenue Budget and Precept 2020/21.

The report was introduced and key elements highlighted, including the use of winter maintenance budgets, the position of the HC3S trading operation, revisions to the 2019/20 budget relating to Ash dieback, rural broadband, climate change and the invest in Hampshire fund. The potential impact of changes to the national living wage were drawn to Cabinet's attention, as was the reserves strategy.

With the agreement of the Chairman, Councillor House addressed Cabinet, questioning the strategy of service reduction to deal with reduced levels of government grant. He proposed greater investment in strategic land for long term benefit and growing the use of volunteers to support community facilities such as libraries.

Cabinet noted that many of the services delivered by the County Council were statutorily required and therefore the budget setting strategy was based around fulfilling these responsibilities. The prudence and success of the reserves strategy was recognised and it was noted that resources were available to purchase land where suitable opportunities arose. The sold services strategy was credited with spreading overheads, retaining skilled capacity and maintaining the Council's overall scale.

It was confirmed that all alternative proposals relating to changes to the library service would be considered on conclusion of the public consultation. Cabinet welcomed the high level of public interest and engagement with the consultation process.

Additional funding for highway maintenance was welcomed, as was £2million assigned to tackling the climate change emergency. With regards to the introduction of climate change impact assessments on decision reports, it was explained and agreed that the County Council needed a robust and measurable approach, using a baseline of carbon emissions and resilience. Developing this would give the basis for an assessment tool that could be used by officers preparing decision reports in order to meaningfully recognise the impact on climate change of any proposed decisions. Cabinet acknowledged that to carry

out this work properly would take some time and therefore that it was anticipated the climate change impact assessments would be introduced to reports during the 2020/21 municipal year.

The recommendations in the report were agreed. A decision record is attached to these minutes.

170. CAPITAL PROGRAMME 2020/21 - 2022/23

Cabinet considered a report of the Director of Corporate Resources regarding the Capital Programme 2020/21 – 2022/23.

The report was introduced and alongside some specific projects, the scale of the overall programme was highlighted to and welcomed by Cabinet.

With the agreement of the Chairman, Councillor Porter addressed Cabinet, querying the development of former HCC care homes and raising questions about nitrate neutrality and environmental standards in school construction.

It was confirmed that best practice was being retained in school design within budgetary constraints. The agricultural policies relating to nitrates was set out and it was confirmed that there was ongoing investment in Adult Social Care provision.

The recommendations in the report were agreed. A decision record is attached to these minutes.

171. SERVING HAMPSHIRE - 2019/20 HALF YEAR PERFORMANCE REPORT

Cabinet considered a report of the Chief Executive and Head of Law and Governance providing a regular update on performance against the *Serving Hampshire* Strategic Plan.

In introducing the report the performance highlights in appendix two were drawn to Cabinet's attention and it was noted that the report validated high performance in the context of significant financial pressure. The report's outcomes were welcomed and it was recognised that the County Council's performance was a significant factor in the ability to attract and retain high quality employees.

The recommendations in the report were agreed. A decision record is attached to these minutes.

172. CHILDREN'S SERVICES PARTNERSHIP WITH WEST SUSSEX COUNTY COUNCIL

Cabinet considered a report of the Chief Executive regarding details of the continuing support by Hampshire County Council for children's services in West Sussex County Council.

The context in which Hampshire County Council had been appointed as an improvement partner was outlined to Cabinet who supported the work that was

underway. It was recognised that this both supported West Sussex County Council and was also of benefit to Hampshire staff who were able to broaden their experience.

The recommendations in the report were agreed. A decision record is attached to these minutes.

173. INSURANCE STRATEGY

Cabinet considered a report of the Director of Transformation and Governance regarding the County Council's insurance strategy.

It was confirmed that the strategy would be subject to regular review and noted that a minor update to the County Council's financial regulations was recommended. Cabinet welcomed the report and in particular noted the value for money approach to insurance adopted by the County Council.

The recommendations in the report were agreed. A decision record is attached to these minutes.

174. CORPORATE PARENTING BOARD

Cabinet considered a report of the Director of Children's Services regarding proposals for the revised arrangements for the Corporate Parenting Board .

It was highlighted to Cabinet that the recommendations came in the light of the Ofsted inspection and sought to expand the reach and scope of the Board.

With the agreement of the Chairman, Councillor Porter addressed Cabinet, welcoming the proposals and stressing the overall importance of the corporate parenting function.

Cabinet welcomed the report and acknowledged in particular the corporate parenting responsibility of all Councillors.

The recommendations in the report were agreed. A decision record is attached to these minutes.

175. RESPONSIBILITIES FOR EXECUTIVE FUNCTIONS

Cabinet considered a report of the Chief Executive regarding the allocation of Executive Functions from 1 April 2020.

The recommendations in the report were agreed. A decision record is attached to these minutes.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Revenue Budget and Precept 2020/21
Report From:	Deputy Chief Executive and Director of Corporate Resource

Contact name: Carolyn Williamson

Tel: 01962 847400

Email: carolyn.williamson@hants.gov.uk

1. The decision:

That Cabinet:

- 1.1. Notes the current position in respect of the financial resilience monitoring for the current financial year.
- 1.2. Approves the Revised Budget for 2019/20 contained in Appendix 1, including a transfer of £2.0m to the Investment Risk Reserve.
- 1.3. Approves that a minimum allocation of £2.0m is carried forward each year for highways reactive maintenance funding irrespective of the level of any under spend, with any shortfall underwritten corporately through the use of contingencies.
- 1.4. Delegates authority to the Director of Economy, Transport and Environment in consultation with the Executive Member for Economy, Transport and Environment to move funding from Operation Resilience to highways reactive maintenance if required during the year up to a limit of £3.0m.
- 1.5. Approves the updated cash limits for departments for 2020/21 as set out in Appendix 3.
- 1.6. Delegates authority to the Deputy Chief Executive and Director of Corporate Resources, following consultation with the Leader and the Chief Executive to make changes to the budget following Cabinet to take account of new issues, changes to figures notified by District Councils or any late changes in the final Local Government Finance Settlement

That Cabinet recommends to County Council that:

- 1.7. The Treasurer's report under Section 25 of the Local Government Act 2003 (Appendix 7) be taken into account when the Council determines the budget and precept for 2020/21.

- 1.8. The Revised Budget for 2019/20 set out in Appendix 1 be approved.
- 1.9. The Revenue Budget for 2020/21 (as set out in Appendix 4 and Appendix 5) be approved.
- 1.10. Funding for one off revenue priorities linked to the development of capital investment totalling £3.9m as set out in paragraphs 92 to 105 be approved.
- 1.11. Funding of £830,000 in 2020/21 to deal with the impact of ash dieback as set out in paragraphs 106 to 110 be approved.
- 1.12. The additions to the Capital Programme totalling £9.6m as set out in paragraphs 111 to 128 are approved.
- 1.13. The allocation of £2.5m from the Policy and Resources Other Reserve to top up the Investing in Hampshire Fund be approved.
- 1.14. The **council tax requirement** for the County Council for the year beginning 1 April 2020, be £668,000,898.
- 1.15. The County Council's band D council tax for the year beginning 1 April 2020 be £1,286.28, an increase of 3.99%, of which 2% is specifically for adults' social care.
- 1.16. The County Council's council tax for the year beginning 1 April 2020 for properties in each tax band be:

	£
Band A	857.52
Band B	1,000.44
Band C	1,143.36
Band D	1,286.28
Band E	1,572.12
Band F	1,857.96
Band G	2,143.80
Band H	2,572.56

- 1.17. Precepts be issued totalling ££668,000,898 on the billing authorities in Hampshire, requiring the payment in such instalments and on such date set by them previously notified to the County Council, in proportion to the tax base of each billing authority's area as determined by them and as set out below:

Basingstoke and Deane	66,647.30
East Hampshire	50,461.90
Eastleigh	47,034.53

Fareham	43,559.30
Gosport	27,039.10
Hart	40,704.11
Havant	40,708.30
New Forest	71,492.90
Rushmoor	31,865.06
Test Valley	49,855.00
Winchester	49,960.25

- 1.18. The Capital & Investment Strategy for 2020/21 (and the remainder of 2019/20) as set out in Appendix 8 be approved.
- 1.19. The Treasury Management Strategy for 2020/21 (and the remainder of 2019/20) as set out in Appendix 9 be approved.
- 1.20. Authority is delegated to the Deputy Chief Executive and Director of Corporate Resources to manage the County Council's investments and borrowing according to the Treasury Management Strategy Statement as appropriate.

2. Reasons for the decision:

- 2.1. The County Council must agree the 2020/21 budget and set the council tax for 2020/21 at its meeting on 13 February 2020. The Leader will present his budget speech and recommendations at the meeting. This report provides the background to those budget decisions and presents the recommendations from the Leader and Cabinet to the County Council.

3. Other options considered and rejected:

- 3.1. In effect the number of options for setting the budget are limitless and Leaders of the Opposition Groups may wish to present alternative recommendations on the budget and council tax at County Council as an amendment to the proposals.

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the decision maker:

Approved by:

Date:

Chairman of Cabinet
Councillor Keith Mans

3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Capital Programme 2020/21 – 2022/23
Report From:	Deputy Chief Executive and Director of Corporate Resource

Contact name: Rob Carr

Tel: 01962 847508

Email: rob.carr@hants.gov.uk

1. The decision:

- 1.1. That, within the 2019/20 capital programme, Cabinet approve an increase in the value of the A30 corridor - Brighton Hill scheme from £18.828 million to £20.65 million funded by developer contributions and grants.
- 1.2. That, within the 2019/20 capital programme, Cabinet approve an increase in the value of the A35 Redbridge Causeway scheme in the Structural Maintenance programme from £8.4 million to £9.7 million funded by the Bridges Capital Maintenance budget.

That County Council is recommended to:

- 1.3. Approve the capital programme for 2020/21 and the provisional programmes for 2021/22 and 2022/23 as set out in Appendix 1.

2. Reasons for the decision:

- 2.1. The County Council must agree its Capital Programme at its meeting on 13 February 2020. The Leader will present his budget speech and recommendations at the meeting. This report provides the background to those budget decisions and presents the recommendations from the Leader and Cabinet to the County Council.

3. Other options considered and rejected:

- 3.1. Other options are not available as far as process and timetable are concerned, but the Leader of the Opposition may wish to present alternative recommendations on the capital programme at County Council, as an amendment to these proposals..

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the decision maker:

Approved by:	Date:
----- Chairman of Cabinet Councillor Keith Mans	3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Serving Hampshire 2019/20 Half Year Performance Report
Report From:	Chief Executive and Head of Law and Governance

Contact name: Philippa Mellish

Tel: 01962 847482

Email: philippa.mellish@hants.gov.uk

1. The decision:

1.1. That Cabinet notes:

- a) the County Council's performance for the first half of 2019/20; and
- b) progress to advance inclusion and diversity.

2. Reasons for the decision:

2.1. The County Council's Performance Management Framework (PMF) provides the local governance structure for performance management and reporting to Cabinet. The PMF specifies that Cabinet receives an annual report on the County Council's performance against the strategic priorities set out in Shaping Hampshire.

3. Other options considered and rejected:

3.1. None.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the decision maker:

Approved by:

Date:

Chairman of Cabinet
Councillor Keith Mans

3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Children's Services Partnership with West Sussex County Council
Report From:	Chief Executive

Contact name: John Coughlan

Tel: 01962 845252

Email: john.coughlan@hants.gov.uk

1. The decision:

1.1. That Cabinet notes the contents of the report and confirms its support for the Commission on behalf of the Department for Education (DfE) and the partnership for children's services between the two local authorities.

2. Reasons for the decision:

2.1. To confirm with Cabinet the details of the Commission on behalf of the DfE through which the County Council will provide continuing support for children's services in West Sussex County Council.

3. Other options considered and rejected:

3.1. None.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. **Dispensation granted by the Conduct Advisory Panel:** None.

6. **Reason(s) for the matter being dealt with if urgent:** Not applicable.

7. **Statement from the decision maker:**

Approved by:

Date:

Chairman of Cabinet
Councillor Keith Mans

3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Insurance Strategy
Report From:	Director of Transformation and Governance

Contact name: Barbara Beardwell

Tel: 01962 845157

Email: barbara.beardwell@hants.gov.uk

1. The decision:

That Cabinet:

- 1.1. Notes the contents of the report.
- 1.2. Agrees that the County Council should continue to maintain its overall approach to insurance whereby the County Council self-insures its assets and liabilities, subject to appropriate catastrophe insurance cover purchased from the commercial insurance market, supplemented by commercial insurance where necessary and appropriate.
- 1.3. Approves the adoption of an Insurance Strategy (Appendix 1).
- 1.4. Delegates authority to the Head of Law and Governance, in consultation with the Director of Corporate Resources, to review and update the Insurance Strategy on an annual basis.
- 1.5. Recommends to the Full Council that Financial Regulations are amended by the addition of the wording set out in Paragraph 42 of the Report.
- 1.6. Notes the changes to Financial Procedures set out in Paragraph 43 of the Report.

2. Reasons for the decision:

- 2.1. To confirm with Cabinet the comprehensive and accessible details of the County Council's insurance arrangements, in accordance with the County Council's Financial Regulations.

3. Other options considered and rejected:

- 3.1. None.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the decision maker:

Approved by:	Date:
----- Chairman of Cabinet Councillor Keith Mans	3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Corporate Parenting Board
Report From:	Director of Children's Services

Contact name: Stuart Ashley

Tel: 01962 846370

Email: stuart.ashley@hants.gov.uk

1. The decision:

- 1.1. That Cabinet note the draft Terms of Reference for a newly constituted Corporate Parenting Board and recommend to the County Council that a new Board is established as an advisory Committee of the County Council and nine Members are appointed to it in accordance with the County Council's proportionality.
- 1.2. That Cabinet note the draft update to the Children and Families Advisory Panel (CFAP) Terms of Reference and recommend to the County Council that these be agreed.

2. Reasons for the decision:

- 2.1. To agree the future structure for the Corporate Parenting Board in light of the Ofsted recommendations and the experience from first two years of operation.

3. Other options considered and rejected:

- 3.1. None.

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. Dispensation granted by the Conduct Advisory Panel: None.

6. Reason(s) for the matter being dealt with if urgent: Not applicable.

7. Statement from the decision maker:

Approved by:

Date:

Chairman of Cabinet
Councillor Keith Mans

3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	3 February 2020
Title:	Responsibilities for Executive Functions
Report From:	Chief Executive

Contact name: Barbara Beardwell

Tel: 01962 845157

Email: barbara.beardwell@hants.gov.uk

1. The decision:

1.1. That the revised allocation of responsibility for Executive Functions at Appendix One of the report from 1 April 2020 is noted by Cabinet and reported to the County Council at the County Council meeting on 13 February 2020.

2. Reasons for the decision:

2.1. To acknowledge changes to the allocation of Executive Functions from 1 April 2020.

3. Other options considered and rejected:

3.1. None.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker: None

4.2. Conflicts of interest declared by other Executive Members consulted: Not applicable

5. **Dispensation granted by the Conduct Advisory Panel:** None.

6. **Reason(s) for the matter being dealt with if urgent:** Not applicable.

7. **Statement from the decision maker:**

Approved by:

Date:

Chairman of Cabinet
Councillor Keith Mans

3 February 2020

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	15 May 2020
Title:	An Early Review of The County Council's Response to the Covid 19 Crisis
Report From:	Chief Executive

Contact name: John Coughlan, Chief Executive

Tel: 01962 845252

Email: John.coughlan@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to brief Cabinet on the County Council's responses so far to the Covid 19 pandemic and crisis, and to seek endorsement of next steps, especially with regard to plans for recovery.

Recommendation(s)

It is recommended that Cabinet should:

2. Note the contents of this report as a summary of the exceptional events and responses by the County Council to the Covid 19 crisis, bearing in mind that this can only be a top-level assessment of a massive and fast changing situation;
3. Approve the immediate emphasis on the County Council's recovery work, on behalf of the County Council and the local Hampshire economy, notwithstanding the long-lasting nature of the crisis;
4. Acknowledge the continuing extraordinary and at times heroic efforts of the staff of the County Council as the crisis has progressed.

Executive Summary

5. This report summarises the range of exceptional steps that have been taken corporately and departmentally by the County Council to respond to the current national emergency stemming from the Covid 19 pandemic. The report summarises progress so far particularly with regard to the local authority's crucial public health and social care duties. The report focusses on the core responsibilities of Hampshire County Council itself, but heavily reflects our formal partnership with the sub-regional and interagency arrangements under the Local Resilience Forum (LRF). The report also summarises and seeks endorsement for the beginning of the local authority's recovery processes.

6. An unprecedented national crisis has demanded an unprecedented set of responses from across the public sector, most notably the NHS, but also local government. The County Council's response has particularly included:
 - a rapid but managed re-designation, and reprioritisation of services;
 - close work with the schools' community in its general closure but targeted retention of services for vulnerable and key workers' children;
 - a mass movement to remote working by council staff (enabled by what has proven to be a visionary approach to IT improvements in the past year);
 - an extraordinary mobilisation of staff and services in Adults' Health and Care that has enabled the HIOW NHS acute sector to create significant new capacity to cope with victims of the disease while at the same time changing the operating model for care homes to manage their and their residents' vulnerability to the disease;
 - leadership of the new duties for support to the "shielded" individuals identified as vulnerable and in need of social isolation by the NHS;
 - the managed reduction and re-prioritisation of a range of "place" services from the oversight of construction projects and waste disposal services, through to the management of country parks and open spaces;
 - the County Council's leadership, on behalf of the LRF and through our oversight of the Coroner Service, of the "excess deaths" strategy including the emergency provision of additional mortuary capacity.

7. As a statutory body and democratic institution a core principle of the County Council's approach to the crisis so far is to adhere closely to Government

guidance and medical advice, and especially to the maxim that we should all: stay safe; protect the NHS; and save lives. This approach has served the organisation and the County well so far, though inevitably there have been and will continue to be testing moments and issues, given the scale, dynamism and complexity of the crisis and the unprecedented circumstances creating tensions on all parts of government and the public sector. In this context it has proved invaluable that the County Council is the public health authority for the county and the leadership and performance of local public health services has been exceptional throughout. Alongside these critical public health and safety duties, the County Council is also mindful of its responsibilities with regard to the profound economic implications of the crisis, on behalf of HCC the institution and especially upon the welfare of the Hampshire Community.

8. This report will begin to address the “recovery phase” which is the key component of any crisis management. One of the distinguishing features of this crisis will be its length in time. Therefore, the overlap between crisis response and crisis recovery will be equally critical. The County Council and the county’s residents cannot afford (quite literally) for recovery to await the conclusion of the response.
9. Finally, by way of summary, the financial implications of the crisis on the County Council’s own budgets and financial planning will be profound. A separate paper to this Cabinet will address those implications in more detail.

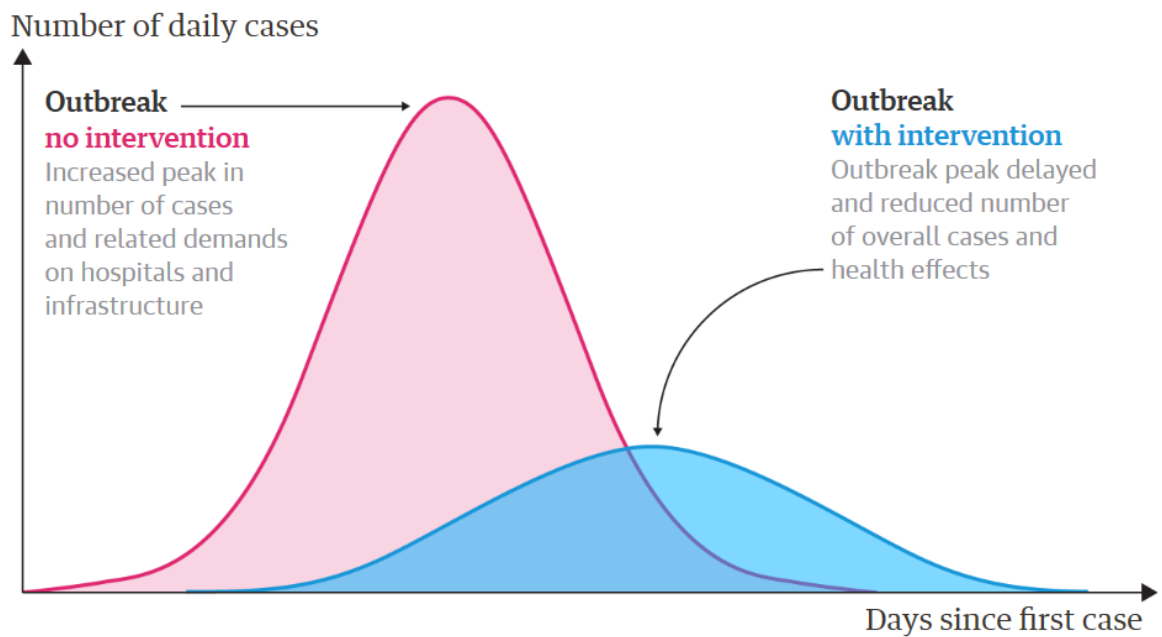
Contextual Information

10. The following sections of this report will offer a summary of the responses so far by department and where necessary by service. Corporately, and in line with the activities of the inter-agency, pan-Hampshire Local Resilience Forum, the County Council introduced its emergency planning structure on 18 March 2020. This includes a strategic Gold Command, chaired by the Chief Executive and made up of the Corporate Management Team and relevant key officers, an operational corporate Silver Command and departmental Bronze Commands offering tactical service leadership.

Public Health - Context

11. The current Covid-19 outbreak is due to a new coronavirus from animals, which first came to light in China in December 2019. The first cases in the UK were identified in January 2020. With more and more countries around the world experiencing outbreaks, the World Health Organization declared a global pandemic in March 2020.

12. Coronaviruses are a large family of viruses which, in humans usually cause mild illness, including common colds. The COVID-19 disease is spread through cough droplets either directly from an infected person or from touching surfaces contaminated with the virus through someone coughing onto them. The virus is estimated to last for up to 72 hours on hard surfaces.
13. The symptoms of coronavirus disease (COVID-19) are typically (but not exclusively) a cough, a high temperature and shortness of breath. It can affect anyone and for most people the symptoms will be mild, and people will recover in around two weeks. However, the individuals at highest risk for severe disease are those over 70 years and those with underlying health conditions where symptoms could require hospitalisation. It is difficult to accurately estimate the mortality rate because not all cases are identified. However, data from around the world suggests it is likely to be around 1%. The disease in children appears to be mild in most cases, though there have been instances of deaths.
14. Within Hampshire there has been a steady rise in cases and deaths in line with the national spread and epidemic. As of 2 May 2020, there are 2,827 diagnosed cases in Hampshire.
15. Due to the lack of immunity in the population the disease can easily spread between people causing a large outbreak and 'peak' in cases. If allowed to spread without intervention the resulting level of disease would overwhelm our health and social care services due to the extreme volume of those requiring specialist care and support. Therefore, a number of measures, many of which were based on existing national plans to respond to influenza pandemics, were put in place by the government to manage the outbreak. The first phase was to **CONTAIN** the disease, tracking those who had the disease and contact tracing those they had been in close contact with. Working with Public Health England, the County Council's public health team supported this through connecting with and supported key settings affected.
16. Following this phase and once the disease was understood to be spreading in the community, the country as a whole moved to the **DELAY** phase. This phase has increasingly involved measures to slow the spread through social distancing for the whole population and shielding for the most vulnerable. These measures have been largely successful, and we appear to have now seen a predicted peak much reduced and delayed, albeit with many people experiencing severe disease and significant numbers of COVID-19 related deaths. As referenced above, while recognising the success of these significant measures in terms of lives protected and saved, the County Council has also to be concerned about the economic impact of this crisis upon the welfare of the Hampshire population.
17. The following graph depicts the difference in peaks by way of timing as well as severity, related to the delay approach.



