

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	A Progress Report of The County Council's Response to the COVID-19 Crisis
Report From:	Chief Executive

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Purpose of this Report

1. This is the fifth in the series of regular reports to Cabinet, summarising the County Council's continuing responses to the COVID-19 pandemic. This report covers a period of exceptional activity sparked by the emergence of the "new strain" of the virus and including the introduction of additional tiers of restrictions prior to the current lockdown. It also covers the period of the first phase of national vaccination.

Recommendations

2. It is recommended that Cabinet should:
 - i. Note the contents of this report as a further summary of the exceptional events and responses by the County Council concerning the COVID-19 crisis, bearing in mind that this can only be a top-level assessment of what continues to be such a substantial and fast changing set of responses.
 - ii. Note the consideration of the impact of and response to the changes in national restrictions including the additional tiers of restrictions prior to Christmas and the introduction of full lockdown measures immediately after Christmas.
 - iii. Note the progress of the vaccination programme to date in Hampshire including its impact on Hampshire services and the County Council's support role.
 - iv. Continue to recognise the on-going exceptional commitment and flexibility of the staff of the County Council as the crisis has progressed.

Executive Summary

3. This report, as its predecessor reports, attempts to provide Cabinet with a general update on the Covid crisis as it is affecting the County Council, as an organisation and for the residents of the county. The construct of these reports no longer involves a detailed service by service analysis of the work of the County Council in terms of the pandemic. For the sake of clarity and brevity, those issues are drawn out here more on an exception's basis for issues or circumstances that need to be highlighted. That approach should not be misconstrued, however, as every function and service, and every member of staff in the organisation, continue to be deeply affected by the pandemic and continue to sustain the highest levels of professional practice against often extreme, if now more common place, conditions.
4. As before, but particularly in the light of the rapid development nationally of the "second wave" of infection, together with the rapidly changing nature of government response such as the second full lockdown, inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Officers will ensure any such issues are highlighted in the presentation of the report at the Cabinet meeting. This will particularly apply to the latest data on the transmission of the virus and the latest position of national and local responses including the progress of the vaccination programme.
5. Since the last of these reports, the country has experienced a rapid progression of forms of restrictions of behaviour, including through the introduction of stronger tiers of control on an area-by-area basis, followed by the current lockdown arrangements which are very similar to those which pervaded at the earlier stages of the crisis in April 2020. That includes a near full closure of mainstream school places for all children other than the vulnerable and those of critical workers.
6. It is worth reflecting that in late 2020 when the tiered arrangements were introduced, one of the key determining factors, for an area moving to the highest tier was a rate of infection of around 100 per 100,000. Since the introduction of the current lockdown in early 2021 and as the second peak was, hopefully, at its zenith, parts of Hampshire, like elsewhere in the South East with the prevalence of the new variant strain of the virus, had exceeded 1000 cases per 100,000 population. That statistic alone shows the scale of infection challenge we are facing. This report will include further analysis of the current state of the virus, including with regard to NHS activity and its impact on HCC care services, but again it must be understood that with the pace of developments that analysis will need to be updated at the Cabinet meeting itself. The same applies to testing and tracing.
7. Of course, the other most significant development since the last of these reports has been the start of the national vaccination programme. That programme is working towards an ambitious initial target of vaccinating the first four groups including those most vulnerable to mortality from COVID and the health and social care staff groups, a national total of around 15 million people, by the

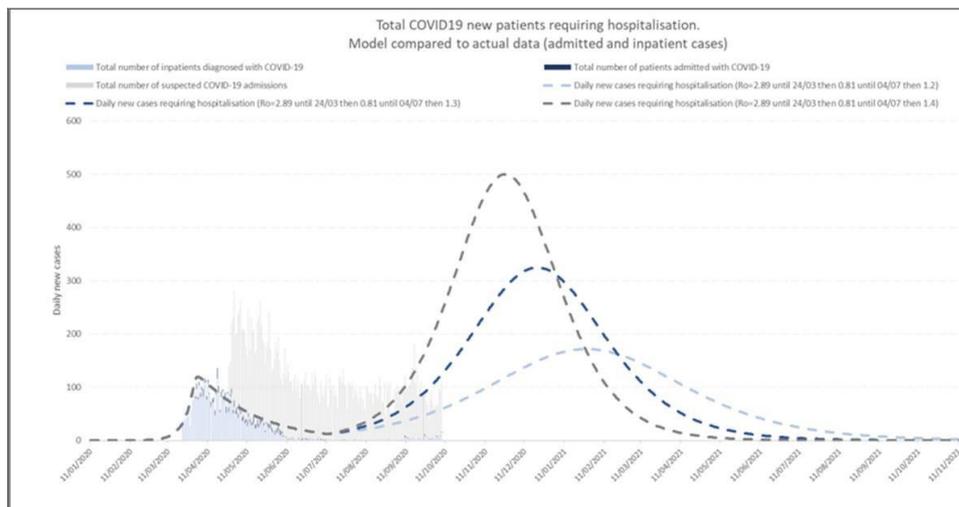
middle of February 2021. This report will focus on the progress towards that goal, subsequent vaccination targets, the impact on the pandemic so far especially with regard to hospital care, and the implications for particular groups of vulnerable staff in the County Council.