Guardian graphic. Source: Centers for Disease Control

18. As the pandemic develops and the impact of the interventions is better understood we will, at some point see an easing of the measures such as social distancing. However, in the absence of an effective vaccine, as long as there are cases of infection in the community, the likelihood of a resurgence of spread remains. If and when restrictions are eased, the UK may then see a rise in the disease again leading to a second wave. This will need to be managed in a similar way to the current measures.
19. The programme of testing for the COVID 19 is key for understanding the spread of disease and prevent further cases. The testing programme has been developed over the life of the epidemic. In the 'contain' phase testing was for people who had travelled to affected areas or those in contact with cases who were symptomatic. The next phase testing was for those admitted to hospital who were symptomatic and for potential outbreaks in care homes. A programme of testing for key workers has commenced in Hampshire recently to support business continuity.
20. We are now moving to a phase of testing and tracing community cases. This involves increased testing in the community, tracing those who have been in contact with a case and supporting people to self-isolate with symptoms and NHS care where needed. The contact tracing will be via a phone app developed by the NHS and Public Health England staff supported by local government staff. The Director of Public Health is leading the early implementation of the programme through his leadership role on the Isle of Wight

21. A vaccine is being researched which would enable society to gain population immunity, preventing the spread of disease and protecting the vulnerable from illness. This is most likely to be available in early 2021.

Public Health - Leadership

22. Through the Local Resilience Forum (LRF), Hampshire County Council has provided public health leadership to the multiagency response to ensure that the emergency is managed in a way that is proportionate and ensures that the local system, especially in health and care, is able to cope with the pandemic. The Director of Public Health (DPH) is the Deputy Chair of the Strategic Command Group of the LRF, working to the Chief Fire Officer. (The LRF is the umbrella term for the formal legal partnership of key statutory agencies in a given area, in our case that is Hampshire and the Isle of Wight, including the two cities and the island. The LRF is not a legal entity in itself and holds no direct budgets or accountabilities but is the sum of its constituent statutory partners in the area who must work together during a time of crisis.)
23. The public health team, working with Southampton and Portsmouth Directors of Public Health, has ensured that the data on the disease is understood by the partners for effective response. Key workstreams led directly by the County Council's DPH include preventing the spread of infection through effective social distancing, setting up testing with national government and ensuing national guidance on PPE is communicated and interpreted for effective use by local agencies. Members of the public health team have also supported the workstream to protect the most vulnerable led by the HCC's Director of Adult Social Care on behalf of the LRF. Throughout all stages of the pandemic, support and advice has been given to all parts of the council dealing with different aspects of the public health emergency.

Adults' Health and Care

24. The department has moved positively to maintain its critical functions throughout the on-set of the Covid19 crisis. Staff have resolutely and positively moved to the new working from home and social distancing arrangements; providers are making support in the community available through our Brokerage services and all providers are being supported and paid in advance to maintain their cash-flow and resilience. We are regularly liaising with the whole sector to ensure that direct care is continuing to be provided in line with the published guidance.
25. Our direct care provision, alongside NHS partners, has seen a significant amount of acute hospital provision freed-up in anticipation of COVID19 cases. Some 40 – 50% of the available acute hospital beds are currently available.

This has been achieved through closer collaboration and good joint working with partners in terms of successfully implementing new, quicker hospital discharge arrangements. Community teams have also worked tirelessly to ensure that residents' help and support needs can be met wherever possible without the need to go to hospital and this has been superbly backed up and supported by public and private nursing and home care providers. Use of out of hospital capacity, including the standing up of additional provision funded by the NHS is being optimised. The positive Acute capacity position is also a consequence of less people electing to go to hospital for other reasons, though that in itself may present a future risk around the implications for untreated serious conditions.

26. Our in-house care homes, in the main, have maintained good levels of staffing and care for residents. These achievements in themselves cannot be underestimated. There has been a more recent national recognition that the care sector lacked the levels of focus and support as initial crisis management nationally focussed heavily on acute pressures. There has been a legitimate concern, for later consideration, as to whether national policy contributed to the importation of the virus to some care settings. HCC's direct provision has undoubtedly sustained the first challenges of the crisis due to the quality and commitment of front-line staff and managers and the high premium the organisation has placed on its direct provision historically. The County Council's direct provision has been well led and supported over time which set it in good stead for the substantial challenges of the crisis. Like a proportion of care homes locally and nationally we have seen Covid19 increasing as an issue with time. Staff have performed valiantly in the face of growing service pressures, concerns over the availability of PPE and access to appropriate and timely testing. It is difficult to adequately describe, in such an overview report, the quiet dedication and determination of staff and carers to ensure continuity and quality of care for all service users.
27. As referenced above, the leadership of H1OW's "Shielding" arrangements has been taken on by HCC's Director of Adults' Health and Care and the Departmental Management Team. Shielding is the term used to support those members of the community who are identified by the NHS as in need of social isolation by virtue of their underlying health conditions. The process involves GPs and hospital Consultants notifying NHS England about individual patients and then the NHS contacting those individuals and asking them to register for support if needed. Those who register for support are then notified onwards to the local hub arrangements, which are run by HCC for Hampshire County. Food deliveries are arranged centrally but the hub, partly through a helpline (HantsHelp4Vulnerable; 0333 3704000) ensures other forms of support, such as collecting prescriptions, are made available. This takes place through a range of community local response centres coordinated in partnership with district councils and the local voluntary sector.

28. These arrangements have been brought into place with exceptional rapidity and are now making a substantial difference to the needs of individuals. There have been inevitable teething issues. These have included: concerns about the quality of an initial “food drop” to the county; concerns about the quality of the individual “food boxes” distributed centrally; and substantial risks of confusion with various partners. Perhaps the most challenging issue has been the pressure from partners that HCC should routinely share all of the data on shielded individuals – for worthy but ill-defined purposes. HCC is currently holding its position that the good intentions of a range of partners do not justify a relaxation of essential data protection duties. However, dialogue with partners is continuing to ensure that the quality of support can be sustained and improved regardless. **A link to the data dashboard can be found at;**
- <https://hants.sharepoint.com/sites/AHC/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FAHC%2FShared%20Documents%2FCOVID%2D19%2DHantshelp4vulnerable%20Helpline%2FWelfare%20Support%20Team%20External%20Scorecard%2Epdf&parent=%2Fsites%2FAHC%2FShared%20Documents%2FCOVID%2D19%2DHantshelp4vulnerable%20Helpline>

Children’s Services

29. With regards to the County Council’s critical children’s social care services, a three-phased approach has been developed, with each phase based on prioritising key areas (eg residential care) in the event of having fewer staff available to work should the situation worsen.
30. The services are currently operating in phase one meaning essentially doing ‘business as usual but doing it differently’. All statutory timescales for safeguarding visits and meetings remain the same (and are being met) but with enhanced use of technology to ensure officers see children and families through digital means – WhatsApp, Teams and a number of other similar approaches as appropriate and required. Working digitally has been part of the Children’s Services transformation programme and staff were already familiar with mobile and flexible working. The service is fully operational and continues to operate as near to normal as possible. A small number of face to face home visits are being undertaken, where there is confidence that staff can safely socially distance themselves while fulfilling their duties. This is usually in relation to urgent child protection work.
31. At this stage, the numbers of staff ill or self-isolating for various reasons has remained stable at between 10-15% and there is confidence that safeguarding services will remain as reported above. The approach is being closely communicated with partners, including through the MASH so they are aware that of this business as usual approach in the interests of protecting vulnerable children during the crisis. That vulnerability has not diminished and requires the local authority’s constant vigilance and intervention. Furthermore,

there is a legitimate concern that the true impact of the crisis on children's social care services is yet to come. As described in the report on domestic abuse before this Cabinet, we can expect a later "bow wave" of delayed referrals about vulnerable children brought about by the combined effects of the lockdown and the reduction of routine universal service accessibility or attention.

32. Since the closure of schools was announced, practically all schools have reopened to provide emergency childcare to children of critical workers and those that are vulnerable. Prior to Easter around 3,700 school age children have been attending regularly which is around 2% of the total school population. Schools remained open over the Easter period and the services maintained good coverage to provide childcare, including on Good Friday and Easter Monday, although the number of parents taking up that offer for their children fell to around 800. Since Easter, those numbers have risen to almost 5,700 children attending school, 3% of the school population. Although lower than anticipated, the take-up in Hampshire of this school provision is higher than national averages. The Department for Education (DfE), including at ministerial level, have expressed concerns about the continuing need for effective support and surveillance of vulnerable children at this time.
33. The School Improvement Team, supported by Education Personnel Services, has been particularly busy providing ongoing advice and guidance to headteachers to ensure schools could remain open safely and offer a high-quality experience to children. A system has been put in place to ensure that all schools report weekly on the support they are giving every individual child who has a social worker such as those on a child protection plan or those in care. Over 930 children open to children's social care are attending school regularly which is around 20% of the cohort. Where such children are not in school, then schools are keeping in regular contact with them to ensure pastoral needs are being met. This system is being monitoring through weekly conversations between each headteacher and a member of the School Improvement Team. Colleagues from both social care and education are jointly working to increase the numbers of children attending school from this specific cohort.
34. There has been a rapid and significant decline in the number of routes transporting children from home to school, however the provider market has responded well, and arrangements are in place for all children who need it. In some circumstances additional vehicles have had to be commissioned to support social distancing during journeys. Financial support has been made available to the home to the school transport market through continued payment of part or all of contract costs.
35. Early Years childcare providers have adapted to provide care for vulnerable and critical worker children, extending opening hours where necessary. Whilst government have confirmed that Early Years Education

funding will continue to be paid to providers regardless of whether settings are open or closed, this source of funding represents less than an average of 50% of income for the majority of providers. Remaining income ordinarily comes from private parental fees and providers are under significant pressure, from parents whose children are not attending during the crisis, to reduce these fees. This is creating tension and significant financial pressure in the sector, further complicated by the broad range of providers delivering childcare which makes it complex for many to understand, and in some cases access, government financial support packages. The County Council has reported these concerns directly to DfE.

Economy Transport and Environment (ETE)

36. Most staff in ETE are able to work remotely, with many utilising the County Council's new technology platform to work from home. However much direct service delivery work is carried out through service contracts such as those with Skanska for Highways maintenance and Veolia for waste management, including Household Waste and recycling Centre (HWRC) operations. These service areas have been significantly affected by the Covid 19 pandemic. There were episodes of public hostility to site workers prior to and in the early stages of the lockdown, especially in residential areas. In the light of some of these pressures and in response to the non-essential travel ban, HWRCs were closed and priority given to supporting maintenance of District Council household waste and recycling collections to prevent the build-up of waste. While all of the local evidence is that these tactics have worked, it is clear that there is continued national debate (and national political focus) on the legitimacy of re-opening the centres early and therefore defining travel to them as "essential". There has been a range of contrasting opinions, some of which have been reflected in confused guidance. At the time of writing it is anticipated that steps will be taken soon to cause an early reopening nationally and HCC's preparations are in hand accordingly. Achieving any re-opening safely, for staff and public alike, will be the primary concern and is likely to require restrictions on both services available and visitor numbers. Close engagement and cooperation between the County Council, our delivery partners and Hampshire Constabulary, will be critical to the safe and effective reintroduction of these services. Contrary to some unhelpful recent reports, the County Council's position in this regard is closely in line with the vast majority of other local authorities in the rest of the country.
37. Highways Maintenance work was initially restricted to essential and safety related works, and reactive works in more rural areas, but some reactive works have now resumed, and larger scale safety related planned maintenance work due to start in early May. Work was also stopped on County Council infrastructure construction projects, again in part due to public concerns but also mainly due to material supply restrictions. Some preparatory and time critical works have re-started in late April, following re-

opening of the materials supply chain. There is also evidence of more private sector construction activity now taking place.

38. Public transport services have been significantly reduced, following huge falls in passenger numbers, but core services are still running to provide access for essential journeys. The County Council has agreed to maintain support for subsidised services and also community transport. Bus operators are also being supported through temporary additional Government funding to maintain essential service operations. Planning applications are still being registered and processed. In environmental services, work continues, including site survey activities, where they can be carried out in full accordance with social distancing and safe working practices. Finally, the Economic Development service is playing an increasingly important role in preparations for recovery and supporting local businesses, in consultation with district council partners and the Local Enterprise Partnerships (see below).

Culture Community and Business-Related Services (CCBS)

39. The wide range services within CCBS means that a considerable variety of challenges and pressures have presented, and a number of services have also made a very significant contribution to the management of the response to the current situation. The initial stages of the lockdown saw huge pressures on the County Parks and Rights of Way network, with, for example, an estimated 4000+ visitors to Lepe on Mother's Day. The pressures meant that all County Park car parks have had to be closed, including the Sir Harold Hillier Gardens. The countryside service continues to manage high numbers of contacts from landowners concerned about the increased use of the rights of way network, often by people who are not familiar with the country code.
40. All Libraries closed very shortly after the first Covid19 measures were implemented. The library service immediately invested in more digital books and there has been a significant increase in the number of digital borrowers. The service has also developed a range of other on-line services such as baby rhymetime and essay writing competitions. The Outdoor Centres have also now all closed and rebooking arrangements are in place for school residential customers. The Registration Service, following government guidelines, cancelled all weddings until the end of the first period of lockdown, and has now proceeded with a second wave of cancellations to cover the second period. The service is continuing to manage death bed weddings. Substantial revisions in process have been adopted to manage death registrations which are now by telephone. All birth registrations are postponed but where needed for adoption proceedings these are being undertaken by exception. All of these services either rely entirely or heavily on their generated income for funding. That means that the income for the department is being severely impacted. Equally nearly all of the many

thousands of volunteer hours we have in support of key services has had to stop.

41. HC3S, the County Council's catering service, has performed and adapted exceptionally since the start of the crisis. The service provides school meals for nearly all of Hampshire's primary schools and about a third of the secondary schools. Throughout all the changes to school opening, eligibility for pupils who would continue to go to school and school opening across the Easter holidays, through a huge logistical exercise the service managed to provide a meal to every child and teacher who needed one, across all schools and without a failure. They have also provided meals to pupils in schools who were not previously customers where the private catering company had been unable to maintain provision. A similar picture can be seen across County Supplies who have managed to maintain provision of high demand items to those who needed them most urgently through active order and stock management. County Supplies have also taken on a key role in the warehouse set up and logistics for the LRF distribution centre at Segensworth. This performance was singled out in a recent military led review.
42. A significant number of staff have remained on site due to the nature of their duties and they have managed this situation extremely professionally. The facilities management staff – including the building management teams and the cleaning teams – have earned great praise for the way they responded to the epidemic with the increase in their responsibilities that it has brought. In the early stages cleaning routines were hugely enhanced, with deep cleaning where necessary. Many County Council buildings have now been carefully shut down (this requires consideration of a range of building related risks including Legionella) but others remain open for essential staff working. Hampshire Transport Management couriers, fleet and workshops remain fully operational and are supporting critical activities including school meals, recorded deliveries, workshop maintenance and fuel supplies.
43. The Hampshire Coroner and the coronial staff, and the Registration staff who manage death certificates, have been extremely stretched over the period. The Senior Coroner, who covers Hampshire, Portsmouth and Southampton, chairs the Excess Deaths Action Group (EDAG) for the LRF. The coronial officer service is linking with colleagues on the Isle of Wight to ensure resilience across both authorities can be maintained. The Deaths Registration service has trained a significant number of additional staff drawn from the libraries and trading standards services to enable it to handle the worst-case peak in the projections.
44. Finally, across property related services, a range of challenges are being addressed. Estates is considering many requests for relief from rent payments. Much desk-based design, architectural and strategic land work can

progress at present to ensure the authority is as well placed as possible to support the construction industry recovery in Hampshire in due course.

Corporate Resources

45. Corporate Resources' key focus is enabling our colleagues in front line services to provide vital services to the public, this includes Hampshire County Council, Oxfordshire County Council, including schools across both Counties, Hampshire Constabulary, Hampshire Fire & Rescue, the three partnered London Boroughs and a variety of other public sector organisations reliant on HCC corporate support. The substantial majority of staff are now successfully working from home albeit this does in some areas affect the quality of service and productivity. All services are holding up strongly but that could decline if significant staff numbers are affected by the virus or if the situation continues for a significantly lengthy period.
46. In the Integrated Business Centre (IBC) the focus is on ensuring staff and suppliers continue to be paid, and income collected. A small group of staff rotate coming into the office to deal with "hard" mail but predominantly the service is operating on-line, including having had to switch off the telephony. In Finance the focus is on properly recording and projecting additional expenditure and loss of income, plus the impact of non-delivery of savings with Departments, ensuring sufficient cashflow on a daily basis as well as continuing with the year-end closure of the accounts. The Pension Team are ensuring that Local Government pensioners are paid across over 300 employers with some staff still having to be office based and the telephony contact centre having been negatively impacted. In HR, the focus is on supporting managers and staff to operate using adapted HR policies to meet the current challenging operating model whilst also focussing on the health & wellbeing of employees now and into the recovery period and beyond. There is also a focus on creating additional digital learning materials to support the swift rollout of new Digital Technology to support new ways of working.
47. At this time, IT and connectivity have never been more critical. Credit is due to IT colleagues who have been focussed on significantly speeding up the roll out of new technologies which are now supporting our new ways of working. Without this move the organisation would not have been in such a strong position particularly regarding working from home. Most IT staff are providing support through home working. The support desk is keeping on top of requests, a rota of 6 specialist roles are still office based in case a critical IT incident occurs. Internal Audit are currently working with all partners to reprioritise current plans and also amend them to take account of the significant new risks COVID-19 has introduced to each organisation's operating model.
48. HantsDirect is now offering a 100% on-line service to enable non-essential customer contact activity to be delivered remotely. This includes the County

Council's "front door" customer enquiries for General Enquiries, School Admissions, Blue Badge, Concessionary Travel, Libraries, Countryside, Highways and Waste Services. The telephone lines for Children's Services and Registrations remain open and operating effectively (and safely) by an on-site team based at Fareham Parkway. The agreed restructure and geographical relocation of the HantsDirect Service has been postponed from May 2020 until September 2020, with the exception of the Children's Services teams that will still move in May for service reasons.

Human Resources – Our People

49. The implications for our people and organisation in this current situation are far reaching and, to at least some extent, unpredictable. HCC staff are facing the same pressures and stresses as the rest of the community. For many of those staff those pressures and stresses stretch deeply into their professional lives as they adapt for or join directly in the fight against the pandemic. The length as well as the depth of the crisis will prove especially demanding. On the other hand, as this report indicates, we are seeing the very best of public service within the County Council and doubtless there can be renewed pride and confidence in the future of all services. Woven into all the HR activity has been a focus on the well-being (physical and emotional) of our staff with close cross working between HR and Public Health.

50. The heart of an effective HR function lies in its relationship with the business and it is in this area that the impact of Covid-19 has been felt most keenly. The demand on our HR Business Partners, who directly lead the relationship with service managers, has significantly increased and required some additional redeployment. It therefore follows that the demand on the HR Policy team has also increased as the organisation has reviewed a number of policies to adapt to the exceptional circumstances. Examples of where temporary adjustments have been made include; the approach to, and timeline for, HR casework (performance, attendance, disciplinary etc); extensions to the eligibility requirements for overtime payments; and additional clarity around the authority of managers to 'instruct' staff to follow a management direction; the introduction of agile processes to allow for staff to "re-designate" to roles where demands are highest. HR managers are also working with the businesses to deploy new employee arrangements where necessary and appropriate, for example furlough and staff testing.

51. Key to all of the above has been maintaining positive relationships with our Trade Union colleagues. HR have increased the regularity with which they are meeting (virtually) and have encouraged them to maintain an open dialogue about the full range of issues of concern. Beyond discussing the changes, we have needed to make to policy from a management perspective they have been keen to discuss concerns around PPE, staff voluntary or instructed re-deployment as well as Transformation and on-going or planned consultations with staff. Inevitably, the well-being of union members remains

a key concern for Trade Unions. The County Council's broader and well-established approach to the physical and mental well-being of all staff has provided a solid base for these conditions.

Corporate Communications

52. The County Council is delivering a comprehensive and targeted communications strategy. A wide range of channels have been used in promoting the messages, which are summarised below:

- **Social media** campaigns have been created and targeted, including animations in some cases, which have been received well, with good reach achieved in all cases.
- Significant amounts of information relating to national guidance, changes to County Council services and support for residents have been communicated to residents **via press releases**.
- Dedicated Covid-19 **web pages** have been created and published on the County Council's website. These provide helpful information for Hampshire residents including links to national guidance, updates on changes to services and sources of local help and support www.hants.gov.uk
- Covid-19 tailored **daily briefings** continue to be provided to Hampshire MPs, Hampshire County Councillors and Hampshire district council Chief Executives. This briefing is also shared with the County Council's key partners, as well as all town and parish councils, via the Hampshire Association of Local Council, who also receive Covid-19 related updates via our regular e-bulletin for local councils.
- The Corporate Management Team have placed particular focus on all forms of direct communication with staff and this is being particularly well received as a counter to the isolating implications of remote working.
- Statutory communication in the form of a **digital letter from the Leader** was delivered to over 5000,000 email addresses, with an estimated open rate of 70%, informing residents of key changes to County Council services, as well as providing signposting to sources of help for vulnerable people, via hants.gov.uk.
- The new HantsHelp4Vulnerable helpline has been supported by an online campaign which reached over 108,000 people via *Facebook, Twitter and LinkedIn*, as well as press releases and interviews with

County Council spokespeople on **local radio and regional television.**

- A critical component of the future communications challenge will be the support to the community and other agencies as people and services have to adjust gradually but precisely to what is bound to be a graduated reduction in lock down measures.

Recovery

53. As explained above, the recovery phase is the critical aspect of any crisis management process, which must follow at least immediately after, or run concurrent with the latter stages of the response phase. Recovery is typically the responsibility of local government. In the case of this exceptional crisis, while we know that the response phase almost certainly has many weeks if not months to run, there is general consensus that recovery must be planned from now. This is not least because of the anticipated scale of the long-term damage that is being caused, including to the economy, as well as the finances of the County Council. The LRF recovery processes have now commenced on behalf of the wider HIOW partnership, led by Portsmouth City Council, with HCC officers populating a number of key roles. The position of the County Council is to do all in its powers and capability to support the wider recovery, under the shared understanding that each agency must prioritise its own recovery programme and activity. In economic terms this must also include the two Local Enterprise Partnerships (LEPs) that cover the county of Hampshire.
54. To this end, the Gold Command structure has now commissioned a full Recovery programme, reporting to Gold Command, under the leadership of the Director of ETE, with political leadership from the Deputy Leader.
55. Within the HIOW LRF mechanisms: “Recovery is defined as the process of rebuilding, restoring and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.” To this end the following key objective has been set for the HCC recovery phase:
- To restore the personal, social, economic and environmental well-being of the communities of Hampshire, and to restore County Council services and operations to support and drive this process.

56. The initial scoping work will be defined by these proposed broad workstreams:

- **HCC Financial Recovery** – reflecting the HLOW work and the ongoing HCC work led by Corporate Resources, including the T19/T21 programme impacts and maximising cost recovery from central government;
- **HCC Service Recovery** with sub themes suggested for each major service area (Adults Health and Care, Childrens Social Care, ETE, CCBS etc) plus schools and for HCC corporate/organisational/democratic operations);
- **HCC Staff welfare and wellbeing** including organisational development and wider Hampshire community wellbeing and support;
- **Economic Recovery** – closely linked to LRF work on co-ordinating economic recovery and business support work across the HLOW area;
- **Community Engagement** including facilitating recognition of the impacts of Covid-19 through commemoration of loss, recognition of the contributions made to support communities and a strong on-going communications element to secure community awareness and buy-in;
- **Review and Learning** from the experience and response to covid-19 to develop and improve HCC and its services and operations and to reinforce public confidence in the resilience of the County Council to support, serve and protect the communities and businesses of Hampshire.

57. In the context of the last point, it is suggested that the Recovery work should embrace the opportunities afforded to advance the pre Covid 19 priorities of the County Council around responding to the Climate Emergency and delivering the Hampshire 2050 work. These objectives would help Recovery to orientate to deliver a healthier and more resilient County post Covid-19, seeking to address some of the major risks to long term prosperity and quality of life in the County.

58. The following working objectives have been supported by Gold Group as initial terms of reference for the Recovery work. They are to:

- Develop an impact assessment for the COVID 19 pandemic in Hampshire;
- Develop a Financial Recovery strategy to secure maximum reimbursement of pandemic costs from central government and to protect the financial integrity and resilience of the County Council and its essential public services;
- Restore County Council services prioritising focus where necessary on those most affected by the pandemic or driving recovery;
- Establish a pro-active and integrated approach to business support and assistance with businesses actively engaged and supported in requests for assistance from Government programmes, LEPs and business support agencies;
- Ensure that critical infrastructure and transport systems are operational and following latest government and public health guidance on safe operation to support recovery;
- Help those traumatised by their experience of the impact of COVID 19 on themselves, their families and their loved ones address their trauma (and grieve their loss);
- Celebrate and commemorate the contributions made to support our communities through the incident and give the public opportunities to express their appreciation;
- Take all opportunities include climate change mitigation and resilience measures and Hampshire 2050 objectives into the recovery process to ensure future resilience and progress towards long term improvements to the communities, the economy, environment and quality of life in Hampshire;
- Review the Pandemic response within the County Council and take all the opportunities to Learn from the review and implement any learning outcomes to improve resilience and response in the future.

59. Cabinet is invited to comment on these terms and to support the general approach, noting that this is a substantial and long-term programme which will need to evolve and adapt as it moves forward, including with regular future reports to Cabinet.

Conclusion

60. This is a necessarily detailed report as it seeks to brief Cabinet about the scale, extent and longevity of the impact of the Covid 19 crisis as it impacts on the County Council, its services and its community. In truth, even in this level of detail, the report cannot comprehensively describe the full picture of the way the County Council and especially its front line managers and staff, have risen to this challenge, in all cases with tremendous commitment, skill and resolve, in several cases with undoubted heroism. The Secretary of State recently described local government staff as the “unsung heroes” of this crisis and that is a phrase which resonates with all who have witnessed this work at first hand. This report should be seen in conjunction with other papers before this Cabinet meeting, including those considering the wider financial implications, the changes required on the local authority’s governance systems, and some particular challenges around domestic abuse.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
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 EIA has been undertaken and no impacts have been identified on groups with protected characteristics from the proposals set out in the Report'

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	15 May 2020
Title:	Covid-19 Financial Impact
Report From:	Director of Corporate Resources

Contact name: Rob Carr – Head of Finance

Tel: 01962 847508

Email: Rob.Carr@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to present an up to date summary estimate of the financial impact of Covid-19 on the County Council, together with estimated spend that has been incurred as part of the response including costs that have effectively been incurred on behalf of all partners within the LRF and SCG.
2. This report seeks to capture costs that are in addition to budgeted spend and also provide an update on those areas where payments have been made to providers despite reduced or no services being provided.
3. What is clear is that the situation is very fast moving and there has been a significant amount of activity in a short space of time to put arrangements in place and set policy positions across a wide range of issues that have been flagged by Departments.
4. Given this complex operating environment, this paper seeks to capture the known position as at the **close of play on Monday 4 May**, but a verbal update will be provided at the meeting on any significant variations or new items.

Recommendations

It is recommended that Cabinet:

5. Note the current position in respect of the financial impact of Covid-19 as set out in detail in Appendix 2.
6. Note the current level of unfunded spend and losses as detailed in paragraph 32.
7. Note the current impacts and issues for Schools as set out in Appendix 3.
8. Delegates authority to the Deputy Chief Executive and Director of Corporate Resources to allocate the additional £24.3m of grant funding as required in consultation with the Chief Executive and Leader of the Council.
9. Note the impact on the medium term financial position as set out in the final section of the report.

Executive Summary

10. The County Council's response to the Covid-19 crisis has been wide ranging both in terms of its own service provision and in supporting a wide of partners both directly and through the Local Resilience Forum (LRF).
11. Response costs and consequential losses arising from reduced income, trading losses and lost investment income are significant and continue to grow as more issues are uncovered and require actions. In line with Government guidance we have also been providing support to various providers to ensure sufficiency of provision now and into the future.
12. A separate exercise has been undertaken to assess the impact of the crisis on the Tt2019 and Tt2021 Savings Programmes assuming there is a delay in implementation.
13. In summary terms, the current snapshot of the estimated total cost of the response for the 3 month period to the end of June, together with the impact on savings programmes is £96.2m of which we predict £74.6m will be met from existing budgets, government grant and savings in some services.
14. The unfunded cost of £21.6m will in the short term need to be met from reserves, but will have a significant impact on our financial sustainability going forward and we will therefore continue to lobby the Government to underwrite all of the financial consequences of the crisis.
15. It is important to highlight that the estimates above assume a response period of 3 months and that the estimated cost of each extra month is nearly £18.5m. It is also anticipated that once we move out of response and into recovery we will face further financial challenges arising not least from increased demand for services across Adults' and Children's social care, which will not be fully quantified for some time to come.

Contextual information

16. The background to the current Covid-19 crisis needs no detailed explanation within this report. The County Council continues to implement its response to the crisis and policy positions on a wide variety of issues are being put in place in response to the new and unique circumstances that are being raised on a daily basis.
17. Initial Government support to local authorities to assist with the response has mainly centred around the announcement on 19 March of £1.6bn grant funding, which for Hampshire equates to an allocation of £29.6m.
18. On 18 April, a second announcement was made allocating a further £1.6bn to local government. The final allocations to individual authorities were not released until 28 April due to changes to the distribution methodology used, which saw a move away from a relative needs basis (linked partially to Adults Social Care) to one based more on population and in two tier areas this was split 35% to Districts and 65% to County Councils.
19. The County Council's share of the second tranche of funding is £24.3m which can be utilised to meet response costs and help fund the other financial

consequences of Covid-19 such as lost income and trading losses. Given the need to respond quickly to issues as they arise, this report seeks delegated authority for the Deputy Chief Executive and Director of Corporate Resources to allocate this additional funding where required in consultation with the Chief Executive and the Leader of the Council.

20. The reduction in our allocation is £5.3m or just under 18%, but District Councils and Fire Authority's gained significantly, with Districts in Hampshire receiving between £885,000 and £1.9m each, when the first tranche gave the highest allocation of only £70,000 to New Forest District Council. The table in Appendix 1 shows both sets of allocations to all authorities in Hampshire and the Isle of Wight and the change between the two.
21. What the table also shows is that the total funding across Hampshire and the Isle of Wight has gone up by £7.5m, which is badly needed across the region as all authorities try hard to mitigate the costs and losses they are experiencing.
22. However, whilst the support to Districts to offset their substantial income losses is welcome, it is unfortunate that this has been at the expense of mostly County and Metropolitan Councils, whose needs most certainly have not reduced at this time. A better alternative would have been to provide an additional and separate funding stream to address the income losses across the sector that could have been allocated on a more appropriate basis. The current methodology of moving money away from social care providers when this is highlighted as one of the biggest areas of need, seems non-sensical at this stage. These points have been fed back to the Government via the County Council's Network.
23. Other announcements have also been made, for example £1.3bn to CCG's to fund hospital dis-charges among other costs (some of which is helping to meet County Council costs) and the extra support to bus operators but this will be passported through to operators in its entirety.

Financial Impact

24. Following guidance issued by the Society of County Treasurers, we are attempting to collect information across 5 financial categories:
 - Direct response costs
 - Market underwriting
 - Increased demand directly from Covid-19
 - Losses of funding sources or income
 - Other issues including impact on savings programmes
25. Market underwriting in the main represents spend from existing budgetary provision and it is probably too early to fully assess increased demand from Covid-19 at this stage, so most of the analysis in this paper relates to response costs and predicted losses of income or trading losses in areas such as HC3S.
26. The financial impact for the first four items is also heavily influenced by the potential length of the lockdown and response period and at this stage therefore the financial analysis in this report is based on a 3 month period to the end of

June. Further information is then provided on the estimated monthly cost of each item should the response period extend beyond this.

27. As mentioned above, the financial analysis in this report **does not** take into account the potential future costs of recovery and increased demand, which are expected to be substantial particularly within Adults' social care (reflecting the additional care packages in the system currently being funded by CCG's from Government funding) and Children's social care as a consequence of the prolonged lock down period and the impact on family settings.
28. For the final category, following a request from Gold Command an exercise to assess the impact of Covid-19 on the Tt2019 and Tt2021 programmes was also put in place and the summary results are included in this paper and have now been signed off by individual Departments. The majority of the impact assessments assume a 4 month delay in implementation but this is extended to 6 months for those more complex programmes that will take time to stand back up and regain momentum.
29. A summary by Department and financial year is provided in the table below :

Cash Flow Impact

	2020/21	2021/22	2022/23	Total
	£'000	£'000	£'000	£'000
Adults' Health and Care	5,829	4,951		10,780
Children's Services	2,697	5,466	2,855	11,018
ETE	1,222	5,714		6,936
CCBS	143	1,630		1,773
Corporate Services	105	215		320
	9,996	17,976	2,855	30,827

30. These figures represent a further 'shift to the right' of the Tt2019 and Tt2021 Programmes and the total of £30.827m is currently unfunded and would be on top of any cash flow support already included within the MTFS.

Financial Summary

31. As mentioned above, a large proportion of work to date has been around identifying additional response costs and activity to support the market in critical service areas. In addition, further work has been undertaken recently to look at what funding might be available to offset some costs and where there could be savings in the cost of service provision as a result of the current lockdown.
32. The table below provides a snapshot summary estimate of the overall financial picture as at 4 May, which includes estimates for all known items for a 3 month period (and associated savings and funding), together with the overall impact of the delay in implementing savings over the life of the Tt2019 and Tt2021 Programmes :

Category	£'000
Response Costs	24,739
Market Underwriting	13,806
Increased Demand	1,300
Funding and Income	23,540
Other Issues	2,023
Impact on T19 and T21	30,827
Total Costs	96,235
Specific Funding (CCG's and Government)	3,709
Covid-19 Grant Allocations	53,968
Forecast Savings (3 months)	3,087
Market Underwriting (budgeted)	13,806
Total Savings and Funding	74,570
Net Unfunded Cost	21,665

33. The biggest element of the savings relate to savings in home to school transport as a result of the reduced services operating during this period. Other savings relate to savings in staff travel costs and general running costs from the reduced number of sites that are open to staff and the public.
34. The total gross impact excluding Tt2019 and Tt2021 is £65.408m and whilst every effort has been made to reflect as accurate a picture as possible, it must still be borne in mind that many of these areas are in early stages of development and new information and issues are coming out all of the time.
35. A more detailed analysis of the £65.408m across the different categories is provided in Appendix 2. We will be looking to the Government to meet any unfunded costs and losses that have been incurred and we are working through Treasurers' Societies to keep MHCLG regularly updated on the financial impact with a view to seeking increased Government support over and above that already announced.
36. PPE spend on behalf of the LRF is difficult to predict due to uncertainties around the distribution of Government funded PPE, although recent activity in this space has reduced due to normal supply chains starting to cope better with demand. The £4.8m is therefore a rough estimate of the gross cost at this stage, subject to further clarification of the Government's scheme and does not take into account charges that will be levied on partners and care providers for the HCC funded PPE that they draw down. Given the potential financial exposure for the County Council, the principle of all partners financially underwriting any unfunded PPE costs at the end of the response period has been agreed by the Strategic Co-ordinating Group. The share will be based on the final quantities of PPE issued to each sector.
37. Losses identified in trading services will be impacted by work currently being undertaken on furloughing staff in these areas and will be heavily influenced by the extent to which pupils are able (or not) to return to schools in the coming

weeks. Further work is also being undertaken to assess any other areas across Departments where it makes sense to Furlough staff in line with the Governments latest clarification for local authorities.

38. In the absence of further Government funding, the net unfunded cost of £21.6m will initially need to be cash flow funded through the use of reserves and whilst the County Council is fortunate enough to be able to cover these costs in the short term, the potential impact will be significant if this funding is not provided by Government as outlined in the later section. The position will also be influenced by the length of the crisis with an estimated extra monthly cost of nearly £18.5m predicted based on current figures.
39. There are other costs that will begin to emerge as the crisis progresses and policy changes in areas such as agency staff and overtime start to have an impact and where actual losses of income can start to be identified, but these can realistically only be measured on an ongoing basis and in comparison to spend and income levels normally prevalent over the same period.
40. Furthermore, there is the potential for compensation claims to be made but this is more likely to come out as part of the recovery phase, which will also include many other different issues and costs.
41. What is clear is that the financial pressure is only going to get worse from the position presented in this report and the Corporate Management Team have therefore already agreed that wherever possible, all non-essential expenditure across Departments is halted.

Impact on Schools

42. There are a range of issues arising from Covid-19 that are also having a significant impact on school's finances in the short term as well as their longer term financial sustainability.
43. The financial impacts are being treated entirely separate to those highlighted in this report but clearly the position and impact across schools is a priority consideration for the County Council.
44. In terms of immediate actions, steps have been taken to continue to make payments to Early Years providers for the first three months of the year at a cost of around £19.4m, which is within the existing budgetary provision. In addition, the opportunity for providers to claim for additional key worker children and holiday costs has been put in place together with an exceptional payment process for providers that are having financial difficulties. It is difficult to predict what costs might be associated with these items, but an initial estimate of £200,000 has been produced and whilst not budgeted will have to be funded from the Early Years block and will potentially add to the DSG deficit.
45. Appendix 3 provides a summary of the key impacts and issues relating to schools, albeit that this too is a fast moving picture as new guidance and policies emerge.
46. The Appendix highlights that income from activities such as nursery provision and lettings represents a significant source of funding for schools, however, the extent to which this funding underpins core education provision will vary from school to

school as will the level of reserves available to deal with the losses and costs resulting from the crisis. Children's Services and other support functions across Finance and HR will continue to work with individual schools to assess and address the impact of Covid-19 in both the short and longer term.

Medium Term Position

47. Early on in the crisis, Government Ministers made various commitments to local government:
"We will do whatever it takes" – Rishi Sunak, Chancellor of the Exchequer
"Spend what you need to spend and we will reimburse you" – Robert Jenrick, Secretary of State for Housing, Communities and Local Government
48. More recently there have been statements around local government 'sharing the burden' with Government, which are in stark contrast to what had gone before. This thinking is also flawed as local government has no local tax raising powers beyond council tax, which is restricted by the Government and is likely to reduce as a result of the crisis and the reduced earning capacity of residents. Government on the other hand can borrow to support revenue spend and can increase taxes to raise revenue across a number of different areas.
49. The County Council will therefore continue to lobby strongly through existing channels such as the County Council Network and the Society of County Treasurers, to ensure that the full range of extra costs and lost income are reimbursed by the Government as initially promised. This tactic has already proved effective with the further announcement of £1.6bn made last weekend, which at one point was expected to be only £1bn, but this was offset by the fact that the distribution methodology was changed to the detriment of County Councils.
50. However, in the short term, in the absence of any further commitments from the Government, the County Council will need to look towards existing reserves and in particular, the £45m that was put aside from the pension contribution savings to meet the minimum of £21.6m unfunded costs (although in reality, this will require the use of other reserves in the short term due to timing issues). Following the crash in the stock market and the impact of Covid-19 on other Pension Fund investment areas, it is highly likely that the Pension Fund will be in deficit again by the next triennial valuation requiring an increase in deficit contributions at least back to previous levels. The County Council's strategy of not banking this saving on a recurring basis was therefore clearly well founded.
51. The Budget Setting report presented to County Council in February outlined the medium term position for the Budget Bridging Reserve as shown in the following table :

	£'000
Balance 31 March 2019	65,001
Additions approved February 2019	14,811
MRP Holiday	21,000
Cash Flow for Tt2019	(40,000)
Cash Flow for Tt2021	(32,000)
Interim Year 2020/21	<u>(28,400)</u>
Forecast Balance 31 March 2022	412
Additions from valuation saving (3 Years)	45,000
Additions from pension pre-payment (3 Years)	9,000
Additions from 2020/21 Budget Setting	7,265
Interim Year 2022/23	<u>(40,200)</u>
Forecast Balance 31 March 2023	21,477
IT Investment for a Successor Programme	(10,000)
Cash Flow for Successor Programme	<u>(32,000)</u>
Forecast Deficit 31 March 2024	<u>(20,523)</u>

52. This shows that even before the crisis, the County Council was facing a deficit of nearly £21m in order to be able support a further programme of savings delivery beyond Tt2021. Meeting the current unfunded pressures from Covid-19 from this source would create a deficit in the order of £42m in our medium term financial planning.
53. With a further delay in the spending round, the costs of recovery, future reduced income from council tax and retained business rates and higher expected demand costs across both Adults' and Children's social care, it is almost certain that the cash flow requirements and future savings programmes will be greater than previously predicted.
54. The Chief Finance Officer has already reported that the County Council is not financially viable in the medium term without significant additional Government funding and the current crisis accelerates this position, unless some form of Government underwriting is confirmed.
55. There has been recent discussions with Government across the sector around the potential for suspending the requirement of issuing Section 114 notices in the event that the Chief Financial Officer predicts that their authority is not financially viable as a result of increased costs and reduced income, which would require emergency measures to be put in place to limit expenditure wherever possible.
56. Whilst Chief Financial Officers agree that it makes little sense trying to limit expenditure at the same time as authorities are playing a lead role in responding to the crisis, it is also critical to ensure that the financial difficulties being experienced by the sector are not ignored.

57. For Hampshire, whilst at this stage it is too early to be considering a Section 114 notice, the County Council continues to work with MHCLG through the Society of County Treasurers and CIPFA in considering the financial impact on the sector and what that might mean for financial sustainability going forward, if additional Government funding cannot be secured.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes / No
People in Hampshire live safe, healthy and independent lives:	Yes / No
People in Hampshire enjoy a rich and diverse environment:	Yes / No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes / No

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
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:

Equality objectives are not considered to be adversely impacted by the proposals in this report but the response to Covid-19 may affect certain people with protected characteristics more than others, in particular older people with health and other vulnerabilities.

Appendix 1

Local Authority	First Tranche	Second Tranche	Total Funding	Difference between first and second tranche
Basingstoke And Deane	£53,754	£1,744,410	£1,798,164	£1,690,656
East Hampshire	£33,387	£1,210,873	£1,244,260	£1,177,486
Eastleigh	£45,502	£1,326,468	£1,371,970	£1,280,966
Fareham	£33,966	£1,156,628	£1,190,594	£1,122,662
Gosport	£44,116	£841,471	£885,587	£797,355
Hart	£24,340	£963,234	£987,574	£938,894
Havant	£58,961	£1,262,535	£1,321,496	£1,203,574
New Forest	£70,401	£1,783,127	£1,853,528	£1,712,726
Rushmoor	£41,933	£934,902	£976,835	£892,969
Test Valley	£41,939	£1,258,912	£1,300,851	£1,216,973
Winchester	£39,275	£1,242,881	£1,282,156	£1,203,606
Hampshire County Council	£29,654,341	£24,313,635	£53,967,976	(£5,340,706)
Hampshire Fire & Rescue Authority	£256,552	£1,379,361	£1,635,913	£1,122,809
Portsmouth	£6,011,540	£5,939,203	£11,950,743	(£72,337)
Southampton	£7,400,086	£6,992,403	£14,392,489	(£407,683)
Isle of Wight	£5,015,960	£4,025,468	£9,041,428	(£990,492)
Total	£48,826,053	£56,375,511	£105,201,564	£7,549,458

Department / Service Activity	Description of Item	Funding and Income	Increased Demand	Market Underwriting	Response Costs	Other Issues	Grand Total	Monthly
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
Adults' Health and Care								
AH&C General	Social Worker additional overtime to cover demand and sickness				300		300	100
AH&C General	Various minor costs e.g. training, additional IT, additional Carers Support, basic medicinal equipment for Residential Homes				400		400	133
AH&C General	Commissioned services to provide increased temporary capacity to support NHS discharge from Hospitals, (One off and recurring)		1,000				1,000	100
HCC In House Care	HCC Care - cover for additional sickness				900		900	300
HCC In House Care	Personal Protective Equipment - HCC In House Care				3,600		3,600	1,200
HCC In House Care	Hampshire Equipment Store / Technology Enabled Care - increased activity (one off and CCG funded)				400		400	-
HCC In House Care	Hampshire Equipment Store - Additional staff costs to meet increased need and to provider 7 day cover		100				100	33
Older Adults	Additional Rapid Response Contract		200				200	67
Older Adults	Continuation of Winter Pressure schemes (CCG Funded)				1,500		1,500	500
Older Adults / Younger Adults	Additional Payments to providers to enhance resilience				8,200		8,200	2,733
Older Adults / Younger Adults	Continuation of provider payments for reduced or limited service - Day Care and Direct Payments			500			500	167
Public Health	Maintaining contracted payments to Health providers for reduced service			3,000			3,000	1,000
Strategic Commissioning	Welfare Workstream - Homelessness Grant to Districts / Providers (one off)			55			55	-
Strategic Commissioning	Contribution to HIOW Community Foundation (one off)				250		250	-
Strategic Commissioning	Welfare Workstream - Direct grants to Districts & HIOW grant programme (one off)				100		100	-
Strategic Commissioning	Welfare Workstream - Call Centre provision				500		500	167
Adults' Health & Care Total		-	1,300	3,555	16,150	-	21,005	6,500

Department / Service Activity	Description of Item	Funding and Income	Increased Demand	Market Underwriting	Response Costs	Other Issues	Grand Total	Monthly
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
Children's Services								
Children Looked After (CLA)	Closure of 2 HCC residential homes resulting in increased use of Non-County placements plus other CLA costs			50	350		400	127
Children Looked After (CLA)	Extended placements for Children Looked After turning 18				330		330	110
Education and Inclusion	School Improvement & Music Services trading losses	1,050					1,050	350
Education and Inclusion	Hampshire and Isle of Wight Educational Psychology (HIEP) trading losses	200					200	67
Education and Inclusion	Skills and Participation Service - trading losses	638					638	213
Home to School Transport	Home to School Transport - income losses	45					45	15
Home to School Transport	Home to School Transport payments to cover additional easter routes and additional parental mileage				100		100	33
Home to School Transport	Home to School Transport payments to transport operators			5,625			5,625	1,875
SEN	Delay to restructuring of SEN service and completion of backlog EHCPs					60	60	38
Swift replacement	Additional contract and implementation team costs in relation to Swift System replacement					150	150	50
SEN Transformation Team	Extension of support required for Children Services Transformation programmes					113	113	38
Early Years Education & Childcare	Providing financial support to early years providers to meet our statutory duty of providing sufficiency in the market			100			100	33
Children's Services Total		1,933	-	5,775	780	323	8,811	2,949
Economy, Transport and Environment								
Highways	Loss of income from licences and street works permits	630					630	210
Transport	Bus Operator payments (reduced usage on subsidised routes)				509		509	170
Transport	Bus Operator provider payments			4,476			4,476	1,492
Transport	Capital schemes on site put on hold - potential contractual claims					1,700	1,700	-
Economy, Transport and Environment Total		630	-	4,476	509	1,700	7,315	1,872

Service Activity	Description of Item	Funding and Income	Increased Demand	Market Underwriting	Response Costs	Other Issues	Grand Total	Monthly
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
CCBS								
Countryside	Countryside Service - Estimated loss of income	1,770					1,770	539
County Supplies	County Supplies - Trading Losses (net)	2,175					2,175	725
Great Hall	Estimated loss of income (events, admissions, sales etc.)	156					156	38
Hampshire Printing Service	Hampshire Printing Services - Estimated loss of income	165					165	55
HC3S	HC3S Catering Service - Trading Losses (net)	6,945					6,945	2,000
HTM	Hampshire Transport Management - Trading Losses (net)	350					350	117
Libraries	Loss of income from venue & room hire	300					300	100
Libraries	Purchase of E-books (one off)				150		150	-
Office Accommodation & FM	Potential loss of rental & events income	100					100	33
Outdoor Centres	Loss of income from cancelled bookings following closure of all sites	1,033					1,033	344
Property Direct Services	Potential loss of income - County Farms, Sites for Gypsies & Travellers	150					150	50
Property Services	Property Services - loss of income and recharges	2,400					2,400	800
Registration Service	Registration Service - Estimated loss of income	507					507	169
Scientific Service	Scientific Service - Estimated loss of income	301					301	100
Asbestos Service	Asbestos Service - Estimated loss of income and recharges	316					316	105
Trading Standards	Trading Standards - Estimated loss of income	124					124	41
Archives and Records	Archives and Records - Estimated loss of income	55					55	18
Sir Harold Hillier Gardens	Hilliers Charitable Trust - loss of income during closure of the Gardens	288					288	96
CCBS Total		17,135	-	-	150	-	17,285	5,330
Corporate Services								
Cash Investments	Reduced return on investment income (annual sum)	3,500					3,500	-
Communications	Communications / Web Team resources and out of hours service				93		93	31
Emergency Planning	Temporary Mortuary facilities (HCC Share)				1,950		1,950	100
Emergency Planning	LRF Personal Protective Equipment (PPE) Purchase (Gross)				4,800		4,800	1,600
IT	Legacy Hantsnet - Licensing for 2,000 users (one off)				307		307	-
Legal Services	Estimated loss of income	300					300	100
Marketing Council services	Marketing - Estimated Loss of Income	42					42	14
Corporate Services Total		3,842	-	-	7,150	-	10,992	1,845
Grand Total		23,540	1,300	13,806	24,739	2,023	65,408	18,496

Schools – Impact of Covid-19

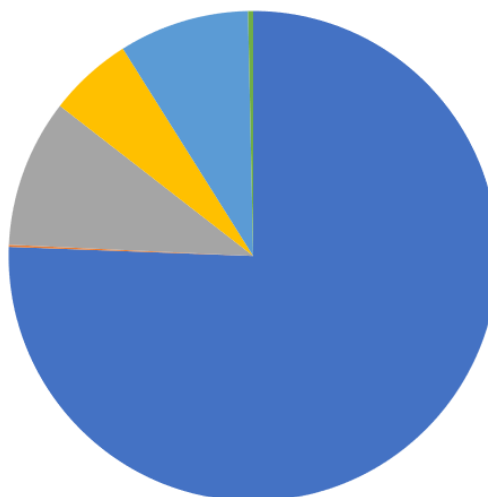
Background

- There are 526 schools within Hampshire, approximately 90% are maintained by the local authority with the remainder opting for academy status.