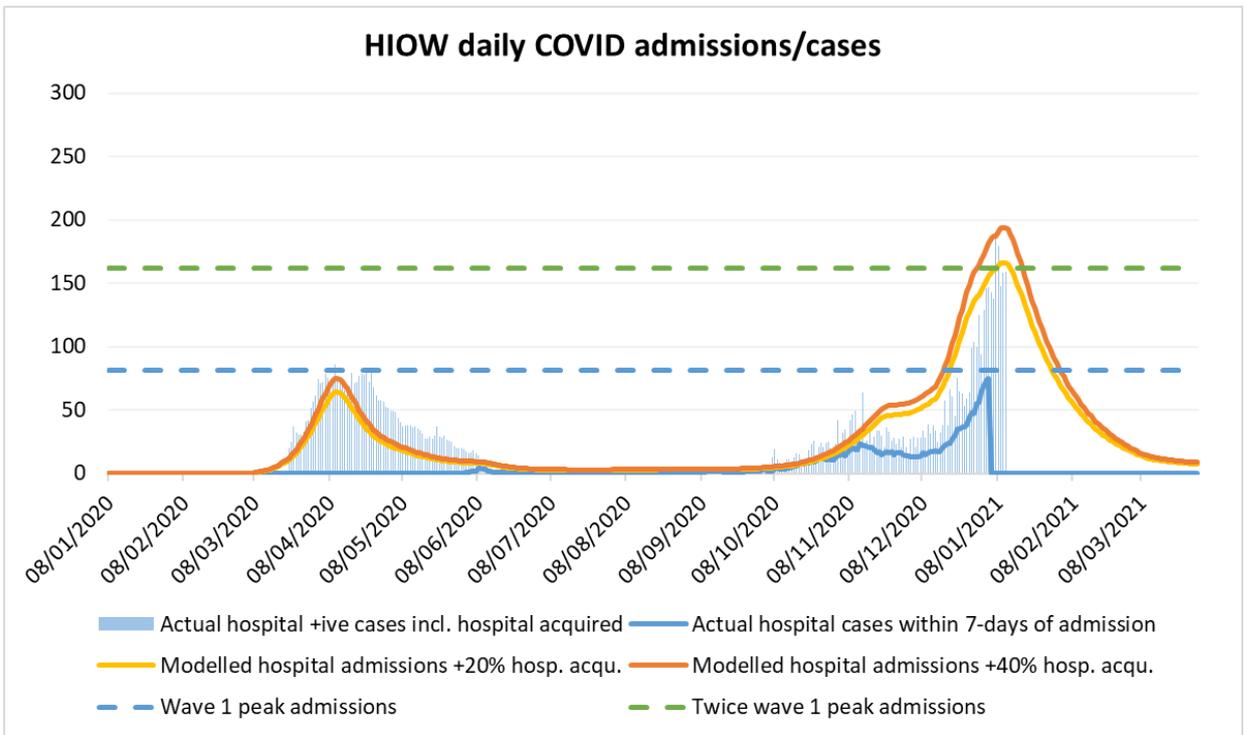
8. The report will again refer to the work of the County Council’s Health Protection Board under the leadership of the Director of Public Health and in close liaison with the Leader-led Local Outbreak Engagement Board. That will include consideration of the now routine communications channels set between those boards and the leadership of district and borough councils within Hampshire County.

9. Cabinet will be aware that, while this report is taking an exceptions approach for the sake of clarity and to avoid repetition, the one general exception remains the unflagging commitment of the staff and managers of the County Council to sustain the highest levels of performance and service throughout this long and punishing crisis. As the crisis continues so too does the need for this commitment to be acknowledged and applauded.