School Type	Number of Schools (maintained)	Number of schools (academy)	Number of Pupils (Oct 18)
Nursery	3	-	275
Primary	402	20	106,095
Secondary	37	31	66,475
Special	23	3	2,811 (places)
Education centres	6	1	471 (places)
Total	471	55	176,127

- Due to the nature of their service, the majority of costs incurred within schools are staffing related. For local authority maintained nursery, mainstream, special and education centres, this equated to £565m (75.6%) in 2018/19.

	£m	%
Employees	565.04	75.6
Third party payments	1.02	0.1
Supplies & services	72.98	9.8
Premises	41.57	5.6
Support services	64.34	8.6
Transport	2.53	0.3
Total	747.48	100.0



- In addition to schools core business of delivery of quality education to Hampshire pupils, both maintained schools and academies operate with a high level of delegated authority and financial freedoms including the ability to run a range of extended school and business related community activities. This can range from a small breakfast club to a large nursery, gym or other leisure facility.
- These business activities have historically been run to meet community need with any surplus achieved used to enhance the education offer. Due to the financial challenges faced, some schools have become more dependent on this income for more essential services.

Current context

5. During the current pandemic, schools remain open for vulnerable children and children of key workers. School leaders are therefore having to develop delivery models that comply with government advice and seek to deploy staff carefully but effectively.
6. In addition, there has been the requirement for the government to remain open over school holidays and bank holidays if there is demand adding further complexity in deployment but also impacting on factors such as staff terms and conditions and additional unplanned costs.
7. Both business operations and core activities are under-pinned not only by directly employed staff but by a complex supply chain. In addition to simple procurement of supplies and services, there are many instances of sub-contracting activities, letting space for business activities and of course significant spend on supply staff.
8. Business operations have also been severely impacted with ad hoc income largely ceasing. Pre and after school provision along with nursery provision has been a particular challenge due to the need to seek to continue this for certain children.
9. Non grant related income to local authority maintained schools equated to over £56m in the final year 2018/19 coming from a wide range of sources which is summarised in the table below. Some loss of income will be offset at least in part by a reduction of cost incurred. For instance, over £12m per annum is received towards trips and another £12m for school meals.
10. There are however a number of areas where income reductions cannot as easily be offset by a reduction in expenditure, primarily in areas supported by staffing. While the actual level of income is dependent on the delivery model and the costs aren't always evenly distributed over the year (e.g. holiday clubs), likely areas impacted generated income of over £16m in 2018/19. Assuming this income was accumulated evenly throughout the year, this equates to over £1.3m per month. All maintained schools received some level of income from these activity areas.

Cost Description	Actuals 2018/19 £'000
General Fees and Charges	(1,756)
General Lettings	(2,156)
Sports Lettings	(1,887)
Playgroups and Playscheme Charges	(751)
Membership Fees	(228)
Nursery Charges	(2,714)
Out of School Care	(4,834)
Courses, Classes, Workshops and Clubs	(1,962)
Sub-total	(16,288)
Meals, Refreshments and Catering	(12,322)
Day Trip Charges	(3,898)
Residential Trip Charges	(8,501)
Donations	(3,496)
Other income sources	(11,618)
Total	(56,123)

Funding

11. Funding through government grants for education delivery has been confirmed as continuing which equates to over £800m per annum which provides assurance for the majority of core school activities. This ensures both staff and services supported by this area can be maintained.
12. Schools will be incurring additional costs as a result of the current pandemic. This will vary from school to school however may include additional staff and premises costs for operating over the school holiday period, additional cleaning costs etc.
13. Additional funding has recently been announced by the government to cover the period March to July which schools can access on a claims basis.

[Financial Support for Schools](#)

14. Details on eligible costs are limited at this stage with only references to premises, free school meal costs and cleaning costs. This has resulted in a significant volume of enquiries internally which have been routed back to the government query email address. It is anticipated there will be a significant volume of queries received through this route particularly on staff costs incurred over school holidays and regarding loss of income. It is also likely some schools will simply choose to claim those costs which may or may not be subject to challenge.
15. Further funding support is accessible through the free school meal national voucher scheme where schools can arrange for supermarket vouchers to be issued to the parents of eligible pupils with the cost being met by the DfE.

Key issues

Loss of income

16. Loss of income is of particular concern to schools at this time with limited clarity around funding support coupled with potentially limited scope to reduce their costs, in particular staff costs are a major issue. Key to this is the possibility of furloughing as some staff contracts are solely for the delivery of business related activities.
17. Income generated for some schools can be significant, either in monetary amount, proportion of their total budget or dependency to fulfil core functions. To illustrate, one primary school received approximately £230,000 in funding from business related activities in 2018/19 with a secondary example £840,000 (including £650,000 in nursery income).
18. Examples have been provided where monthly pay bills are in excess of £30,000 per month therefore the losses likely to be accumulated from an extended period of closure are likely to be considerable.
19. Further guidance published by the DfE on the 17th April does provide confirmation that furloughing of staff will be possible in certain circumstances:

[Early Years and Children's Social Care](#)

20. Work is now underway internally to consider the practicalities in accessing the scheme. There are a number of issues likely to be experienced by schools in accessing a furloughing option.
21. Firstly, in identifying those staff supported by external income. In some situations this could be quite straightforward however in others, staff time spent fulfilling externally generated activity will form a portion of the total contracted time staff are employed. This is often not separately identifiable from an HR or finance perspective.
22. Secondly, schools will need to identify eligible external income. Some guidance can be provided regarding grant streams to exclude but where some income has been received e.g. reduced nursery fees this may add a level of complexity.
23. Once an income figure has been identified, the application of the DfE guidance will need to be considered, the guidance suggests schools could claim support up to the level of lost income however the furloughing scheme does not equate directly to staff costs incurred. It also suggests furloughing of staff linked to external activities but does not specify the degree of linkage.
24. Clear guidance will need to be provided to schools in interpretation, application and implementation of the scheme.

Financial support to suppliers and providers

25. Whilst there is a general expectation that schools provide support to “at risk” suppliers, the practicalities of assessing this in relation to the local contracts in place is resulting in significant uncertainty and a variety of approaches adopted.
26. This extends broadly across suppliers from suppliers of services, to companies paying schools to deliver activities on school sites and to staff supply agencies each requiring a different assessment to be made.

School Trips

27. All schools undertake a range of trips each year, whether day or residential with income received approximately £12m per annum. Due to the current situation, schools have had to cancel trips requiring them to seek ways of repaying parental contributions and trying to recover deposits paid to providers.
28. A process has been agreed with the IBC to temporarily enable bulk payments back to parents which has addressed some issues however the ability to recover deposits made is proving challenging and raising concerns regarding unrecoverable costs.

Increases in schools in financial difficulty

29. Delays in planned restructures and redundancies will lead to critical restructure deadlines being missed impacting on notice periods which is likely to result in the short term with more schools in financial difficulty. It is also likely that due to additional costs incurred in the short term, lost income and limited capacity to take financial management actions, this is also likely to result in an increase in the number of schools in deficit.
30. Additional work will be required with schools in the coming year to address this and work to an agreed recovery plan that ensures the schools financial sustainability.

Summary

31. The financial impact of COVID varies considerably from school to school and is dependent on a range of factors in part driven by decisions made by the 526 management teams.
32. Loss of income is the main concern, particularly for schools where there is significant staff capacity dedicated to generating income. Income lost per month could potentially exceed £1.3m per month for local authority maintained schools therefore the need to minimise costs incurred is an urgent priority.
33. Staff costs are a significant contributor to those costs incurred therefore a key priority remains in guiding schools how to minimise these through means such as furloughing or clarity and assurances from central government around funding.
34. Significant uncertainty remains in the sector however local authority support services continue to work with schools to support them in accessing the available support and guidance along with liaising both locally and nationally around seeking further clarity where necessary.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	15 May 2020
Title:	Covid-19: temporary changes to the County Council's duties under the Care Act 2014
Report From:	Director of Adults' Health and Care

Contact name: Jess Hutchinson

Tel: 01962 847966

Email: jessica.hutchinson@hants.gov.uk

Purpose of this Report

1. To describe, at a high level, the work underway in Hampshire County Council's Adults' Health and Care Department to protect vulnerable adults, strengthen the resilience of the adult social care workforce and create capacity in the social care market in the context of the Covid-19 pandemic. Whilst this pandemic is unprecedented, the Adults' Health and Care Department is working to prevent the need to make use of temporary changes to statutory duties under the Care Act 2014.
2. To outline the provisions of the Coronavirus Act 2020 relating to adult social care, the types of reasons why they might be used and the governance that will be in place to ensure that they are only used as a last resort and in line with the Government's guidance and updated Ethical Framework for adult social care. As this is important legislation involving one of the County Council's most significant service areas, Members should be briefed at an early stage on the extensive work that Adults' Health and Care is currently doing to manage the Covid-19 situation and the forward planning it is undertaking, should the situation become even more challenging than it currently is. This is in line with the Government's guidance and updated Ethical Framework for adult social care which stresses the ongoing importance of accountability, involvement and transparent, robust decision making.
3. To seek approval for delegated authority to the Director of Adults' Health and Care in consultation with the Executive Member and Principal Social Worker to implement if required the temporary changes to the County Council's Care Act duties. Any such decision would also involve engagement with the Chief Executive and Leader of the County Council.

4. The main areas that might trigger requirements for temporary changes to statutory duties under the Care Act 2014 include new or increased social care demand, inadequate numbers of social workers, inadequate numbers of direct care staff and/ or inadequate nursing or residential care capacity. Significant mitigation is already in place in these areas as are monitoring arrangements.
5. Even if required there would be no blanket implementation. We would adopt a tiered approach with reference to the guidance and escalation would be as part of a robust care governance process. It would only be in place for the minimum time necessary with the continued aim of returning to Care Act 2014 compliance as soon as possible.

Recommendations

6. That Cabinet approve the use of the amendments to the County Council's duties under the Care Act 2014 if required.
7. That authority is delegated to the Director of Adults' Health and Care in consultation with the Executive Member for Adult Social Care and Health to implement, in line with Government guidance and as referenced in this report, all or any powers provided under Section 15 and Schedule 12 of the Coronavirus Act 2020 and to decide on timescales and manner of any implementation.

Executive Summary

8. This report:
 - Outlines the extensive work already undertaken to meet the challenges of the current situation arising from the outbreak of Coronavirus
 - References the usual duties relating to adult social care under the Care Act 2014
 - Sets out the amendments to those duties under the Coronavirus Act 2020
 - Sets out the circumstances in which it may be necessary to use the amendments for a temporary period
 - Sets out the implications of using the amended duties with reference to the Human Rights Act, guidance from the Department of Health and Social Care and the ethical framework
 - Seeks approval for Cabinet to delegate authority to the Director of Adults' Health and Care in consultation with the Executive Member to implement the temporary changes to the County Council's duties under the Care Act 2014 if required.

Contextual information

9. The coronavirus pandemic has had and will continue to have a pervasive impact on all aspects of life and upon Adult Social Care. The impact of the illness is causing distress for a larger proportion of the population than was known to Adults' Health and Care before the crisis. For example, social isolation and shielding have led to an increase in the number of vulnerable

people requiring support with items such as access to food, medication, and social contact.

10. There are new demands on the existing health and social care system. For example, increasing requirements around swift hospital discharge with a need for the creation of extra capacity in care homes and domiciliary care, and in some situations increased complexity of need for services to manage.
11. Necessary requirements around social distancing are leading to social isolation and this is especially challenging for those with dementia, learning disabilities, mental health problems or autism and is also very difficult for their carers. Some services, such as day opportunities, have had to be stopped in their current form, to comply with social distancing. In addition, family carers may become ill, or their loved one may become ill with Covid-19 and require more support.
12. There are challenges to the nursing and social care workforce impacting upon nursing and residential care homes, the provision of domiciliary care and social work capacity due to the impact of the illness itself, as well as the essential need to protect staff and other residents from infection.
13. Members will be aware that far reaching legislation has been enacted in response to the challenges arising from Coronavirus. The Government has also published a range of guidance to support this unprecedented situation.
14. The Coronavirus Act 2020 includes powers for local authorities with social care responsibilities to choose to temporarily suspend compliance with fundamental duties under the Care Act 2014. These are known as Care Act 2014 'easements'. The easements include not needing to: assess a person's needs, determine their eligibility for services, prepare or review care and support plans, or provide the usual range of services, or enable a choice of accommodation.
15. Were the easements to be implemented, the County Council would have a lower threshold duty to meet a person's needs for care and support if failure to do so would breach that person's rights under the European Convention on Human Rights (Rights are listed in Appendix 1).
16. The Department of Health and Social Care has published 'Responding to Covid-19: the ethical framework for adult social care' which is set out in full at Appendix 2, to assist Adults' Health and Care organisations and practitioners in making robust and ethical professional decisions about care and support during this emergency period.
17. Guidance issued by the Department of Health and Social Care sets out actions that should be taken before considering and when using the easements. In particular it is clear that use of the easements should be a last resort and that Care Act 2014 duties should continue to be met for as long as possible. This guidance is set out in full at Appendix 3.

18. Hampshire County Council Adults' Health and Care wishes to prevent the need to make use of temporary changes to statutory duties under the Care Act 2014 and has robust mitigations in place. However, given the volatility of the circumstances related to Covid-19 and its impacts, the County Council wishes to be transparent about the features of this legislation and carefully consider in advance the potential need to use it in the future should circumstances change.

The Care Act 2014

19. The Care Act 2014 and associated Regulations set out the legal duties of local authorities responsible for adult social care. The duties are in relation to care and support for both individuals and their carers. They include the duties to carry out assessments of needs and the manner in which these are to be done, to determine whether needs meet the eligibility criteria for local authority care and support, to provide or arrange for care and support, to provide and review care and support or support plans and the circumstances in which a payment may be made to top up the amount the local authority is paying to enable the service user to choose a more expensive care home. The circumstances in which people can be required to make a financial contribution towards the cost of their care is also covered.
20. In addition to meeting the needs of vulnerable adults, local authorities need to comply with Care Act 2014 principles covering wellbeing and market oversight and separate legislation such as the Mental Capacity Act 2005 and Mental Health Act 1983.

Meeting the new needs of a wider vulnerable group

21. Significant progress has been made in a very short time to coordinate support at local level to meet vulnerable people's urgent needs in response to Covid-19. The Director of Adults' Health and Care has chaired the welfare response hub for Hampshire across local authorities in the Hampshire area and in collaboration with Public Health, district councils, the voluntary and community sector and faith communities as part of the Coronavirus response (known as the Hampshire and Isle of Wight Local Resilience Forum). The Forum coordinates responses, disseminates learning, escalates issues and provides mutual aid when protecting the most vulnerable in response to Covid-19, including support for those who might struggle to access services, such as rough sleepers and the provision of support for all frail and vulnerable adults requiring help due to their vulnerability, because they are shielding or due to social isolation.
22. As part of the Hampshire County Council area response, a Helpline called Hantshelp4vulnerable has been established where advisers triage calls from vulnerable people who are seeking help. Callers are:
 - provided with information and signposting including, where appropriate, to the NHS;

- referred to 11 district based Local Response Centres where they are connected to local support to access food, prescription collection and other forms of support – provided by district councils in partnership with local voluntary sector organisations, groups and local councils, drawing on local volunteers;
 - referred to the County Council’s Adults’ Health and Care Welfare Team where more complex needs and personal care requirements are identified. They may also draw on voluntary support from the Local Response Centres in addition to other care and support. They would pick up any issues related to adult safeguarding or domestic abuse and any urgent issues.
23. Hampshire County Council Adults’ Health and Care has taken the responsibility of proactively contacting all residents identified as extremely clinically vulnerable by the Government who have not yet registered on line for the scheme, or who have registered and have requested support due to delays in provision through the Government scheme, or where the Government scheme does not meet their requirements. As of 4 May 2020, 30,223 residents in Hampshire have been identified by the NHS as extremely vulnerable and advised to shield or take special caution, in addition to universal social distancing measures during the outbreak.
24. The mental health and emotional wellbeing of the population during the pandemic is a widely reported issue and cause for concern. A range of initiatives have been implemented alongside other statutory and voluntary sector partners in view of social distancing measures and closure of key services. Hampshire Mental Health Well Being Centres are now remotely accessible and continue to offer a service to those in need. The Hantshelp4vulnerable helpline has been strengthened by a dedicated advice line staffed by Solent MIND assisting people including carers feeling anxious in isolation. Specialist mental health support has been set up to provide advice and guidance to homeless accommodation schemes.
25. Currently, feedback is that there is sufficient volunteer capacity to support vulnerable people in Hampshire with their essential needs and that the County Council has a robust plan in place for those who find it difficult to access support. However, this will be subject to continuous review and improvement through the Local Resilience Forum.

Maintaining resilience in the Adult Social Care workforce

26. Hampshire County Council Adults’ Health and Care has a significant provider arm (HCC Care), reablement, as well as community and hospital social work teams and the Contact Assessment and Resolution Team (CART) working on the frontline. The guidance identifies the importance of monitoring staff attendance and of ensuring capacity in the workforce.
27. Staff within the Department are being deployed to ensure that essential services are maintained. Frontline Adults’ Health and Care are being

supported by other departments from within the County Council as part of the Staff Re-designation programme. To date limited use has been made of this potential resource, mainly within the HCC Care service. Overall attendance levels within our social work teams have mostly been good, but there are contingencies in place to try to ensure a sufficient social work workforce. Additional services within the Department are now operating as 7-day services.

28. Staff wellbeing is a priority for Adults' Health and Care and strategies are being employed to support health and resilience. There are a number of initiatives to support staff in HCC Care and a wellbeing site has been established pulling together wellbeing resources for all staff. In order to maintain social distancing and to minimise infection risk, the Department is taking advantage of the technology available such as Microsoft Teams as well as bolstering the capabilities and capacity of CART.
29. Whilst there remain high levels of risk around maintaining sufficient workforce capacity and supporting the wellbeing of staff, risks are mitigated sufficiently to maintain the functions of the Department. However, the Department will continue to closely monitor the situation and respond accordingly.

Supporting the NHS with hospital discharge, care homes and domiciliary capacity

30. Hampshire County Council Adults' Health and Care has bolstered its specialist adult social care CART (telephone contact centre) resources, by redeploying practitioners from other parts of the Department with the necessary skills, so that there is more capacity to respond to people contacting the County Council with new or increased levels of need for social care and support.
31. Hampshire County Council Adults' Health and Care has also been working closely with the NHS across Hampshire on a new nationally mandated streamlined hospital discharge process, led by the NHS, which is ensuring that once patients are assessed as clinically safe they are supported to move from an acute hospital setting either back home or to a suitable alternative bed-based setting, thereby freeing up vital beds. This is currently working effectively, thanks to concerted efforts of our staff and NHS partners.
32. Hampshire County Council Adults' Health and Care in collaboration with the NHS has continued to support with reablement and provision of equipment by reorganisation of staff working patterns and operating hours to facilitate 7-day operations, with effective changes to working practices through embracing new technology to facilitate closer integrated multidisciplinary team (MDT) functions and by introducing a number of minor process changes for simplified approaches to operation, particularly for sourcing equipment following hospital discharge.

33. Hampshire County Council Adults' Health and Care has continued to support the market, with financial support to help meet increased costs and has systems in place to monitor provider resilience. Contingency plans maximising the benefit of available capacity across provider services are being formulated. Personal Protective Equipment (PPE) requirements are being addressed through a National Supply Disruption line, financial support package, and access to the Local Resilience Forum's PPE stocks when other options have been exhausted.
34. There are considerable challenges for all providers, including Hampshire County Council's own residential and nursing services, due to the pandemic. However, there are robust plans and actions in place to manage and mitigate the level of risk currently presented.

Supporting existing Adults' Health and Care service users living at home

35. Hampshire County Council's Adults' Health and Care community teams have continued to support existing and new service users, proactively contacting people known to have high levels of vulnerability, with high frequency of contact for those who need it most. Community teams are responding to urgent need, maintaining all statutory functions such as Mental Health Act assessments and safeguarding work, carrying out functions remotely wherever possible.
36. Day opportunities and day services for people with learning disabilities have closed as a result of measures around social distancing. This includes both those services run in-house by Hampshire County Council and those run by the independent sector. The County Council has also closed its learning disability residential respite services for regular respite. Because of the importance that these services have in the lives of the people that use them and their carers, enabling them to continue living at home, a number of measures have been put in place to help keep people safe. Depending upon individual circumstances, the learning disability teams are contacting people weekly or sometimes daily to check on their wellbeing. In some cases of potential concern, staff who would usually work in day services are providing an outreach service to give support to those individuals or families. Additional support is also being made available to providers supporting individuals with more complex needs and challenging behaviours who may be experiencing difficulties in adapting to new social distancing measures.
37. The demand for Mental Health Act assessments continues to be met drawing upon the Approved Mental Health Professional (AMHP) workforce who operate alongside other critical services contributing to statutory process requirements relating to 'sectioning' individuals. Further statutory requirements under the Mental Health Act involving the social supervision of mentally disordered offenders continues with adaptation of risk management arrangements including regular reporting to the Ministry of Justice.