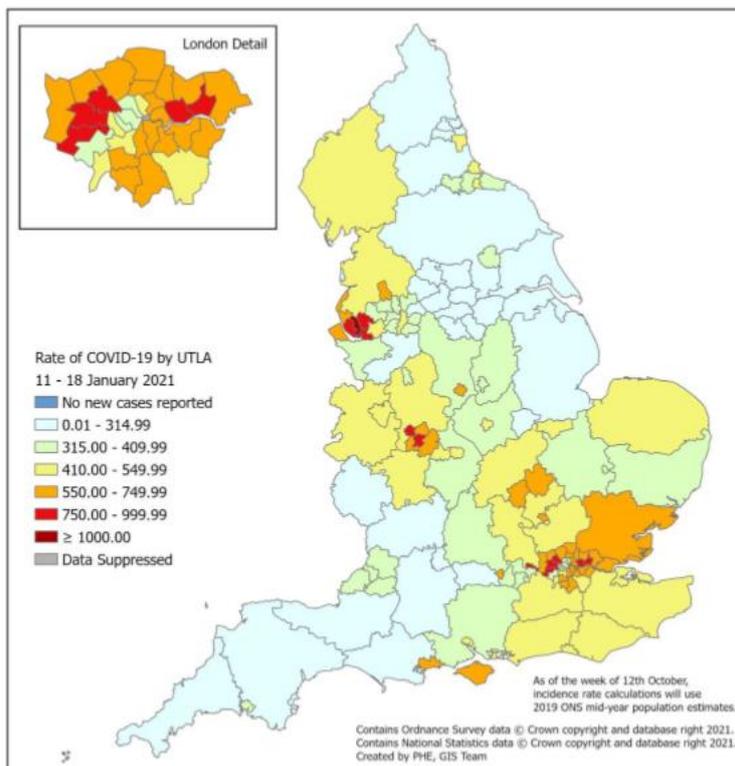
National Context

10. The well described “second wave” of the transmission of the virus may now be beyond its peak. We now know that this wave has been accelerated and exacerbated by the arrival of the new strain first found in Kent, which has proved to be substantially more transmissible than the original strain and which has rendered more limited forms of social restriction so much less effective. The graph below shows the previously local modelled wave with the subsequent graph showing the actual local data of how the virus has spread.





The map below shows the current spread of the virus across England as at Week 2 of the year.



Third National Lockdown

- On 4 January 2021, the Prime Minister announced his intention to introduce a further national lockdown in England. This proposal followed a number of weeks of local authorities being placed in different tiers of restrictions based on the rate of infection, over 60s infection rate, test positivity and NHS capacity. This

included a brief period when some individual districts in the county of Hampshire were at different tiers of restriction.

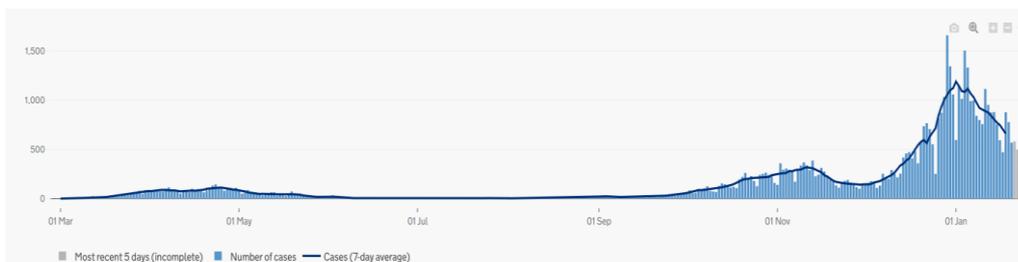
12. The rationale for this latest full national lockdown was that the rate of increasing spread of the virus was continuing unabated in many authorities, despite those authorities having moved into the third and highest tier of intervention. Further, there was evidence that the geographical range of these areas was spreading inexorably across the country. Perhaps the most important factor that helped determine this decision was the growing evidence of increasing and exponential pressure on NHS capacity in receipt of Covid infected patients. In relation to that decision there has been public debate about the efficacy of the data that fed the decision, as well as about the economic impact of further steps, especially the restrictions on the retail and hospitality industries, which some argue may have a more severe social and economic impact than the problem that is being attacked by these measures. However, it is probably fair to note that as the overwhelming evidence has developed of increasing pressure upon NHS acute services, and upon the care sector, that debate has shifted in support of lockdown measures.
13. It is not seen to be the role of this report to engage in that debate. There remains instead a fundamental responsibility for this major County Council as the local public health authority, to engage with the lockdown, adapt accordingly and provide community leadership in its implementation in the face of an undeniable and accelerating public health crisis.
14. As stated, it is the intention of the Government to review the application of the lockdown with a view of how to exit the restrictions subject to its impact on both the spread of the virus and the admissions to hospitals. Clearly, the better communities and organisations like HCC can implement the lockdown, the better the chances of the progress of the second wave being halted and that deadline being met. On 27 January, the Prime Minister announced that it would not be feasible for the substantive closure of mainstream education to be lifted at the end of the half term break in mid-February. Instead, he signalled that it might be feasible for that restriction to be lifted from 8 March at the earliest. This will, among other measures, be dependent on the progress of the vaccination programme and the impact of it and the general lockdown on hospital admissions and Covid related deaths. It must be understood however that as and when full lockdown restrictions start to be withdrawn this will be done gradually and be replaced by some form of local or regional tiered level of restrictions in place of lockdown. There will be a continued impact on our services, our communities and our economy.

Local Position

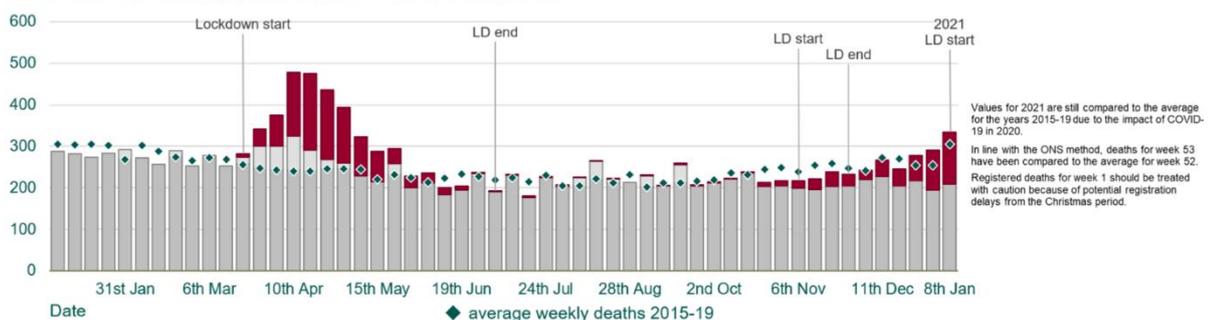
15. The following analysis gives more up to date detail in the rate of transmission in Hampshire County, the impact on the health and care sector and the mortality rates which now falling, though of course each death is a devastating event for the families concerned (see slide at paragraph 17). There continues to be pressure on the NHS in particular on acute and critical care.

16. Through the pandemic we have seen the scale of the variation in levels of infection numbers being stark. Using the simplest comparative analysis, the rate of known infections per 100,000 population, on 9 October Hampshire's rate was 28, against an England average rate of 109, whereas some northern cities were in the high 500s. During the second wave the variation in rates was even more stark. This has been caused by the new variant, ease of transmission and, to some extent, lockdown fatigue leading to the breaching of rules by individuals and groups. At times district-based rates within the county varied between 300 per 100,000 to over 1,300 per 100,000. Whereas local services and the approach to outbreak management in the county should be commended, it is clear that the significant determining factors around these variable rates are to do with demography, geography and adherence to lockdown measures. During this second wave, rates in Hampshire at times have tended to be just below the South East rates and similar to the England rate. At the peak of the second wave the 7-day new case rate was 600 per 100,000 in comparison to the South East of 775 per 100,000 and England rates 680 per 100,000. The current 7-day rate for Hampshire is 318 per 100,000 compared to an England rate of 386 per 100,000.

17. Daily Confirmed Cases and Weekly Numbers of Deaths in Hampshire



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



18. These separate graphs show both the severity and pace of the “second wave” in Hampshire, and the sad implications for the subsequent rates of death. The relationship between hospital admissions and death rates has thankfully changed as treatments for severe Covid illnesses have improved. Nevertheless, this second graph charts the delayed but inevitable increase in death rates in Hampshire during the period when the total number of Covid related deaths nationally reached a distressing milestone of 100,000. At the time of writing there has been a welcome clear reduction in the rates of infection and that is just beginning to impact upon hospital admissions. Regrettably, it has not yet

impacted upon rates of death. This is an important signal of the likely end of the second wave, which had been exacerbated by the new strain of the virus. The potential now is for the programme of vaccination to prevent an equivalent third wave, and especially to prevent infections leading to hospitalisation, serious illness or death. That would be the route towards a gradual lifting of restrictions and eventual return to relative normality.