38. Whilst there are no issues with maintaining essential functions such as safeguarding and Mental Health Act assessments there are considerable challenges for family carers with regard to the cessation of some respite services and day opportunities and these issues are likely to grow over time. This situation will continue to be closely managed through using alternative models of support and careful work is going on to ensure that contingencies are in place. However, the situation will be carefully monitored going forward.

The Coronavirus Act 2020

39. The provisions of the Coronavirus Act 2020 relating to adult social care as set out in Schedule 12 of this Act give local authorities power to decide not to comply with certain legal duties under the Care Act 2014 for the period in which the relevant new provisions are in force. For example local authorities can therefore decide not to carry out the usual assessments, not to determine usual eligibility, not to make usual provision to meet eligible needs, not to prepare care and support plans and not to agree to arrangements for top up payments. A summary of the main provisions of Schedule 12 is provided at Appendix 4.
40. For the relevant period if the local authority decides to use the easements, the Care Act 2014 duty to meet eligible needs is replaced by a duty to meet needs where a local authority considers it necessary for the purpose of avoiding a breach of a person's human rights.
41. The most relevant human rights in this context are the right to life and the right not to be tortured or treated in an inhuman or degrading way. Public authorities have a positive obligation to protect individuals. These rights are absolute rights. The right not to be deprived of liberty except where the law allows and the right to private and family life except where it can be justified to be in the interests of wider community or rights of others are qualified rights.
42. It is the intention of the County Council to maintain compliance with its duties under the Care Act 2014, and the outline above describes how risks are being actively mitigated. However, the risks relating to the provider market, demand, as well as the County Council's own workforce, mean that the situation requires ongoing monitoring. Governance structures are in place within both Adults' Health and Care and the wider County Council to do this. Should there be a requirement to implement any of the Care Act easements, then this would be done in line with the agreed governance processes. Communication of this would be done transparently and efficiently, both within the County Council and to providers, partners and other key stakeholders.
43. While a high level decision could be made to use the powers under the Coronavirus Act 2020, how that would be implemented at the individual level would need to take account of the individual's actual circumstances including those resulting from the current situation as it impacts on the particular individual. In practical terms this would mean ensuring the person was safe

and receiving necessary personal care for example washing, toileting and dressing.

44. If the decision were taken to enact the Care Act easements this would be done in line with the government's Ethical Framework and guidance. A detailed Equalities Impact Assessment (EIA) has been carried out to provide an overview of how this would impact upon individuals, particularly service users and their carers. A summary of this can be found in paragraph 52 of this paper, with the full assessment at the end of this report.
45. The Department of Health and Social Care has issued guidance to which local authorities must have regard in context of considering use of the easements. The guidance sets out a tiered approach to making changes to business as usual compliance with the Care Act 2014 duties prior to implementation of the easements moving from full compliance with the Care Act 2014 through proportionate assessment and planning to whole system prioritisation of care and support. The guidance also covers the factors such as increase in demand and reduction in available staff that would predicate the need to use the easements.

Circumstances in which use of easements may be required

46. It is anticipated that the main factors that will determine whether the County Council will need to implement all or any of the easements will be an increase in demand for services and/or a reduction in workforce availability due to Covid-19.
47. The guidance recognises that social care varies greatly across Local Authorities and the decision to operate the easements should be taken locally. The guidance stipulates that the Director of Adults' Health and Care and the Principal Social Worker would consult the Executive Member for Adult Social Care and Health as part of this decision-making process as well as informing the Health and Wellbeing Board. Any decision to implement the easements should also be fully informed by discussion with the local Clinical Commissioning Groups. Finally, the Department of Health and Social Care must be notified of the decision.
48. In line with the County Council's aim for transparency and robust decision making, the Director of Adults' Health and Care would also, prior to taking a decision to operate the easements, make every effort to hold discussions with senior elected members and officers. He would additionally seek to involve service user and carer groups, such as Hampshire's Personalisation Expert Panel and the Learning Disability Partnership Board.
49. The decision making would include a record of the evidence that was taken into account if possible including: The nature of the changes to demand or the workforce: The steps that have been taken to mitigate against the need for this to happen: The expected impact of the measures taken: How the changes will help to avoid breaches of people's human rights at a population level: The

individuals involved in the decision-making process: The points at which this decision will be reviewed again: This decision should be communicated to all providers, service users and carers. The accessibility of communication to service users and carers should be considered. It is anticipated that Adults' Health and Care, Care Governance Board, chaired by the Director of Adults' Health and Care, would then review the use of the easements on a regular basis to ensure the temporary measures in place were working effectively and were only being used for the shortest possible time period.

Consultation and Equalities

50. For reasons of urgency, formal consultation has not taken place to date. However, should it become necessary for the Care Act easements to be used, the Director of Adults' Health and Care would engage with relevant senior members, officers, partners and (where possible) user/carer groups as set out in paragraphs 47 and 48 above. Communication would take place as appropriate to inform any affected service users and carers, providers, partners and the Hampshire Health and Wellbeing Board of the emergency decision and its short-term implications.
51. An equalities impact assessment (EIA) has been completed and is included as an appendix to this report.
52. The groups identified as 'high' impact in relation to Covid-19 are Age (older people), Disability and Poverty. A medium impact has also been identified in relation to Race and Rurality. Key impacts across all groups are in relation to:
- Increased isolation and reduced ability to access the full range of communication channels
 - Lack of contact with family and friends who provide informal support, and impact of not being able to visit people in care homes
 - Potential delays for assessment or review, depending on urgency and staff availability
 - Reduction in availability of some services, e.g. the possibility of reduced capacity in domiciliary and residential care because of staffing shortages, closure of day services and respite for service users and carers, reduced support to access the community. This means an increased pressure on informal carers
 - Reduction in face-to-face assessments, reviews and other social work interactions/increased reliance on communication by phone and other technology has greater impact on people with limited or no verbal communication (e.g. older people with advanced dementia) with social work practitioners needing to rely on third party information from carers or support providers
 - Informal carers may be inclined to take on more caring responsibilities themselves and for longer due to concerns about the risks of having paid carers visit the home
 - Increased likelihood of other long-term health conditions not being adequately managed during this period

- Difficulty in accessing food and other supplies, if there is no family/local support/lack of access to internet or knowledge about sources of assistance
- Reduction in choice of accommodation/types of support that can be provided because of capacity in the market/social distancing in the community
- Additional impact for some people who may be less able to understand and adapt to the Covid-19 situation, for example people with learning disability, autism, dementia or mental illness, or some people for whom English is not their first language.

Additional impacts if the decision was taken to use the Care Act easements

- People would have reduced choice in how their needs would be met, for example because of reduced market capacity/staff availability/reduced choice of accommodation for people who would otherwise choose to 'top up' accommodation costs
- Less detailed assessment may result in less clear care planning information for support providers, and consequent potential for poor targeting of support provision
- Increased pressure on carers, as staff would not be carrying out carer assessments
- A delay in completing financial assessments could lead to a build up of client contributions which some clients might find difficult to repay

Mitigation measures are outlined in the EIA but in summary, include the following:

- Community teams are prioritising proactive telephone contact with existing service users and carers who are known to be most vulnerable
- Staff resources are being used appropriately, including the redeployment of some staff, to keep essential and critical services running
- Operation of [hantshelp4vulnerable](#) telephone helpline to coordinate access to local volunteers, support with food supply and deliveries to vulnerable residents. Responses can be tailored to the needs of particular communities and groups, e.g. to support with particular cultural/dietary requirements
- Capacity at adult social care specialist CART (Contact Assessment and Resolution Team) has been bolstered to support more telephone-based work with service users
- Additional translation services are available to contact centre and hantshelp4vulnerable helpline, including specific British Sign Language (BSL) support via the Deaf Services Team

Current financial picture

53. On 19 March 2020, the Government announced £1.6 billion of additional funding for local government to help them respond to Coronavirus pressures across all the services they deliver. This includes increasing support for the adult social care workforce and for services helping the most vulnerable, including homeless people. Hampshire County Council's allocation of this funding (across all its services) is £29,654,341. A further £1.6 billion was announced on 18 April, taking the total for the sector to £3.2 billion. Hampshire's share of this second tranche of funding has now been confirmed as £24,313,635.
54. Further details of the financial impact of Covid-19 are outlined and explored in the finance report to Cabinet.

Conclusions

55. Hampshire County Council Adults' Health and Care is making a significant effort to maintain and sustain Care Act 2014 compliance through:
- Meeting the needs of a wider vulnerable group
 - Maintaining the resilience of the Adult Social Care workforce
 - Supporting the NHS with hospital discharge, care homes and domiciliary capacity
 - Supporting existing Adults' Health and Care service users living at home
56. The County Council is currently in a good position with robust arrangements in place. However, the risks relating to the provider market, demand for services as well as the County Council's own workforce and the unprecedented and fast-moving nature of the pandemic and its impacts mean that the situation requires ongoing monitoring.
57. Should there be a requirement to implement any of the Care Act easements, then this would be done in line with the agreed governance processes. Communication of this would be done transparently and efficiently, both within the County Council and to providers, partners and other key stakeholders.

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:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Care Act 2014	May 2014
Coronavirus Act 2020	March 2020
Coronavirus Act 2020 Schedule 12	March 2020
Responding to COVID-19: the ethical framework for adult social care	March 2020
Care Act easements: guidance for local authorities	April 2020
Coronavirus (COVID-19): hospital discharge service requirements	March 2020

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.)

<u>Document</u>	<u>Location</u>
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:

Name of Project or Proposal (required):

Covid-19: temporary changes to the County Council's duties under the Care Act 2014

Is this a Transformation to 2021 project? (required): Yes No

Name of accountable officer (required): Graham Allen

Name of Assistant Director: Jess Hutchinson

Date: 21/04/2020

Department (required): Adults' Health and Care

Is this a detailed or overview EIA (required): Detailed

Overview

Description of Service/Policy: (required)

The impact of Covid-19 has created new demands on adult social care, for example with increased requirements around swift hospital discharge and the need for additional capacity in care home places and domiciliary care. At the same time there are challenges around existing care home, domiciliary care and social work capacity due to the impact of the illness upon the social care workforce itself, and the need to protect staff and other residents from illness. Some services have had to be reduced due to the need for social distancing. Social isolation and shielding have also led to an increase in the number of vulnerable people requiring essential support.

This EIA summarises the key impacts on service users and carers with protected characteristics during the current period and the mitigation that Adults' Health and Care is already putting in place to alleviate disadvantage and difficulties faced by vulnerable groups.

The EIA also highlights the additional impacts likely to be felt if the County Council had to use 'last resort' emergency legislation, in the form of changes to the Care Act 2014, to deal with the emergency situation.

Geographical impact (required)

All Hampshire (if ticked do not tick any further boxes)

Basingstoke and Deane

East Hampshire

Eastleigh

Fareham

Gosport

Hart

Havant

New Forest

Rushmoor

Test Valley

Winchester.

Describe the proposed change

Under the Coronavirus Act 2020, and only as a last resort, a local authority has the power during the emergency period not to comply with a number of its statutory duties under the Care Act 2014. The main duties that can be 'eased' and that are most relevant to this EIA are:

- Duty to assess the needs of individuals and carers
- Duty to give written records of an assessment
- Duty to meet eligible needs
- Duty to provide care and support plans

- Duty to give people a choice of accommodation, assuming someone (usually a third party) is willing to 'top up' the amount if the preferred accommodation in a care home is more expensive than the council needs to pay

These duties would be replaced with a lower threshold duty to meet a person's needs for care and support if failure to do so would breach that person's rights under the European Convention on Human Rights. The most relevant Human Rights in this situation are:

- The right to life
- The right to freedom from inhuman and degrading treatment
- The right to private and family life

The situation in which the local authority would decide to use the Care Act easements has not yet been reached in Hampshire and it is hoped that this will not occur. However, it is important that plans are in place so that action can be taken swiftly if it is needed.

Essentially, the Care Act easements would only be used if the workforce were to become significantly depleted, or demand on social care increased to an extent that it would no longer be reasonably practicable to comply with the current Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so would be likely to result in urgent or acute needs not being met, potentially risking life.

The Cabinet report on this decision, which this EIA supports, asks Cabinet to delegate authority to the Director of Adults' Health and Care in consultation with the Executive Member to determine whether to implement the temporary changes to the County Council's duties under the Care Act 2014 if required. This is a precautionary measure which it is hoped will not be used.

Who does this impact assessment cover?

Service users HCC staff (pick one)

Has engagement or consultation been carried out?

Yes No Planned (pick one)

Describe the consultation or engagement you have performed or are intending to perform.

For reasons of urgency, formal consultation has not taken place. However, should it become necessary for the Care Act easements to be used, the Director of Adults' Health and Care would act on the advice of the Principal Social Worker and would consult with the Executive Member for Adults' Health and Care before taking a final decision. The Director would also involve senior members, officers and if possible would engage with regular service user/carer groups with whom Adults' Health and Care regularly works, such as the Personalisation Expert Panel. Communication would take place as appropriate to inform affected service

users and carers, providers, partners and the Hampshire Health and Wellbeing Board of the emergency decision and its short-term implications.

Statutory Considerations:

For all the below options, please indicate whether the proposed change is expected to have a Positive, Neutral or negative (Low, Medium or High) impact on people who can share the following characteristics. If Positive or Low, please describe what the impact will be. If Medium or High, please describe the impact and the planned mitigation for the impact.

Age Impact Assessment:

Positive Neutral Low Medium High

Impact: Existing impacts during Covid-19

- Increased isolation and reduced ability to access the full range of communication channels (eg web/social media/phone for people with hearing impairment etc)
- Lack of contact with family and friends who provide informal support, and restricted/no visits to care homes
- Potential delays for assessment or review, depending on urgency and staff availability
- Reduction in availability of some services, eg potentially reduced capacity in domiciliary and residential care because of staff shortages, closure of day services and regular respite for service users and carers, reduced support to access the community. This means an increased pressure on informal carers
- Increased likelihood of other long-term health conditions not being adequately managed during this period
- Difficulty in accessing food and other supplies, if there is no family/local support/lack of access to internet or knowledge about sources of assistance
- Reduction in choice of accommodation/types of support that can be provided because of lack of capacity in the market/social distancing in the community
- Reduction in face-to-face assessments, reviews and other social work interactions/increased reliance on communication by phone and other technology has greater impact on people with limited or no verbal communication (e.g. older people with advanced dementia) with social work practitioners needing to rely on third party information from carers or support providers
- Carers may be inclined to take on more caring responsibilities themselves and for longer due to concerns about the risks of having carers visit the home
- Impact of all the above is likely to be more severe for people who lack mental capacity to understand the situation and the reason for restrictions (e.g. older people with dementia), leading to increased levels of distress

Additional impact of using Care Act easements

- People would have reduced choice on how their needs would be met, for example because of reduced market capacity/staff availability/reduced choice of accommodation for people who would otherwise choose to 'top up' accommodation costs. Some current service users might see their service reduced and new service users might only receive services to keep safe and to ensure their Human Rights were not breached
- Potential to not provide the right amount of care – either too little or too much – because people's needs will not have been systematically assessed or reviewed in the usual way
- Less detailed assessment may result in less clear care planning information for support providers, and consequent potential for poor targeting of support provision
- Increased pressure on carers, as staff would not be carrying out carer assessments
- People with less urgent/acute needs are less likely to have their needs assessed or receive services to meet needs until easements have been lifted, with potential for their situation to deteriorate in the interim
- If required, easements allow local authorities to make decisions to change support for people, e.g. by temporarily stopping support for one person in order to meet a more urgent need for care for someone else, creating likely increased pressure on carers
- A delay in completing financial assessments could lead to a build up of client contributions which some clients might find difficult to repay

Mitigation:

- Community teams are prioritising proactive telephone contact with existing service users and carers who are known to be most vulnerable
- Staff resources are being used appropriately, including the redeployment of some staff, to keep essential and critical services running
- Operation of [hantshelp4vulnerable](#) telephone helpline to coordinate access to local volunteers, support with food supply and deliveries to vulnerable residents
- Capacity at adult social care specialist CART (Contact Assessment and Resolution Team) has been bolstered to support more telephone-based work with service users

Disability Impact Assessment:

Positive Neutral Low Medium High

Impact: Existing impacts during Covid-19

- Increased isolation and reduced ability to access the full range of communication channels (eg web/social media etc)
- Lack of contact with family and friends
- Disruption to established routines will particularly affect people with learning disability or autism or mental health conditions. Social distancing and the general anxiety about Covid-19 may disproportionately be

impacting on people with mental health problems, who may be delaying seeking help for longer than would otherwise be the case

- Particular impacts for people with direct payments – impacts on the PA market e.g. having to have reduced level of care/reorganise support if PA self-isolating/ill
- Potential delays for assessment or review, depending on urgency and staff availability
- Reduction in availability of some services, eg potentially reduced capacity in domiciliary and residential care because of staff shortages, closure of day services and regular respite for service users and carers, reduced support to access the community. This means an increased pressure on informal carers
- Increased likelihood of other long-term health conditions not being adequately managed during this period, as many disabled people will have reduced levels of support from their community and potentially healthcare will be harder to access
- Difficulty in accessing food and other supplies, if there is a lack of family/local support/lack of access to internet or knowledge about sources of assistance
- Reduction in choice of accommodation/types of support that can be provided because of capacity in the market/social distancing in the community
- Reduction in face-to-face assessments, reviews and other social work interactions/increased reliance on communication by phone and other technology has greater impact on people with limited or no verbal/written communication (e.g. people with learning disabilities) with social work practitioners needing to rely on third party information from carers or support providers
- Carers may be inclined to take on more caring responsibilities themselves and for longer due to concerns about the risks of having carers visit the home
- Impact of all the above is likely to be more severe for people with learning disability and or autism, who may have a reduced ability to understand the situation and the reason for restrictions, leading to increased levels of distress and challenging behaviour

Additional impact of using Care Act easements

- People would have reduced choice on how their needs would be met, for example because of reduced market capacity/staff availability/reduced choice of accommodation for people who would otherwise choose to 'top up' accommodation costs. Some current service users might see their service reduced and new service users might only receive services to keep safe and to ensure their Human Rights were not breached
- Potential to not provide the right amount of care – either too little or too much – because people's needs will not have been systematically assessed or reviewed in the usual way

- Less detailed assessment may result in less clear care planning information for support providers, and consequent potential for poor targeting of support provision
- Increased pressure on carers, as staff would not be carrying out carer assessments
- People with less urgent/acute needs are less likely to have their needs assessed or receive services to meet needs until easements have been lifted, with potential for their situation to deteriorate in the interim. This might particularly be an issue for some people with mental health problems
- If required, easements allow local authorities to make decisions to change support for people, e.g. by temporarily stopping support for one person in order to meet a more urgent need for care for someone else, creating likely increased pressure on carers.
- A delay in completing financial assessments could lead to a build up of client contributions which some clients might find difficult to repay

Mitigation:

- Community teams are prioritising proactive telephone contact with existing service users and carers who are known to be most vulnerable
- Staff resources are being used appropriately, including the redeployment of some staff, to keep essential and critical services running
- Operation of hantshelp4vulnerable telephone helpline to coordinate access to local volunteers, support with food supply and deliveries to vulnerable residents
- Capacity at adult social care specialist CART (contact centre team) has been bolstered to support more telephone-based work with service users
- Provision of online resources to help providers and families to support individuals with learning disabilities and or autism to manage changes in routines etc

Sexual Orientation Impact Assessment:

Positive Neutral Low Medium High

Race Impact Assessment:

Positive Neutral Low Medium High

Impact: Existing impacts during Covid-19

- Increased barriers to effective support and communication, particularly around language where English is not someone's first language
- Increased barriers to accessing services
- Lack of contact with family and friends
- Isolated people / people shielding may not receive culturally appropriate food

Additional impact of using Care Act easements

- Further restrictions on choice, potentially, because of reduced market capacity/staff availability

- Potential to not provide the right amount of care – either too little or too much – because people’s needs will not have been systematically assessed or reviewed in the usual way
- Increased pressure on carers, as staff would not be carrying out carer assessments

Mitigation:

- Additional translation services and British Sign Language support available to contact centre and to hantshelp4vulnerable helpline
- Local response centres have access to local community volunteers and access to appropriate foods and will be able to offer more tailored support in particular communities

Religion or belief Impact Assessment:

Positive Neutral Low Medium High

Gender reassignment Impact Assessment:

Positive Neutral Low Medium High

Gender Impact Assessment:

Positive Neutral Low Medium High

Marriage or Civil Partnership Impact Assessment:

Positive Neutral Low Medium High

Pregnancy and maternity Impact Assessment:

Positive Neutral Low Medium High

Other policy considerations

Poverty Impact Assessment:

Positive Neutral Low Medium High

Impact: Existing impacts during Covid-19

Some Positive

- Positive impact in that all people known to be sleeping rough in Hampshire have been offered temporary accommodation by their district council to allow them to social distance and self-isolate if needed, reducing very significantly the number sleeping rough

However, overall Negative

- People from lower income backgrounds are more likely to need to access adult social care services from the council, and will therefore be impacted more if service level is reduced
- Increased poverty linked to unemployment/loss of income/debt likely to lead to increase in mental and physical ill health
- Some individuals may no longer be able to afford contributions they were previously making to the care costs of others (eg topping up care costs for

a relative/friend staying in a more expensive care home than the council will fund)

Additional impact of using Care Act easements

- No specific additional impacts to highlight

Mitigation:

- Systems for identifying support for those in urgent need are in place via hantshelp4vulnerable and the 11 local response centres
- All social care support is means tested, so individuals on low incomes would still be able to access critical care and support services they needed to have put in place during the emergency

Rurality Impact Assessment:

Positive Neutral Low Medium High

Impact:

- People in rural communities are likely to experience the same difficulties as other groups outlined above, in terms of reduced access to services and support and because of the impact of social distancing. The combined impact of rurality and disability or age would potentially compound disadvantage. Some rural communities may be coping relatively well, if there is good social capital and local sources of food supply/delivery, but other communities/rural households will be more isolated.

Mitigation:

- Mitigation same as for other groups, in terms of use of hantshelp4vulnerable, local response centres and use of volunteers and to support access to food supplies, medication etc.
- Community teams will prioritise those who are most vulnerable for more frequent contact or to put in place necessary support

Additional information

Another group not specifically covered by the above categories, but relevant in terms of the wider wellbeing responsibilities of Adults' Health and Care is people who are at increased risk of domestic abuse due to the lockdown.

Hampshire's Domestic Abuse Service is continuing to provide help to people experiencing domestic abuse via phone, email and online. A face to face support option is not available during this time but access to refuge, for those with urgent needs, will still be available on a 24/7 basis.

Please confirm that the accountable officer has agreed to the contents of this form (required):

Yes No

Human Rights Act 1998

List of Rights

The Human Rights Act 1998 gives effect in the UK to the European Convention on Human Rights (Articles 1 and 13 are fulfilled by having enacted the Act)

Article 2 - the right to life

Article 3- freedom from torture and inhuman or degrading treatment

Article 4- freedom from slavery and forced labour

Article 5- right to liberty and security

Article 6- right to a fair trial

Article 7- no punishment without law

Article 8- respect for private and family life, home and correspondence

Article 9- freedom of thought, belief and religion

Article 10- freedom of expression

Article 11- freedom of assembly and association

Article 12 -right to marry and start a family

Article 14- protection from discrimination in respect of these rights and freedoms

Protocol 1 Article 1- right to peaceful enjoyment of property

Protocol 1 Article 2- right to education

Protocol 1 Article 3- right to participate in free elections

Protocol 13 Article 1- abolition of the death penalty

Further information on each right can be found in the link below

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Responding to COVID-19: the ethical framework for adult social care

Published 19 March 2020

Contents

1. [Introduction](#)
2. [How to use the framework](#)
3. [The values and principles](#)
4. [1. Respect](#)
5. [2. Reasonableness](#)
6. [3. Minimising harm](#)
7. [4. Inclusiveness](#)
8. [5. Accountability](#)
9. [6. Flexibility](#)
10. [7. Proportionality](#)
11. [8. Community](#)

© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

Introduction

The current novel coronavirus (COVID-19) outbreak, which began in December 2019, will have major implications for health and care services in the UK.

As set out in the [coronavirus action plan](#), published on 3 March 2020, the UK's health and social care systems have planned extensively over the years for a pandemic and are well prepared to offer substantial protection to the public. Of course, the exact response to COVID-19 will be tailored to the nature, scale and location of the threat as our understanding of this develops.

Local authorities and the wider health and care workforce are faced with difficult decisions every day. However, planning for and responding to COVID-19 as it develops will undoubtedly require making difficult decisions under new and exceptional pressures with limited time, resources or information.

These decisions could be personal, relating to our families, carers and communities, or have wider impacts on the organisation and delivery of our health and care services. Decisions will need to be made in accordance with the law and official guidance issued and applicable at the time, and while meeting statutory duties and professional responsibilities.

This framework intends to provide support to ongoing response planning and decision-making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults.

Recognising increasing pressures and expected demand, it might become necessary to make challenging decisions on how to redirect resources where they are most needed and to prioritise individual care needs. This framework intends to serve as a guide for these types of decisions and reinforce that consideration of any potential harm that might be suffered, and the needs of all individuals, are always central to decision-making.

Equal concern and respect should be given to all individuals, their families and carers, and communities, as well as the professionals and volunteers that we will be relying on to ensure the delivery of our services and ambitions.

As the outbreak affects society as a whole, everyone will have their role to play to support the ongoing and future response. It is vital that professionals, organisations and public agencies work together at local and national level, and that planning and response activities at national, regional and local level are well-coordinated. Appropriate records must be kept of which decisions are taken and their justifications to both ensure accountability and to share learning with others during and as the outbreak develops.

This document has been adapted and refreshed from the Ethical Framework first developed by the Committee on Ethical Aspects of Pandemic Influenza in 2007, which was later revised by the Department of Health and Social Care (DHSC) in 2017.

How to use the framework

This framework is aimed at planners and strategic policy makers at local, regional and national level to support response planning and organisation of adult social care during and as COVID-19 develops. It also aims to support the work of professionals and others in the health and social care workforce who are developing policies and responding to the outbreak, in line with their own professional codes of conduct and regulations.

These principles can also be applied more widely in the social care sector.

Social care is a locally led and delivered service built on a detailed understanding of individuals and their families, communities and cultures. Social workers, occupational therapists and nurses form the core professional group and have clear responsibilities and accountabilities to their own professional codes and guidelines.

Local professional leaders, such as principal social workers and principal occupational therapists, will be key in ensuring this framework is applied and understood. As such, the skills of these professionals should be used to help develop and review locally agreed processes.

Alongside ethical considerations, every decision will require consideration of individual wellbeing, overall public good and the resources that are available. The values and principles should serve as a starting point to guide decision-making, supported by the views of lead professionals, collaboration across disciplines and organisations, and the extent of information available in each particular circumstance.

The ethical values and principles are equally relevant to those in need of social care who may face increased vulnerability, those who may become in need of social care, and the health and social care workforce who may face new and unexpected burdens when making difficult decisions and providing care and support during and as COVID-19 develops.

It might be useful to use the framework as a checklist to ensure ethical considerations are taken in to account, however, the values and principles described in this document are not exhaustive. When implementing the ethical values and principles in urgent and uncertain circumstances, you may encounter tension between them which will require a judgement to be made on the extent that a particular value or principle can be applied in the context of each particular decision.

In all instances, respect and reasonableness should be used as the fundamental, underpinning principles which guide planning and support judgements.

The values and principles

This section outlines each ethical value and principle and associated actions and best practice when considering and applying them. These should be considered alongside professional codes of conduct and the most recent official guidance and legislation where these apply.

The principles are numbered for ease of reference but are not ranked in order of significance or exhaustive. There are no absolute answers to making the correct or most ethical decisions.

Where resources are constrained and there are surges in demand, it may not be feasible to consider all the principles or the actions below them. Each principle must be considered to the extent possible in the context of each circumstance with appropriate risk management and considerations of individual wellbeing, overall public good and available information and resources.

1. Respect

This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.

To ensure people are treated with respect, those making decisions should:

- provide people with the opportunity to express their views on matters that affect their care, support and treatment
- respect people's personal choices as much as possible, while considering and communicating implications for the present and future
- keep people as informed as possible of what is happening or what is expected to happen in any given circumstance
- where a person may lack capacity (as defined in the [Mental Capacity Act](#)), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf
- strive to support people to get what they are entitled to, subject to available resources, ensuring that there is a fair judgement and clear justification for any decisions made on prioritisation

2. Reasonableness

This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

When considering how reasonable a decision is, those making decisions should:

- ensure the decision made is practical with a reasonable chance of working

- base decisions on the evidence and information that is available at the time, being conscious of known risks and benefits that might be experienced
- consider alternative options and ways of thinking, being conscious of diverse views from cultures and communities
- use a clear, fair decision-making process which is appropriate for the time and context a decision must be made in, and allows for contributions to be considered seriously

This principle should be considered alongside relevant equalities-related legal and policy frameworks. Although resources may become stretched, it should be upheld that people with comparable needs should have the same opportunity to have those needs met.

3. Minimising harm

This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.

It's important that those responsible strive to:

- acknowledge and communicate that everyone has a role to play in minimising spread, for example by practising thorough hand-washing or social distancing
- minimise the risk of complications in the event that someone is unwell
- provide regular and accurate updates within communities and organisations
- share learning from local, national and global experiences about the best way to treat and respond to the outbreak as understanding of COVID-19 develops
- enable care workers and volunteers to make informed decisions which support vulnerable people

4. Inclusiveness

This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

To ensure inclusiveness to the extent possible, those making decisions should:

- involve people in aspects of planning that affect them, their care and treatment, and their communities

- involve families and carers in aspects of planning that affect them and the individual who they care for
- ensure that no particular person or group is excluded from becoming involved
- consider any disproportionate impacts of a decision on particular people or groups
- provide appropriate communications to all involved, using the range of communication methods and formats needed to reach different people and communities
- be transparent and have a clear justification when it is decided to treat a person or group in a different manner than others, that which shows why it is fair to do so

Where appropriate, the above should be considered alongside relevant equalities-related legal and policy frameworks that will inform inclusive decision-making by ensuring that specific barriers to service use are minimised for those who may be or become disadvantaged as the outbreak develops.

5. Accountability

This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

Those responsible must be accountable for their decisions and actions by:

- acting on and delivering the outcomes required by their responsibilities and duties to individuals, their families and carers, and staff
- adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept
- supporting others to take responsibility for their decisions and actions

Within organisations, this will also entail:

- continuing to carry out professional roles and responsibilities unless it is deemed reasonable not to do so
- providing an environment in which staff can work safely, effectively and collaboratively, which protects their health and wellbeing as the outbreak develops
- providing appropriate guidance and support to staff who may be asked to work outside of their normal area of expertise or be unable to carry out some of their daily activities

- having locally-agreed processes in place to handle ethical challenges during and in the aftermath of the outbreak

6. Flexibility

This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

To ensure flexibility, those making decisions should be prepared to:

- respond and adapt to changes as and when they occur, for example in the event of new information arising or changed levels of demand
- ensure that plans and policy have room for flexibility and innovation where necessary
- provide people with as much opportunity as possible to challenge decisions that affect them in the time that is available
- ensure that the health and care workforce is supported to work collaboratively across disciplines and organisations, as agile and resilient as possible
- review organisational practices, standard approaches and contractual arrangements that may obstruct these ambitions

7. Proportionality

This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.

When considering proportionality, those responsible should:

- assist people with care and support needs to the extent possible
- act on statutory or special responsibilities, while noting any duties that might be amended as the outbreak develops
- provide support for those who have extra or new responsibilities to care for others
- provide support for those who are asked to take increased risks or face increased burdens, while attempting to minimise these as far as possible
- provide appropriate support and communications to staff who may experience unexpected or new pressures

8. Community

This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

Everyone involved will have a role to play in the response to the outbreak and will be affected in one way or another, and therefore should:

- work with and support one another to plan for, respond to, and cope with the outbreak
- support our networks and communities to strengthen their response and meet needs that arise, for example by helping and caring for neighbours, friends and family
- be conscious of own behaviour and decisions, and how this may impact on others
- share learning from own experiences that may help others

Care Act easements: guidance for local authorities

Updated 1 April 2020

Contents

1. [1. Introduction](#)
2. [2. Purpose of the easements](#)
3. [3. What the powers actually change](#)
4. [4. Protections and safeguards](#)
5. [5. Principles to govern use of the powers](#)
6. [6. Steps Local Authorities should take before exercising the Care Act easements](#)
7. [7. Interaction with other changes](#)
8. [8. Oversight](#)
9. [Annex A: Local decision-making relating to the easements](#)
10. [Annex B: Guidance on streamlining assessments and reviews](#)
11. [Annex C: Prioritisation process](#)
12. [Annex D: Safeguarding Guidance](#)
13. [Annex E: Link to the Coronavirus Act 2020 Explanatory Notes](#)

© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities>

1. Introduction

This guidance sets out how Local Authorities can use the new Care Act easements, created under the Coronavirus Act 2020, to ensure the best possible care for people in our society during this exceptional period.

2. Purpose of the easements

Local Authorities and care providers are already facing rapidly growing pressures as more people need support because unpaid carers are unwell or unable to reach them, and as care workers are having to self-isolate or unable to work for other reasons. The Government has put in place a range of measures to help the care system manage these pressures. Local Authorities should do everything they can to continue meeting their existing duties prior to the Coronavirus Act provisions coming into force. In the event that they are unable to do so, it is essential that they are able to streamline present assessment arrangements and prioritise care so that the most urgent and acute needs are met. The powers in the Act enable them to prioritise more effectively where necessary than would be possible under the Care Act 2014 prior to its amendment (referred to in this guidance as the Care Act). They are time-limited and are there to be used as narrowly as possible.

3. What the powers actually change

The changes fall into four key categories, each applicable for the period the powers are in force:

1. Local Authorities will not have to carry out detailed assessments of people's care and support needs in compliance with pre-amendment Care Act requirements. However, they will still be expected to respond as soon as possible (within a timeframe that would not jeopardise an individual's human rights) to requests for care and support, consider the needs and wishes of people needing care and their family and carers, and make an assessment of what care needs to be provided. Annex B of the guidance provides more information
2. Local Authorities will not have to carry out financial assessments in compliance with pre-amendment Care Act requirements. They will, however, have powers to charge people retrospectively for the care and support they receive during this period, subject to giving reasonable information in advance about this, and a later financial assessment. This will ensure fairness between people already receiving care and support before this period, and people entering the care and support system during this period. Annex B of the guidance provides more information
3. Local Authorities will not have to prepare or review care and support plans in line with the pre-amendment Care Act provisions. They will however still be expected to carry out proportionate, person-centred care planning which provides sufficient information to all concerned, particularly those providing

care and support, often at short notice. Where they choose to revise plans, they must also continue to involve users and carers in any such revision. Annex B of the guidance provides more information

4. The duties on Local Authorities to meet eligible care and support needs, or the support needs of a carer, are replaced with a power to meet needs. Local Authorities will still be expected to take all reasonable steps to continue to meet needs as now. In the event that they are unable to do so, the powers will enable them to prioritise the most pressing needs, for example enhanced support for people who are ill or self-isolating, and to temporarily delay or reduce other care provision. Annex C provides further guidance about the principles and approaches which should underpin this

4. Protections and safeguards

The overriding purpose of these easements is to ensure the best possible provision of care to people in these exceptional circumstances. In order to help ensure that they are applied in the best possible way, with the greatest regard towards the needs and wishes of care users and their carers, the following protections and safeguards will apply.

The easements took legal effect on 31 March 2020, but should only be exercised by Local Authorities where this is essential in order to maintain the highest possible level of services. They should comply with the pre-amendment Care Act provisions and related Care and Support Statutory Guidance for as long and as far as possible.

They are temporary. The Secretary of State will keep them under review and terminate them, on expert clinical and social care advice, as soon as possible.

All assessments and reviews that are delayed or not completed will be followed up and completed in full once the easements are terminated.

Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

The CQC will continue to provide oversight of providers under existing legislation. Throughout this period the CQC will take a pragmatic approach to inspection and proportionate action as necessary while maintaining its overriding purpose of keeping people safe.

Other important duties on Local Authorities remain in place:

- Duties in the Care Act to promote wellbeing and duties relating to safeguarding adults at risk remain in place. Further guidance on safeguarding during this period is at Annex D

- Duties in the Mental Capacity Act 2005 relating to Deprivation of Liberty Safeguards (DoLS) remain in place. Guidance on the operation of DoLS during this period will be published separately
- Local Authorities' duties relating to prevention and providing information and advice also remain in place. The provision of information and advice for public reassurance will be particularly important during this period. To aid good communications, Local Authorities should continue to draw on their helpful relationships with trusted partners in the voluntary sector as well as on a full range of digital and other channels which help reach people with differing needs and in different circumstances during this period (for example to make up for the closure of libraries)
- Duties imposed under the Equality Act 2010 also remain, including duties to make reasonable adjustments, the Public Sector Equality Duty and duties towards people with protected characteristics. These should underpin any decisions made with regard to the care and support someone receives during this period

5. Principles to govern use of the powers

The Care Act embodies a principled, person-centred and values-based approach to all aspects of the provision of social care. It is essential that these principles and values are maintained during this period.

Local Authorities will be expected to observe the [Ethical Framework for Adult Social Care](#). This provides a structure for Local Authorities to measure their decisions against and reinforces that the needs and wellbeing of individuals should be central to decision-making. In particular it should underpin challenging decisions about the prioritisation of resources where they are most needed.

Alongside the framework Local Authorities should continue to respect the principles of personalization and co-production. These are embodied in the following statement produced with the support of Think Local, Act Personal (TLAP):

I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health. [\(Making it Real\)](#)

We find ourselves in unprecedented times with citizens facing significant uncertainty. This is especially true for those of us who receive social care support and who care for people with support needs. However, the fundamental principles of personalisation and co-production underpinning the Care Act should not be removed as a result of emergency guidance and key statements set out in the Making it Real framework ought to be viewed as immovable.

Working together matters now more now than ever. Genuine co-production will ensure the best possible decision making and the best possible outcomes for both citizens and the workforce. This is critical if we are to save time and prevent costly

mistakes. This will require the Local Authority to respond flexibly in spite of pressure to respond - at pace and scale - to increasing demand.

We expect and trust that Local Authorities will adhere to the principle of co-production and continue to view those of us in receipt of support or carers providing support, as equal partners. We continue to be experts in our own care and support whatever the circumstances.

Now is the time to reinforce co-production, not dispense with it.

6. Steps Local Authorities should take before exercising the Care Act easements

A Local Authority should only take a decision to begin exercising the Care Act easements when the workforce is significantly depleted, or demand on social care increased, to an extent that it is no longer reasonably practicable for it to comply with its Care Act duties (as they stand prior to amendment by the Coronavirus Act) and where to continue to try to do so is likely to result in urgent or acute needs not being met, potentially risking life. Any change resulting from such a decision should be proportionate to the circumstances in a particular Local Authority.

Social care varies greatly across Local Authorities and the decision to operate the easements should be taken locally. It should be agreed by the Director of Adult Social Services in conjunction with or on the recommendation of the Principal Social Worker. The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process. The Health and Wellbeing Board should be kept informed. The decision should also be fully informed by discussion with the Local NHS CCG leadership.

Local Authorities should have a record of the decision with evidence that was taken into account. Where possible the record should include the following:

- The nature of the changes to demand or the workforce
- The steps that have been taken to mitigate against the need for this to happen
- The expected impact of the measures taken
- How the changes will help to avoid breaches of people's human rights at a population level
- The individuals involved in the decision-making process
- The points at which this decision will be reviewed again

This decision should be communicated to all providers, service users and carers. The accessibility of communication to service users and carers should be considered.

The decision should also be reported to the Department of Health and Social Care (the Department) when Local Authorities decide to start prioritising services under these easements, explaining why the decision has been taken and briefly providing any relevant detail. This should be communicated to CareActEasements@dhsc.gov.uk.

7. Interaction with other changes

This guidance is to be read alongside the [COVID-19 Hospital Discharge Service Requirements](#). This makes clear that Local Authorities do not have to undertake financial and eligibility assessments for people who are being discharged as part of the enhanced hospital discharge service.

The Government is fully funding the cost of new or extended out-of-hospital health and social care support packages for people being discharged from hospital or who would otherwise be admitted into it for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services. In addition, funding of £1.6bn for local government to meet additional costs arising from Covid-19 has been announced.

Provisions in the Coronavirus Act 2020 allow NHS bodies to postpone NHS CHC assessments until the end of the emergency period. Therefore, NHS CHC assessments for individuals on the acute hospital discharge pathway and in community settings will not be required until the end of the COVID-19 emergency period.

8. Oversight

The Department will keep the content of this guidance and adherence to it under regular review, in discussion with Local Authorities, care providers, user and carer representative bodies, and the Care Quality Commission.

This guidance and the [Ethical Framework for Adult Social Care](#) fall under schedule 12 of the Coronavirus Act 2020. Schedule 12 to that Act gives the Secretary of State a power to direct Local Authorities to comply with this guidance and the Ethical Framework, and the Department will keep this under review.

Annex A: Local decision-making relating to the easements

This Annex sets out recommended governance and decision-making for Directors of Adult Social Services and Principal Social Workers in relation to use of the Care Act easements.

Introduction

During this period Local Authorities may need to take difficult decisions that impact on the way they respond to their responsibilities for care and support and their statutory functions. There should therefore be clear professional oversight and, where relevant, professional sign-off for such decisions as well as evidence that due consideration has been given to the possible consequences.

[The Coronavirus Act](#) does not give authority to block, restrict or withdraw whole services. It enables Local Authorities to make and apply person-centred decisions about who is most in need of care, and who might need to have care and support temporarily reduced or withdrawn in order to make sure those with highest need are prioritised.

Such decisions will in some cases be challenging, and therefore should always be made within the remit of the [DHSC Ethical Framework](#). Importantly, they should be taken only where demand pressures and availability of staff in the coming period mean that the full range of services under the Care Act can no longer be delivered. This should be differentiated from decisions that need to be made in response to the Government's guidance about social distancing. For example, it may be decided to close a service because it is no longer safe to keep people together in a building, however, this does not mean those people do not need the equivalent level of support at this time. In this example, staff might be asked to provide the equivalent level of support. The equivalent service might be an alternative, but it is to reduce the risk of breaching the social distancing guidance.

Assessments, Reviews and Changes to Care Packages

The Care Act pre-amendment currently allows Local Authorities to prioritise and review in differing ways. Local Authorities should continue to be as flexible as possible, and ensure they stay within Government guidelines around [social distancing](#), [shielding](#) and [self-isolating](#).

Decisions about assessments or reviews, and decisions to either reduce or alter care packages will have an impact on the people being supported as well as their carers. Such decisions must also take account of risks both current and potential should the situation change for the person and/or their carers.

Where people decide to cancel or suspend their own care and support and manage alone or with support of their own family and community networks, this will mostly be for the person to decide themselves. However, where there are concerns that this may lead to unmanageable risk or safeguarding issues, practice oversight should be applied. This is not to undermine the views of the

individual making the decisions about their care, but to ensure that where necessary, the Local Authority in conjunction with the individual and their family have considered the possible consequences and the principles of safeguarding have been upheld.

Section 5.1 of the [COVID-19 Hospital Discharge Service Requirements](#) already allows for a proportionate approach to Care Act duties. However, it has not removed them and Local Authorities should therefore continue to comply with them.

Deciding to apply the easements

It is important that any decisions made in relation to Care Act easements are informed by discussions with local partners, in particular local senior NHS leadership. Health and Wellbeing Boards should also be informed about a decision to start operating under the easements.

Recording by Local Authorities remains a priority and will them to ensure accountability and provide evidence for the thought processes behind the decisions they will be making.

The following table sets out decision making processes for Local Authorities. These decisions are not necessarily sequential but should follow a situation where there are increasing pressures on adult social care delivery. Key stages can be enacted together or separately over time so long as the decision to do so is evidenced and follows the guidance set out below.

Decision-making tables

Operating under the pre-amendment Care Act

Stage	Decision	Process
Stage 1: Operating under the pre-amendment Care Act	Business as usual	To continue at this stage for as long as is feasible
Stage 2: Applying flexibilities under the pre-amendment Care Act	Decision for Individual service type to prioritise short term allocation of care and support using current flexibilities within the Care Act	Where COVID-19 related absence means service types need to be changed, delayed or cancelled short term within that service type, for example home care or supported living, the relevant Senior Manager / Assistant Director should consult the Principal Social Worker and should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact

Stage	Decision	Process
		of the decision on families and carers of people who ordinarily use the service; and possible alternative sources of care and support and the likelihood of this being available.
		Where the Principal Social Worker is satisfied, this position can then be presented to the Director of Adult Social Services (or alternate locally agreed senior) for a final decision about moving into stage 2
		It is important to note that all other services may well continue to deliver their services as business as usual

Operating under the Care Act easements

Stage	Decision	Process
Stage 3: Streamlining services under Care Act easements	Decision to operate under Care Act easements as laid out by the Coronavirus Act	<p data-bbox="770 1032 1393 1319">The Care Act easements allow Local Authorities to cease formal Care Act assessments, applications of eligibility and reviews. However, there is an expectation in the Act that Local Authorities will do everything they can to continue to meet need as was originally set out in the Care Act.</p> <p data-bbox="770 1359 1393 1574">Where the impact of the pandemic is making this unachievable or untenable, Local Authorities will need to make the decision to cease carrying out those eased Care Act functions and move to a position of proportionate assessment and planning.</p> <p data-bbox="770 1615 1393 1910">The relevant Assistant Director / Senior Manager will need to consult the Principal Social Worker and be clear about the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; and impact of the decision on families and carers of people who ordinarily use the service.</p> <p data-bbox="770 1951 1393 2016">If the Principal Social Worker is satisfied that the Care Act easements need to be</p>

Stage	Decision	Process
Stage 4: Prioritisation under Care Act easements	Whole system prioritising care and support	<p>enacted, a meeting of the Senior Management Board should be called for a final decision. The decision should also consider and be informed by a conversation with the local NHS Leadership.</p> <p>The Director of Adult Social Services and the Principal Social Worker should ensure that their lead member has been involved and briefed as part of this decision-making process.</p> <p>DHSC should be notified</p> <p>Where Local Authorities need to make decisions about changing support for people, they should consider and allocate capacity across the whole of adult social care. This may mean allocating resource from some service types that may not be under pressure to support those that are.</p> <p>An example might be where a Local Authority is faced with a decision about reducing personal care for one person so that another gets the help they need to eat.</p> <p>In this situation, the relevant Assistant Director / Senior Manager should consult the Principal Social Worker. They should detail the: reason the decision needs to be taken; impact of the decision on the people who ordinarily use the service; impact of the decision on families and carers of people who ordinarily use the service; possible alternative sources of care and support and the likelihood of this being available.</p> <p>If a Local Authority decides it may need to move into stage 4, the Principal Social Worker should call an Emergency Decision Meeting of the Director of Adult Social Services where a decision about whether and how to prioritise care across ASC will need to be made.</p>

Stage	Decision	Process
		Sufficient care and support will have to remain in place at all times in order to ensure that the Convention rights of all those in need of care and support, and of carers, are respected.
		The Director of Adult Social Services and the Principal Social Worker must ensure that their lead member has been involved and briefed as part of this decision-making process.
		DHSC should be notified.
		Any decisions taken to prioritise or reduce support should be reviewed every two weeks with the Principal Social Worker. Full service should be restored as soon as is reasonably possible.