19. It should also be reported here that the increased death rates triggered the opening of the “Grayson suite”, that is the temporary mortuary facility situated in Basingstoke. Hampshire County Council has acted as lead agency for this facility on behalf of the local resilience forum (LRF), which is the statutory partnership for managing emergencies and civil contingencies by the lead agencies in the Hampshire and Isle of Wight sub region. A subgroup of the LRF is the excess deaths advisory group (EDAG) whose role it is, with the support and advice of the Coroner Service, to plan for excess deaths at times of major emergency. The temporary facilities have been based at this particular location because of its accessibility and because of its physical appropriateness for managing this sensitive task with discretion and respect. There were some political concerns that the site in question is too close to a residential area but the relevant officers including the Chief Executive were satisfied that the site was by far the most suitable in the circumstances. Good work has been done between the local community and local politicians, including the Member of Parliament, to allay the concerns of that community and ensure effective continuous communication. Obviously, all involved hope that the need for this facility should be kept to a minimum as the pandemic is brought under more control. While officers have ensured that any direct impact upon the local community has been negligible, it is appropriate here to thank that community of behalf of the County Council and the LRF partnership for their support and consideration.

Health Protection Board and Local Outbreak Engagement Board

20. The arrangements for oversight, management and community engagement are now securely in place in the County Council. The Director of Public Health is chairing the Health Protection Board on at least a weekly basis supported by a number of working groups including a daily data and outbreak review meeting. The membership of the board, which is an implementation arrangement staffed by officers, includes: other representatives of the department for public health; the Chief Executive, the Director of Adults’ Health and Care and the Director of Children’s Services; emergency planning; and district and NHS representatives.
21. The Leader chairs the Local Outbreak Engagement Board as a political sub-committee of this Cabinet which is also joined by members of the County Council’s main opposition party, representatives from district councils and an NHS non-executive director. The role of this board is to assist in setting local policy for the outbreak management arrangements, within the confines of national direction, and acting as the link between the arrangements and the local community. While the formal meetings of this Board are planned on a monthly basis, an approach to short-notice briefing meetings has been introduced to

ensure that the board can be quickly apprised of key developments as required. This is proving to be highly effective.

22. An important and positive development in the work of the LOEB has been the establishment of frequent briefings between the Leader of the Council and the Director of Public Health with the Leaders and Chief Executives of the district and borough councils within the county. These briefings, between the County Council as public health authority and the respective boroughs and districts, have also included in attendance representatives from the NHS, Police, Fire and the neighbouring unitary authorities within the LRF. The briefings have allowed for clear and timely dialogue between the partners (which has been facilitated by remote communications) which has further reflected the continuing strong partnership working between agencies at a strategic and operational level.

Testing

23. Testing of symptomatic people remains a priority for management of the pandemic locally, although responsibility for the delivery of the majority of the testing programme remains at a national level, The Council is gradually taking an increasing role in the organisation and oversight. We have increased, with national support, the local availability of testing sites across Hampshire to ensure local people can access testing venues. The laboratory capacity for analysis, highlighted previously, which had been a major impediment to maximising local testing capacity, is now available to manage demand.
24. A new development of asymptomatic testing has come online with Lateral Flow Devices (LFDs) which offer a faster result. The speed of result is balanced with less accuracy than the test used for symptomatic people. There is a number of nationally led programmes that the LFDs are considered suitable for despite this reduced accuracy including for care home visitors, secondary school and primary schools, and a number of other public sector organisations.
25. In early January, the Government announced that a community asymptomatic testing programme was available for all Upper Tier Authorities under the direction of the Director of Public Health. In line with the national announcement a bid is being developed to provide regular testing for 'front facing workers' i.e., those going out to work in the lockdown. This will include children's nursery workers, transport operatives, council staff who cannot work from home, retail including supermarkets and construction and maintenance.
26. The aim of the programme is to identify more people with the virus and to break the chain of transmission through targeted case finding. The programme will be an additional tool for testing asymptomatic individuals and for targeting specific occupational groups who cannot work from home and those living in areas of high prevalence.

Tracking and Tracing

27. Case testing investigation and contact tracing are fundamental public health activities in the management of all infectious diseases. This involves working with an individual (patient or resident) who is either symptomatic or asymptomatic and has been diagnosed with an infectious disease. The aim is to identify and provide support to people (contacts) who may have been infected through exposure to the infectious individual. This process prevents further transmission of the disease by separating people who have (or may have) an infectious disease from people who do not.
28. The National Contact Tracing Advisory Service (CTAS) started in May 2020 in response to Covid 19. It has three parts to it which rely on individuals playing their part in order to contain the spread of the virus.
29. The first Local Contact Tracing System LCTS was set up in Leicestershire during an outbreak there, to help that authority contact positive cases and trace their contacts. The feedback from the Leicestershire experience (and subsequently from many other local authorities who have since gone live with their own local systems), is that residents respond positively to a call from a local number and a call handler with a local voice.
30. Hampshire County Council took a phased approach to setting up LCTS which started on 3 December 2020. The process for the Local Contact Tracing System will include CTAS and will attempt to make contact with the index case and complete the information on-line within 24 hours. If the CTAS are unable to contact the index case within 24 hours of being notified of a positive case, the case will be passed to the LCTS to make contact by telephone. Where there are no, or incorrect, contact details, the LCTS call handlers will contact the relevant District Council Tax team to find the correct contact details (specific data sharing agreements are being put in place on the advice of Legal Services). Information gathered by the LCTS call handlers will be entered on to the local system and then uploaded to the CTAS.
31. For Hampshire County this started with Rushmoor Borough area. Following the rapid increase in cases other areas have been brought on board in a staged approach with the residents of the final areas of Hampshire being part of the local service from 26 January 2021. As of 25 January 2021, 87% of HCC cases and 86% of HCC contacts have been successfully contacted and followed up by CTAS. Evidence shows that at least 80% of contacts of an index case would need to be contacted for a system to be effective. This shows an improvement of over 10% in contacting the cases since October.
32. The LCTS call handlers will ask positive residents if they have any welfare needs (medicines, food etc) and will refer to relevant wrap around services. Call handlers will also establish whether positive residents are eligible for isolation payments.

Vaccination

33. The development and rollout of the vaccination for covid-19 is the most effective public health measure to prevent illness and transmission of the virus. There are two vaccines currently approved and being delivered to the UK population. The Pfizer vaccine was the first approved but is more complex logistically due to the very cold temperature storage required. The Oxford-AstraZeneca vaccine only requires fridge storage. With both vaccines it is possible to deliver an at scale programme for the population of Hampshire.
34. The vaccination programme is currently focusing on the rapid roll out of the Covid-19 vaccination to the first four priority groups identified by the Joint Committee on Vaccination and Immunisation (JCVI) and set out by the Prime Minister in his address to the nation on Monday 4th January. The JCVI state that the purpose of the first phase of the vaccination programme is to prevent death (i.e., to give direct protection) and to protect health and social care staff and systems. The JCVI made this decision based on the fact that vaccine supply is limited, and to interrupt transmission of the virus would require a large proportion of the population to be vaccinated with a vaccine that is highly effective at preventing infection (transmission). The JCVI has reviewed the evidence for groups of people at greater risk of mortality from Covid-19 infection and has based its prioritisation on this evidence. This process also led to the UK Government decision to delay second dose vaccinations from three to twelve weeks on the basis that the risks for such a delay of any potential reduced effectiveness were far outweighed by the benefits of a more rapid reach of first vaccinations.
35. The JCVI also considered whether vaccination for occupations other than frontline health and social care workers should be included in the first phase of vaccination. Reviewing the evidence, they concluded that the prioritisation in the first phase would capture almost all preventable deaths from Covid-19 including those associated with infection from occupational exposure. The JCVI states that secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services. The JCVI has suggested that occupational prioritisation could form part of the second phase of the programme, which would include healthy individuals aged 16 up to 50 years of age. We expect to understand the priorities for the second phase from our national colleagues in the coming months.
36. The programme is led by the NHS with strong input and supportive leadership from The Council. This includes work on prioritisation (in line with the national criteria), logistics and communications. This will ensure the programme reaches those it needs to most effectively. Latest data at time of writing (and to be updated verbally at Cabinet) was that over 10% of the Hampshire population has received first vaccination including over 80% of over 80-year-olds and care home residents. At this stage the