Business Continuity Planning

Where provider services have submitted Business Continuity Plans that have implications for direct services for people with care and support needs, professional practice as well as business oversight will be needed. Accountability for all such decisions lies with the Local Authority and provider services should not be making decisions about restricting or removing care. Any such decisions should be made in accordance with the process laid out in the Prioritisation Decision Making table above.

Annex B: Guidance on streamlining assessments and reviews

Needs and Carer Assessment

During this period, Local Authorities will still be expected to consider people's needs and the easements will only apply when it is no longer possible for them to carry out their pre-amendment Care Act duties in full.

The points in this section apply equally to people likely to be in need of care and support and carers likely to be in need of support.

Local Authorities will remain under a duty to meet needs where failure to do so would breach an individual's human rights under the European Convention on Human Rights. These include, for example, the right to life under Article 2 of the ECHR, the right to freedom from inhuman and degrading treatment under Article 3 and the right to private and family life under Article 8.

However, to ensure that Local Authorities are able to respond to increased pressures on the social care sector due to Covid-19, for the duration of the Coronavirus Act's provisions, Local Authorities may have to reduce the extent to which they would ordinarily do a needs or carers assessment, check that people's needs are eligible, or conduct a financial assessment.

Local Authorities should still assess people's social care and support needs throughout this period and should make a written record of this assessment. Principal Social Workers should ensure that proportionate professional recording is maintained and may consider a single alternate document for local use.

It is crucial that Local Authorities are able to evidence their decision, demonstrate their professional judgement apply the [Ethical Framework for Adult Social Care](#), and where necessary, record that they have considered the Convention Rights.

The easements also relieve Local Authorities of the duty to undertake assessments of children transitioning to adult social care under sections 58 and 59 of the Care Act.

It may not be possible or necessary for assessments themselves to be face-to-face. Local Authorities should therefore consider whether assessments could be delivered through other means, taking into consideration people's cognitive and communication needs and mental capacity, including:

- Use of a third party/allied professional to carry out needs assessments as trusted assessors. It would also be appropriate for adults in need of care and support, or carers who are being assessed, to ask the Local Authority to liaise with other persons or professionals to help complete the check. Paragraph 6.99 in the Care and Support statutory guidance provides more information.

- Supported self-assessments. In many cases, and assuming the assessment document is in an appropriately accessible format, people, perhaps with help from family members, could complete their own assessment form. Where existing online systems are available these should reflect any new assessment document options (see paragraphs 6.3 & 6.44 in the Care and Support statutory guidance).
- Assessments using the telephone or, if possible, other technology such as video calls, if available, if people are comfortable with this, and if they can be made available at the location where people are living (see paragraph 6.3 in the Care and Support statutory guidance). Further [guidance](#) on this is provided by NHSx.

The Local Authority should ensure that it is explained to people at the earliest opportunity that at some future point their needs may be assessed (or reassessed) and alternative services may be arranged. It should be explained that the current context is extremely unusual and that arrangements may be temporary and change when this period is over.

It will be important to explain to people that at a future point a view will be taken on whether their needs are eligible under the Care Act. This may mean that at a future date the Local Authority may no longer believe it is necessary to meet those needs, and that if this is the case, it will be necessary to agree alternative arrangements.

Local Authorities need to ensure that there is a clear and transparent pathway for people with care and support needs, carers and providers to quickly raise concerns should they believe either the decision or the care package is in breach of the European Convention on Human Rights.

Complaints and escalation procedures remain the same as under the Care Act. Under the Coronavirus Act, once the emergency period has ended, if Local Authorities do not comply with their duty to carry out a relevant assessment within a reasonable period, action can be taken in court.

Care planning and delivery by providers

Care planning should be person-led, person-centred and proportionate to the complexity of individual need with paperwork, bureaucracy and process kept to a minimum, whilst ensuring adequate records are kept.

The easements relieve Local Authorities of the duty to prepare pre-amendment Care Act-compliant care and support plans.

However, Local Authorities should provide sufficient information to potential providers to allow them to make an informed decision as to whether to accept a referral. This decision should consider whether they can meet people's needs and comply with their own legal obligations. This will also help providers in drawing up their own plan for people's care and support. This information should be

evidenced within whatever form of assessment is completed and there is a clear expectation that this information is shared with individuals and families.

The Local Authority should ensure that providers receive enough information to develop a care plan with the person. This should give an overview of the person's wishes and feelings, and outcomes that need to be considered and achieved. Information on key aspects of daily living, personal care, nutrition and hydration needs as well as any other medical conditions should be shared. Specific care needs that the provider will need to consider are also important such as communication, mobility, and behavioural, cognitive and mental health needs. The assessment should also consider and share any safeguarding concerns and risk assessments. The assessment provided should enable the care provider to develop an appropriate care and support plan.

Local areas may choose to agree a minimum standard that Local Authorities and care providers should work towards and which reflects their local situation.

Decision-making about personal budgets, including direct payments, and care plans should be kept as close to the front line as possible with minimum restraints on flexibility and innovation in how needs can be met. Restrictive administrative practice should be avoided as much as possible.

The easements relieve Local Authorities of the duty to revise care and support plans under s27 of the Care Act during this period. However, subsection (2) and (3) remain in force, meaning that if Local Authorities choose to revise care and support plans during this period, they should continue to involve people who use services, and carers in decisions about revising their care package. This may include unscheduled reviews where needs have changed. Local Authorities will have to consider how they respond to reviews where need has significantly changed alongside the [Ethical Framework for Adult Social Care](#) and the prioritisation guidance (see Annex C below). These reviews may be more important than new assessments. However, Local Authorities should continue to comply with pre-amendment duties under s27 as far as it is reasonably practicable to do so. Reviews may need to be conducted in similar ways to assessments.

Local Authorities and providers should work together to agree the circumstances in which, and by how much the care package and Direct Payments can be varied without review to ease administrative burdens on the workforce. Further guidance on Direct Payments will be published.

Financial assessment easements and retrospective charging

The easements enable Local Authorities to meet people's care and support needs without a financial assessment of their means. The legislation enables Local Authorities to conduct assessments at a later date and to retrospectively charge for meeting needs subject to those assessments, so long as the Local Authority informs people that there may be a charge at the time when the service is carried out, or before the service is carried out.

None of the fundamental principles underpinning the Care Act statutory guidance on charging and financial assessment (see paragraph 8.2 – 8.9 of the Care and Support statutory guidance) are removed or diluted. Therefore, if people are charged retrospectively, this should be on the basis of a financial assessment in line with the Care Act and on the basis that people should pay what they can afford, and any charges are clear and transparent.

Local Authorities should always ensure there is sufficient information and advice available in suitable formats to help people understand any financial contributions they are asked to make, including signposting to sources of independent financial information and advice. This will be especially important if easements are used and will be critical to helping people understand potential future costs, particularly when they may already be anxious and needing as much reassurance as possible.

Social workers, or others providing this information, should also consider what information can be given to illustrate estimated likely charges for different options of relevant and appropriate care so that people have a good initial understanding of the type and range of costs involved. This could take the form of a table, with tailored cost information based on illustrative averages, and form part of an upfront declaration or agreement.

Local Authorities are always expected, where appropriate, to consult and engage with family members and/or someone who has legal authority to make financial decisions on behalf of people who lack capacity. This consultation and engagement should still take place as part of the financial assessment, which may be deferred until after the emergency period. Where the financial assessment is deferred in this way, it will be important as a minimum, to make people aware that there may be costs associated with the care and support provided. Individuals should be assured that no charges will be made until after a financial assessment has been completed.

The existing statutory guidance (see 8.22 of the Care and Support statutory guidance) already notes that a Local Authority may 'choose to treat a person as if a financial assessment had been carried'. The Local Authority must satisfy itself on the basis of evidence that the person can afford, and will continue to be able to afford, any charges due. This is known as a 'light touch financial assessment' and Local Authorities may wish to conduct more of these types of financial assessment where doing so helps the prioritisation of timely care and support and mitigates capacity pressures. Where appropriate/helpful, Local Authorities can use Department of Work and Pensions data as a quick standard assessment and follow up at a later date to look into private pensions, capital or other finances.

The existing statutory guidance (see 8.50 of the Care and Support statutory guidance) makes it clear that Local Authorities are not required to charge carers for support and that, 'in many cases it would be a false economy to do so'. Carers already play a vital role in the care and support system and their contribution during this emergency period will be even more critical. In line with existing guidance, Local Authorities should therefore 'ensure that any charges do not

negatively impact on a carer's ability to look after their own health and wellbeing and to care effectively and safely'.

The emergency provisions do not change existing guidance on, for instance, complaints, deliberate deprivation of assets, administrative fees and top-ups.

Deferred payment agreements (DPAs) will still be made available for eligible people once the financial assessment is completed at a later date. DPAs do require some financial information to enable Local Authorities to be sure they are not taking on an unsecured risk and to place a legal charge on a person's property. DPAs should be raised as part of routine sharing of relevant information and advice.

Annex C: Prioritisation process

Guidance on the prioritisation and timeliness of the delivery of adult social care under the Care Act Easements

Local Authority adult social care (ASC) departments will be well practised in responding to emergencies, where there is an incident or provider failure that results in the need to provide rapid support. On occasion, they may have to prioritise the delivery of such support to ensure those most in need and at highest risk receive this support as a priority.

This guidance must be read in conjunction with the [Ethical Framework for Adult Social Care](#).

The current challenge that Local Authorities face with Covid-19 means that prioritisation may need to be considered over a longer period with rapidly changing scenarios.

This guide has been produced to provide a helpful tool for ASC when considering how to prioritise care and support should the Local Authority have decided that it needs to operate under the Care Act easements. It is vital that professional judgement and oversight is used, as this document will not provide answers about prioritization in all scenarios. It aims to help delivery of care and support in a risk informed way, ensuring everyone, where possible, gets the care and support they require, but that those most in need are prioritised first.

Social care is a locally delivered and led service developed on the detailed understanding of individuals and their families, communities and cultures. Social workers, occupational therapists, and nurses form the core professional group and therefore have clear professional responsibilities and accountabilities. Local professional leaders such as Principal Social Workers and Principal Occupational Therapists will be key in ensuring this guidance is applied and understood. The skill of these professionals should be used to help develop, agree, and review locally agreed processes that would be informed by this guidance.

Understanding local care needs and prioritisation

Base principle

Most Local Authorities will have mapped all existing known packages for complexity and need and should where possible have also mapped the care and support needs of those that self-fund.

It is important that mapping at this stage considers the complexity, risk and level of need within the care package and not just the current delivery. This should allow for a better understanding of the risk should there be an impact on care delivery. This includes considering unpaid carers. This will ensure Local Authority knowledge of an individual informs any prioritisation work needed, should the situation require it.

Local Authorities may want to 'RAG-rate' their packages and have them split between High, Moderate and Low (or similar terminology). It is likely that many will have a mixed care package. They should note these but work on the most essential element of care for mapping purposes.

Prioritisation

If operating under the Care Act easements, Local Authorities may need to prioritise packages of care and support. In the first instance Local Authorities would consider those care packages which are already mapped and noted as high and moderate. Prioritising individual care may be fluid, as risk and need levels may fluctuate. New information such as unpaid carer involvement or whether people have now become unwell with COVID-19 will need to be considered.

The Department does not propose to advise local areas on how to prioritise as methods of prioritisation will be unique to each area. The Department also recognises that there will already be well established methods of prioritising in most areas.

As set out in the guidance and [Ethical Framework for Adult Social Care](#), Local Authorities must retain an approach to working with individuals and carers in a personalised and effective way, ensuring they are engaged in this process as much as possible.

Local Authorities should take into account all elements of a person's life that may impact on their needs and their personal circumstances. These circumstances can include social issues such as domestic abuse, financial issues, and the vital support of unpaid carers which may not be appropriate or sustainable as a single support in this current climate.

Local Authorities should also understand what resources, assets/offers the person has at their disposal – including knowledge of and access to forms of community and neighbourhood support.

Annex D: Safeguarding Guidance

Adult safeguarding is working with adults with care and support needs to support them to keep safe from abuse or neglect. It is an important part of what many public services do, and a statutory responsibility of Local Authorities.

Safeguarding adults remains a statutory duty of Local Authorities to keep everyone safe from abuse or neglect. The Coronavirus Act 2020 does not affect the safeguarding protections in the Care Act, particularly at Section 42 of the Care Act. It is vital that Local Authorities continue to offer the same level of safeguarding oversight and application of Section 42. However, it is also important that safeguarding teams are proportionate in their responses and mindful of the pressure social care providers are likely to be under.

The Government recognises that safeguarding concerns and referrals may increase during the Covid-19 outbreak, with more people receiving support and support needs changing, which may prompt concerns. Safeguarding is everyone's business, so it is important that we remain alert to possible abuse or neglect concerns. Local Authorities, social care providers, the health voluntary sector and our communities must continue work to prevent and reduce the risk of harm to people with care and support needs, including those affected by Covid-19.

The immediate safety of the adult at risk and their carers must always be prioritised but where decisions are taken to prioritise responses to safeguarding concerns, the Principal Social Worker/Safeguarding Lead will advise on any changes to the consideration of safeguarding types and referrals. Principal Social Workers must work with their safeguarding leads to review any local policies or procedures that may be unduly time consuming or place an undue burden on care providers during this time. For example, Local Authorities may make changes to those local processes and timescales that are not mandated by legislation. In addition, Principal Social Workers should reassure themselves that Section 42 decision making is proportionate and that safeguarding teams are actively communicating with partners. Any such decision will have been agreed by the Director of Adult Social Services.

The [Ethical Framework for Adult Social Care](#) provides support to ongoing response planning and decision-making to ensure that ample consideration is given to a core set of ethical values and principles when organising and delivering social care for adults, including for safeguarding.

All providers of adult social care or health care have a key role in safeguarding adults in their care, and all agencies have a duty to ensure adults with care and support needs are not placed at risk of abuse or neglect by delays in care and support planning.

Employers must ensure that staff, including volunteers, are trained in recognising the signs and symptoms of abuse or neglect, how to respond, and where to go for advice and assistance.

Annex E: Link to the Coronavirus Act 2020 Explanatory Notes

<https://publications.parliament.uk/pa/bills/lbill/58-01/110/5801110en.pdf>

Coronavirus Act 2020
Summary of main Provisions of Schedule 12 Part 1
Including Easements to Care Act 2014 duties

Assessment and Documentation

Paragraphs 2 and 11 gives local authorities the power not to carry out the following assessments, not to prepare certain documents and not to comply with associated provisions and Regulations.

Assessments of needs:

- An adult's needs for care and support
- A carer's needs for support
- A child's needs for care and support
- A child's carer's needs for support
- A young carer's needs for support

Providing documents

- Give a written record of assessments relating to an adult's or carer's needs assessments
- Prepare care and support plans for adults
- Prepare support plans for carers

The local authority does not have to comply with duties in respect of content of the plans nor to the review of plans.

Determining Eligibility (paragraph 2(2))

The local authority does not have to determine whether the assessed needs of an adult or a carer meet the eligibility criteria under the Care Act and does not have to comply with the associated Regulations.

Financial Assessment (paragraphs 3 and 10)

The local authority has power not to carry out a financial assessment but must carry out a financial assessment before it can charge a service user.

If the local authority informs service users that it will carry out an assessment at a later date and does so it can then charge retrospectively for the care provided. This includes both care it is continuing to provide and care that was provided but is no longer being provided.

Service Provision (paragraph 4)

The duty to meet an adult's or a carer's eligible needs is replaced by the duty to make provision so as not to breach the Human Rights of an individual ordinarily

resident in the local authority's area or of an individual who is of no fixed abode and is present in the local authority's area.

Top Up Arrangements (paragraph 8)

A local authority does not have to comply with any duties under the Regulations that relate to an adult expressing a preference for particular accommodation that would involve putting in place a Top Up Agreement.

Continuity of care and support (paragraphs 12 and 13)

A local authority does not have to comply with usual notices and assessments where a service user is moving to another area to different accommodation in the other area until after the period in which the easements have applied.

Other paragraphs

Duties arising before commencement (paragraph 16)

This paragraph states that the provisions of Schedule 12 Part 1 apply to duties arising before the commencement of the provisions as well as on and after the commencement day.

Period within which assessments may be carried out (paragraph 17)

Once the period of the easements has come to an end the local authority will need to carry out assessments that have not been carried out during the period of the easements. Assessments in this context includes determination of eligibility under the Care Act. If a court is asked to decide whether a local authority has complied with its duty to carry out an assessment within a reasonable period the court must take into account the length of the period for which the easements had effect and the number of assessments which the local authority needs to carry out now that the period has ended.

Secretary of State Guidance (paragraph 18)

The Secretary of State may issue guidance about how a local authority exercises its functions under the Care Act 2014, S2 of the Chronically Sick and Disabled Person's Act 1970 and S17 of the Children Act 1989 in so far as they relate to the paragraphs of Schedule 12 Part 1 Coronavirus Act 2020. Local authorities must have regard to such guidance and must comply if directed to do so by the Secretary of State. Previous guidance may be disregarded in so far as it is inconsistent with guidance under paragraph 18 of Schedule 12 Part 1.

Relating to other legislation (paragraph 15)

A local authority does not have to comply with certain duties relating to the transition of children to adult care and support under the Chronically Sick and Disabled Person's Act 1970 and the Children Act 1989.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	15 May 2020
Title:	Domestic Violence
Report From:	Chief Executive

Contact name: John Coughlan, Chief Executive

Tel: 01962 845252

Email: John.coughlan@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to brief Cabinet about specific concerns and activities related to domestic abuse and violence during the Covid 19 crisis.

Recommendations

2. Cabinet are asked to note this report, endorse the various activities described herein and approve the current and evolving inter-departmental approach to addressing domestic abuse and violence.
3. Cabinet are further requested to receive an update report on the progress of these activities within a period of approximately six months.

Executive Summary

4. Among the many significant challenges brought about by the Covid 19 pandemic and crisis is the anticipated increase in the incidence and impact of domestic abuse and violence. This presents a real additional risk to the organisation, its staff and especially the community at large. There is essentially a two-fold basis for this genuine concern. Firstly, the nature of the national “lockdown” is requiring all families and households to isolate within the home virtually entirely for a period now exceeding two months. This represents the potential for particular strain on any household, but especially those where there are the underlying elements for domestic abuse. Secondly, the means of referring for services and support for the victims of domestic abuse are severely challenged by the lockdown. It is much harder for the

victims or survivors of abuse to find space and time to make private contact with support services. Further, the core universal agencies, police, primary health care and schools, which act as the key sources of referral to specialist support services, are substantially restricted from their business as usual and so less likely to be acting as such a source.

5. During the progress of the County Council's necessarily radical response to the Covid crisis, Cabinet members have been raising their legitimate concerns about the potential for an increase in the incidence of domestic abuse in its various forms. This suspected increase is a matter of national and international concern.
6. In the absence of those first points of referral to some universal services, and especially given the substantial strain under which core services are now having to operate, there are limitations to the powers and capacity of core local authority services, to essentially "seek out" the unreported concerns and offer support accordingly.
7. Hampshire County Council services, working in partnership with the key statutory and voluntary sector agencies, are organised across three key domains in support of the victims and survivors of domestic abuse and violence. The Children's Services Department, through its duties to the protection of children, works with families where domestic abuse may be prevalent and the child is either the direct target of that abuse, or is placed at significant risk by the substantial trauma of witnessing abuse. This work is also coordinated through the Local Safeguarding Children Partnership. Adults' Health and Care have parallel responsibilities towards vulnerable adults living in the community. Their work is similarly coordinated in partnership with the Local Safeguarding Adults Partnership. Public Health holds a more generic role in the delivery of some domestic abuse services and the Director of Public Health chairs an inter-agency domestic abuse partnership board.
8. The following sections describe the current work and focus of those three domains of activity.

Children's Services

9. We know from research in China and Italy that there was a significant rise in incidents (as there was child abuse) during prolonged periods of lockdown and isolation. Children's social care services have worked with the police to maintain daily High-Risk Domestic Abuse (HRDA) meetings at the MASH (Multi-Agency Safeguarding Hub). In short, the highest risk cases in Hampshire are triaged each day, information is shared rapidly and officers ensure there are safety plans in place for the victims. Cases are tracked to ensure that actions are taken to reduce risk, in so far as we can.

10. The Assistant Director for Children's Social Care is having weekly phone calls with the lead Detective Superintendent, to update each other on how respective services are managing and identify any areas needing particular attention. Domestic abuse is one of those areas, hence partners are sharing information on children and families of most concern within each district, on at least a weekly basis. These include the highest risk domestic abuse cases but also a wider cohort of vulnerable children and families. The police are working with HCC to ensure these families are visited if for some reason social care cannot do so.
11. In addition, Hampshire Constabulary have reinforced the message to their frontline officers that when attending domestic abuse incidents, they must see and speak to the children. That information is shared with Children's Services to inform decisions about any necessary further action.
12. We have reminded our staff of the support that they can access for families where there are domestic abuse issues. There is a read across to services provided by Adult Services and Public Health (see below). Regrettably, senior managers have acknowledged that, given the large number of people working for the County Council, statistically some of our staff working at home might be at risk or victims and we have reminded all managers that one to one sessions must reflect on an individual's wellbeing.
13. The LSCP (Local Safeguarding Children Panel) is regularly reinforcing the message that domestic abuse is everybody's business and how professionals can refer victims.

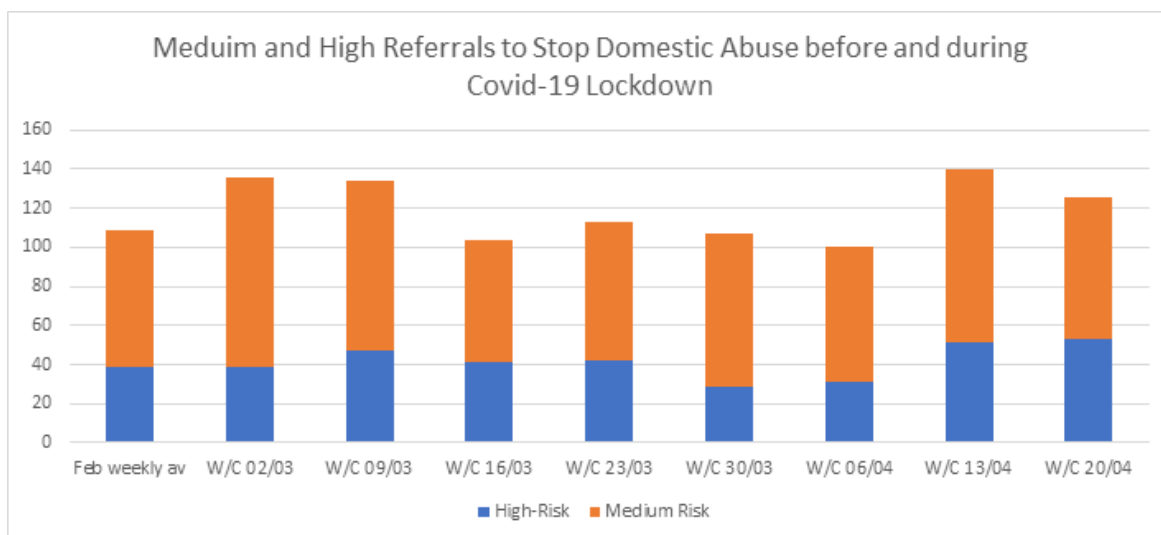
Adults' Health and Care

14. The welfare response to the crisis generally in Hampshire and Isle of Wight is overseen by the HCC Director of Adults' Services (DASS) as Chair of the Local Resilience Forum (LRF) COVID welfare response, which includes hard to reach groups such as rough sleepers and people with complex needs. Domestic violence is a feature in both of these areas and these forums are where co-ordination across Districts, the Voluntary and Community Sector, NHS and the SHIP footprint occur at a strategic level.
15. There are specialist adult domestic abuse call handlers situated in the Adults' Health and Care Contact and Resolution Team call centre. Children's and Adults' MASH staff continue to work closely on signposting and supporting people who experience domestic abuse. The COVID Hantshelp4vulnerable call centre staff have been trained to be aware of domestic abuse risk and triage appropriately.
16. Additionally, the Hampshire Adult Safeguarding Board and Adult Social Care assessing staff are reinforcing the continuing availability of support to those

individuals and families at risk. Through the ‘think family’ and ‘safeguarding is everyone’s business’ this approach and positive support message is being extended across all settings and with all partners.

Public Health

17. Generic domestic abuse work is being brought together on an inter-agency basis as a key topic with all partners working together. The HCC Director of Public Health chairs the multi-agency domestic abuse partnership for Hampshire as a linked arrangement between the respective Children’s and Adults’ Safeguarding Boards.
18. Due to the complexity of the subject a senior level executive group has been formed to ensure a consistent system approach to domestic abuse included how the Police, Courts and other partners deliver their interventions consistently to tackle abuse in line with victim and perpetrator needs. A strategic partnership plan is being implemented, including input from the Southampton, Portsmouth and the Isle of Wight.
19. To date, there has been no identifiable increase in demand for community-based services. However, activity pre-lockdown to end of w/c 20/04/20 – shows number of high risk referrals continue on the same increased level as the previous week (which is a third higher than February baseline levels) whilst medium risk referral numbers returned to February numbers (after being a third higher than pre-lockdown numbers during w/c 13/04 and during w/c 02/03):



With the increased assumed concerns of domestic abuse partners remain concerned that people who require help can’t safely contact agencies (and for the reasons outlined generally above). Police referrals reflect the overall increases in medium and high risk cases. Referrals for children and young people have dropped by a two-thirds (which is potentially equally worrying).

Refuge referrals have increased. In February these averaged 12 referrals a week. For the last two weeks these averaged 17.5 referrals, nearly a 50% increase.

20. Refuges remain open, and where there are vacancies, they will accept new families as per normal practice. Senior managers would not recommend any steps to seek to temporarily increase refuge provision during the course of the crisis. Refuge is an important but highly specific aspect of the armoury to tackle domestic violence; it is a very sensitive service which requires extremely careful planning and, by definition, must be established with high levels of discretion as well as care. These factors are all militated against by the nature of the current crisis and professional opinion urges against any steps to seek to establish such emergency provision.
21. HCC and its partners are providing enhanced community based support by phone and video call in the main. Services have started offering support via Facebook messenger at designated times, recognising that some people may not be able to make a phone call due to being at home with their partner. From Monday 6 April 2020, victims and perpetrators (not professionals) advice line hours have been increased to accommodate victims and perpetrators needing support who may have a short window when they can safely make a call.
22. It has to be acknowledged that the lack of in person contact means that it can take longer to build rapport with new clients - staff are not able to see body language, see how children are clothed/cared for when there may be safeguarding issues etc. This can be used by victims and abusers to minimise risk. Again, this is a point of enhanced advice and guidance to all relevant staff.

Conclusion

23. It should be apparent from this brief report that the nature of domestic abuse covers a range of LA services and the County Council's responses are necessarily complex and inter-dependent. That applies at the best of times let alone during this unique crisis. Members are right to be concerned about the potential increase of hidden abuse at this time. Services are also constrained about what more can be done, though the analysis above should be reassuring at least to an extent. Inevitably, there is always more that can be done, but given the inherent strengths of those respective services in Hampshire, Children's, Adults' and Public Health, and given the quality of joint working that exists within HCC and across the partnerships, Cabinet should be assured that local arrangements are as secure and responsive as possible in this most exceptional period.

It is also the strong view of officers that the balance of officer leadership and accountability across the three respective services should continue to be well served by a comparable balance across the political leadership within Cabinet. It is not recommended that these inter-dependent arrangements should be isolated to any specific role as that would have unintended and damaging consequences for the established lines of statutory accountability. It would however be appropriate for a further report to be presented to Cabinet, again covering the various domains of connected work, to review how services are managing these pressures in the context of the crisis and recovery.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes/no
People in Hampshire live safe, healthy and independent lives:	yes/no
People in Hampshire enjoy a rich and diverse environment:	yes/no
People in Hampshire enjoy being part of strong, inclusive communities:	yes/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:

This report updates Cabinet on the current position and therefore has no equality impact implications

HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker:	Cabinet
Date:	15 May 2020
Title:	The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 - Amendment to Standing Orders and Executive Procedures
Report From:	Director of Transformation and Governance

Contact name: Barbara Beardwell, Head of Law and Governance

Tel: 01962 845157

Email: barbara.beardwell@hants.gov.uk

1. Purpose of this Report

The purpose of this report is to outline to the Cabinet provisions made under the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 ('the Regulations'), so far as they affect the County Council's governance arrangements and decision making processes, and for Cabinet to consider the options available going forward, including amendment to Standing Orders.

2. Recommendations

Cabinet are asked to:

- a) Note the provisions contained in the Regulations as outlined in this report, and how they might be applied to County Council business, in particular full Council, Committee and Cabinet Meetings.
- b) Recommend to full Council, in light of the Coronavirus epidemic and its consequential impact on the holding of Individual Executive Member Decision Days, that the Constitution should be amended in order to allow Individual Executive Member Decision Days ordinarily held in public, to be held remotely for the duration of the Regulations.
- c) Recommend to full Council, in the interests of business efficiency that the Constitution be amended to remove the requirement for Individual Executive Member Decision Days on matters not of significant policy to be held in public.

- d) Recommend to full Council in consequence of b) and c) above that amendments as indicated at Appendix One and Appendix Two to this report be made to Standing Orders and Executive Procedures and Role of the Executive, contained respectively within Part 3, Chapter 1, and Part 3, Chapter 2 of the Constitution.
- e) Recommend to full Council that delegated authority be given to the Monitoring Officer to determine if a decision is in on a matter of significant policy and to amend the Constitution accordingly.

3. Background

The Regulations are made under the Coronavirus Act 2020 ('the Act'), came into force on 4 April 2020, and apply to all Local Authorities. The definition of 'Local Authorities' includes County Councils, District Councils, Parish Councils, Combined Authorities, Fire and Rescue Authorities, and National Park Authorities. There are also separate provisions in relation to Police and Crime Panels. A 'sunset' provision is included in that the Regulations only apply to meetings held before 7 May 2021.

4. Provisions of the Regulations

Meetings of Local Authorities

- 4.1 The Regulations enable Local Authorities to hold meetings at any time of day and on any day, to alter the frequency of when meetings are held, and to move or cancel meetings without further notice. This provision also includes the AGM.
- 4.2 A Local Authority Meeting is defined as meeting of a Local Authority and an Executive of a Local Authority. The definition includes meetings of full Council, Committee/Sub-Committee meetings, and Cabinet/Cabinet Committee meetings. The definition does not however include Individual Executive Member Decision Days.

Provision for Remote Meetings

- 4.3 Under the Regulations the place of a Local Authority Meeting is not limited to County Council buildings, and can be entirely by remote means, including by (but not limited to) electronic, digital or virtual locations, such as internet locations, web addresses or conference call numbers.

5. Member and Public attendance at Remote Meetings

- 5.1 Members of a Local Authority are considered to be in attendance if all three conditions as set down in the Regulations are satisfied. These are that Members in remote attendance must be able to:

- a) hear, and where practicable see, and be so heard and, where practicable, be seen by other the Members in attendance; and
- b) hear, and where practicable see, and be so heard and, where practicable, be seen by, any members of the public entitled to attend the meeting in order to exercise a right to speak at the meeting; and
- c) to be so heard and, where practicable be seen, by any other members of the public attending the meeting.

5.2 In the Regulations a member of the public attending a meeting includes that person attending by remote access. As indicated above, so far as members of the public go, a distinction is made between instances where members of the public have a right to speak at a meeting, and where members of the public have simply the right to attend. It is considered that so far as the County Council is concerned the former applies to deputations, and this is discussed further below.

Standing Orders

5.3 The Regulations contain provision for Local Authorities to make Standing Orders regarding remote attendance at meetings, which may include provision for:

- a) voting
- b) Member and public access to documents
- c) Remote access of the press and public to remote meetings

5.4 It is not necessary for any Standing Orders to be made in order for provisions in the Regulations outlined above to apply to full Council, Committee/Sub-Committee meetings, and Cabinet/Cabinet Committee meetings– as indicated above the provisions in the Regulations are already in force. It is considered that the provision in the Regulations regarding amendment or otherwise of Standing Orders is simply a way Local Authorities might wish to set out how operation of provisions in the Regulations might apply in practice, having regard to a particular Local Authority's circumstances. It is considered that should the County Council wish to avail itself of the ability to hold remote meetings for any length of time, it would be sensible for openness and clarity to set out how the Regulations would apply regarding Deputations and Executive Decision making.

5.5 In addition, should Cabinet support the recommendation to remove the requirement for Decision Days of Individual Executive Members on matters not of significant policy to be held in public, this will also require amendment of the Constitution in respect of Deputations and Executive Procedures. Any amendment of the Constitution requires the agreement of the full Council.

Documents for Remote Meetings

- 5.6 The Regulations modify or, as the case may be, disapply provisions in respect of publication and access to documents for meetings. In summary:
- a) Schedule 12 of the Local Government Act 1972 is amended to disapply the requirement to hold an AGM (as indicated above)
 - b) Part V of the Local Government Act 1972 (which Part deals with the publication of documents for Council/Committee Meetings) is amended so that documents can be published only on an Authorities' web-site and still meet publication requirements. The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 are also amended so as to include similar provision in respect of Executive business.
- 5.7 It should be noted that the requirement for five clear working days notice still applies, however under existing legislation (both for Council/Committee and Executive business}, where a meeting or item for a meeting is urgent a meeting can be convened/report added to an Agenda at short notice.

6. Implications/Considerations for the County Council

- 6.1. As Cabinet is aware the County Council is currently working to a Protocol endorsed by Cabinet and the Minority Group Leaders, under which business continues as far as possible by way of more extensive use of the existing Chief Officers' delegated authority in the Constitution. Notwithstanding the Regulations and the ability of the County Council to undertake its business remotely, decision making under the Protocol is likely to need to continue.

AGM

- 6.2 As indicated above, there is no longer a requirement for the County Council to hold an AGM. In the event of a Local Authority determining not to hold an AGM, the Regulations make specific provision for appointments which would ordinarily be made at the AGM to continue until such time as the Authority determines. In the County Council's case this would include the Chairman/Vice-Chairman of the County Council (which appointments the law would have ordinarily have required to be made at the AGM), plus appointments required under Standing Orders to be made at the AGM (Chairmen/Vice-Chairmen of Committees, appointments to HFRA, and Committee/Outside Body appointments done in conjunction with the review of the Proportionality Table. It is however proposed that the County Council holds its AGM remotely in

accordance with the Regulations with minimum business so as to enable appointments made at the AGM to be done.

Six-month rule

- 6.3 As Cabinet will be aware, by virtue of operation of Section 85 of the Local Government Act 1972 ('the 1972 Act'), should a Member of the County Council fail to attend a meeting of the County Council, its Committees or an Outside Body, starting from the date of his/her last attendance, they automatically vacate their office, unless during that time the reason for their absence is approved by the County Council. This function is also delegated to the Conduct Advisory Panel. It is proposed that a report be brought to the AGM Meeting of the County Council in order to grant permission for absence under the 1972 Act for all Members who would otherwise for no fault of their own fall foul of the 'six-month rule' through Coronavirus/self-isolation.

Executive Member Individual Decision Days – application of Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 ('Access to Information Regulations')

- 6.4 As indicated above the Regulations specifically refer to 'Meetings' of a Local Authority. As Cabinet will be aware, the County Council is unusual in the way it deals with Executive business, and a distinction is made between Meetings of the Executive (Cabinet) and its Committees, and Individual Executive Member Decision Days. Whilst not required under the Access to Information Regulations, the Constitution currently requires that all Individual Executive Member decisions whatever the nature of the subject matter are made in public (except when dealing with confidential or exempt matters), in the same way the Access to Information Regulations require Meetings of Cabinet and its Committees to be in public. In many ways this is helpful, for example in pre-scrutiny of individual Executive decisions particularly on matters of significant policy. It is however considered that in the interests of business efficiency, and to allow more agile decision making, the requirement that all Individual Executive Member Decision Days be held in public should be reviewed in the case of more 'business as usual' Executive decisions, while retaining the present operation of pre-scrutiny whatever the forum of the decision making. This would be in keeping with other Local Authorities.
- 6.5 Contained at Appendix One to this report is a proposed revised Part 3, Chapter 2, Paragraph 4 of the Constitution. The proposed revisions allow Individual Executive Member Decision Days which would ordinarily be held in public to be held remotely for the duration of the Regulations. This allows Individual Executive Member decision making to continue during the Coronavirus crisis, by applying the provision in the Regulations in respect of 'Meetings', to

include Individual Executive Member Decision Days, so that these might also be held remotely for the duration of the Regulations.

- 6.6 In addition to applying the provisions of the Regulations to individual Executive Member Decision Days so as to enable these to also be held remotely, revised Paragraph 4 removes the requirement for individual Executive Decision Days to be held in public on matters not of significant policy. It should be noted that notwithstanding an individual Executive Member decision might not relate to a matter of significant policy, the relevant Executive Member may still determine to make the decision in a Decision Day held in public. It should also be noted that this aligns Executive Decision making on matters not of significant policy with the delegations to Chief Officers in the Constitution, in that there is no requirement for decisions taken by Chief Officers pursuant to delegated authority to be made in public.
- 6.7 It is proposed that any question as to whether a decision relates to a significant policy should be determined by the Monitoring Officer.
- 6.8 It should also be noted that it is not proposed that there be any change in respect of advance notification of individual Executive Member decision reports. Whether or not the intention is to make an individual Executive Member decision at a decision day held in public, the same provisions in respect of publication of papers will apply. Similarly, the operation of scrutiny will be unaffected. It is anticipated that by the end of July 2020 meetings of all Select Committees will have taken place. It should be noted that however an Executive Decision is made, the same provisions in respect of call-in apply.

Deputations

- 6.9 Currently Standing Orders provide a right for Members of the public to make deputations to Meetings of the County Council, Committees, Cabinet and Individual Executive Member Decision Days. In consequence it is considered that proposed deputees would fall within the category referred to above of members of the public entitled to speak. Contained at Appendix Two is a revised Standing Order 12, allowing deputations to be made remotely in accordance with the Regulations at remote Meetings of the County Council, Committees, Cabinet and at Individual Executive Member Decision Days open to the public and held remotely.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> N/A	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u> http://www.legislation.gov.uk/ukxi/2020/392/contents/made	<u>Date</u> 1 April 2020

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.)

<u>Document</u>	<u>Location</u>
N/A	

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:

- 2.1. Potential impacts have been considered in the development of this report and no material adverse impact has been identified.

Part 3 Chapter 2 - Executive Procedures and the Role of the Executive

4. Decision Meetings and Individual Executive Member Decision Days

- 4.1 All Executive Meetings and Executive Decisions taken will be conducted in accordance with the Access to Information Regulations.
- 4.2 Decision Meetings of Cabinet and Committees of Cabinet Meetings will be held in public, except when dealing with confidential or exempt matters.
- 4.3 **Decision Days of Individual Executive Members on matters of significant policy will also be held in public, except when dealing with confidential or exempt matters,**
- 4.4 **Decisions of Individual Executive Members, otherwise than on matters of significant policy will not be open to the public, save that the relevant Executive Member may in any particular case determine that a Decision on matters not of significant policy, will also be held at a Decision Day** in public, except when dealing with confidential or exempt matters.
- 4.5 The quorum for a public Meeting of Cabinet shall be three, one of whom shall be the Leader or the Deputy Leader. The quorum for a public Meeting of a Committee of Cabinet shall also be three, one of whom shall be the Chairman or Vice-Chairman of the Committee or other Executive Member appointed by the Leader or Deputy Leader to act as Chairman.
- 4.6 Non-Executive Members will be allowed to speak at Cabinet and Committees of Cabinet Meetings and Individual Executive Member Decision Days **held in public**, by prior arrangements with the Chairman of the Meeting or Individual Executive Member as appropriate.
- 4.7 Advance notice of public Meetings of the Executive and Individual Executive Member Decision days will be published in accordance with the requirements of Part 2 of the Access to Information Regulations, and in accordance with the Access to Information Procedure Rules in Chapter 4 of this Part. A link to Executive decision Reports will also be sent electronically to all Members. Decisions will be recorded by the Chief Executive and his staff, and records of decisions and Reports considered will be made public in accordance with the Access to Information Procedure Rules. Where a decision is taken this should be clear on the face of the record of the decision, together with the implications of action arising from the decision, in order to facilitate effective scrutiny. Where the Executive is developing 'a position' (e.g., budget priorities for the coming year), a minute will record the general area under discussion, but Cabinet shall be not be obliged to disclose the detail of their discussion unless and until it results in either (a) a

decision Cabinet is able to take and implement without further reference, except for scrutiny, or (b) a decision which must be presented to the County Council as a recommendation before any action can be taken.

- 4.8 Individual Executive Members will be spokespersons for their particular areas of responsibility.
- 4.9 Records of Executive decisions taken will be sent electronically to all Members of the County Council within five clear Working Days of the decision having been made.
- 4.10 The Leader may call additional Meetings of Cabinet at any time if it would be conducive to the conduct of business of the Executive to do so.
- 4.11 Individual Executive Members may also hold additional Individual Executive Member Decision Days at any time if they consider it would be conducive to the conduct of their Executive responsibilities to do so.
- 4.12 Without prejudice to the generality of the provisions of Paragraphs 4.3 and 4.4 above, Paragraphs 4.3 and 4.4 are amended as follows in consequence of the revised democratic process of the County Council and remote Meetings of the County Council, Cabinet, Committees and Standing Panels, in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 (Regulations).
- 4.13 Decision Days of individual Executive members held in public in accordance with Paragraph 4.3 and 4.4 above will be held remotely in accordance with the provisions of the Regulations.
- 4.14 For the avoidance of doubt the provisions of Paragraph 4.12 and Paragraph 4.13 shall only apply to Decision Days of Individual Executive Members held before 7 May 2021, after which date it will cease to have effect.

Part 3 Chapter 1 – County Council Standing Orders

12. Deputations

- 12.1 Subject to the provisions of this Standing Order, the County Council shall receive deputations at a Meeting of the County Council on any business that is properly within its terms of reference and the deputation shall be allowed to address the Meeting.
- 12.2 Subject to the provisions of this Standing Order, Cabinet or any Executive Member, Committees or Standing Panels of the County Council shall receive deputations at any Meeting or Individual Executive Member Decision Day relating to business that is properly within the Agenda for such Meeting or Individual Executive Member Decision Day **held in public** and the deputation shall be allowed to address the Meeting or Individual Executive Member Decision Day.

For the purpose of this Standing Order:

- 12.2.1 notice in writing shall be given to the Chief Executive (to the Head of Democratic and Member Services via members.services@hants.gov.uk) that a deputation wishes to address a Meeting or Individual Executive Member Decision Day **held in public** and the notice shall specify the subject on which the deputation wishes to speak. In the case of a County Council Meeting, the notice shall be given at least 10 clear Working Days in advance. In the case of other Meetings or Individual Executive Decision Days **held in public**, the notice shall be given at least three clear Working Days in advance.
- 12.2.2 deputations shall consist of not more than four people who shall (except in the case of a deputation to the Regulatory Committee when it is exercising a function within the Functions Regulations, Regulation 2 and Schedule 1) be local government electors for the administrative area of Hampshire County Council, or otherwise and subject to the provisions set out at paragraph 12.2.3 below, have attained the age of seven years or older;
- 12.2.3 any deputation request received from a child of compulsory school age shall be accompanied by the following:
- 12.2.3.1. written consent from the parent of or person with Parental Responsibility for the child to the making of the deputation, including in respect of a request to make a deputation at a Meeting of the County Council or Cabinet, to the deputation being recorded and available for broadcast; and
- 12.2.3.2. in the case of a request to make a deputation within school term time, written consent to the making of the deputation

from the Headteacher of the school the child attends, without which consent(s) the deputation shall not be heard.

- 12.2.4 without prejudice to the provisions of 12.2.3 above, deputations will not be received from children in cases where, in the opinion of the Director of Children's Services, it is not in the best interests of the child to make the deputation.
- 12.2.5 any member of a deputation may address a Meeting or Individual Executive Decision Day **held in public**;
- 12.2.6 deputations shall be taken at the beginning of the Meeting or Individual Executive Decision Day **held in public** in the order received (after the Minutes) and the total time for all deputations in any Meeting or Individual Executive Decision Day shall not exceed one hour in duration;
- 12.2.7 the total time taken by a deputation in addressing a Meeting or Individual Executive Decision Day **held in public** shall not exceed 10 minutes provided that where the number of deputations in any Meeting or Individual Executive Decision Day **held in public** would otherwise mean that the maximum time for deputations would be exceeded, the time allowed per deputation will be reduced on a proportional basis;
- 12.2.8 any deputation which has appeared before a Meeting of the County Council, the Executive, a Individual Executive Decision Day **held in public** or any Committee or Standing Panel of County Council, shall not reappear at any such Meeting or any other Meeting or Individual Executive Decision Day **held in public** within a period of six months on the same or similar topic (except in the case of a deputation to the Regulatory Committee when it is exercising a regulatory function, in which case a deputation may reappear where an item is adjourned, or when there is another similar application submitted in respect of the same site);
- 12.2.9 for the avoidance of doubt a deputation to a Meeting of the Executive, a Committee or Standing Panel or an Individual Executive Decision Day **held in public** must relate to an item on the Agenda for that Meeting or Individual Executive Decision Day **held in public**;
- 12.2.10 no discussion shall take place with the presenters of a deputation but the Chairman of the Meeting or the Executive Member may inform the deputation how, if at all, the matter will be dealt with by noting, action or referral. At a Meeting of the County Council, the Chairman may invite the Leader or appropriate Executive Member or Committee Chairman to give this information to the deputation.
- 12.2.11 Deputations in respect of Individual service concerns will not be received where, in the opinion of the Chief Executive in consultation with the Monitoring Officer, the subject matter of the deputation relates

to issues which are more properly dealt with through the County Council's Corporate Complaints Procedure, or which might cause the County Council to breach confidentiality rules.

NB: The Purpose of Standing Order 12 is to give members of the public an opportunity to address the County Council, the Executive, its Committees or Standing Panels. Elected members (including those of other Councils), political parties, trade unions and members of staff have other opportunities to bring matters to the County Council's attention and will not be received under the provision of Standing Order 12.

Additional arrangements apply in respect of Regulatory Committee or when the County Council is otherwise exercising a function within the Functions Regulations. These arrangements are set out within the Local Protocol on Planning, Rights of Way and Commons Registration, Paragraph 9, contained at Appendix B.

12 A. Deputations

12 A.1 Without prejudice to the generality of the provisions of Standing Order 12 above, Standing Order 12 is amended as follows in consequence of the revised democratic process of the County Council and remote Meetings of the County Council, Cabinet, Committees and Standing Panels, in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 (Regulations).

12 A.2 Where a Meeting of the County Council, Cabinet, Committees and Standing Panels is held remotely in accordance with the provisions of the Regulations, deputations will also be received remotely in accordance with the Regulations.

12 A.3 This provision shall also apply to Decision Days of Individual Executive Member, open to the public remotely,

12 A.4 For the avoidance of doubt the provisions of this Standing Order 12 A shall only apply to remote Meetings of the County Council, Cabinet, Committees and Standing Panels, and Decision Days of Individual Executive Members held in public, held before 7 May 2021, after which date it will cease to have effect.

This page is intentionally left blank

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank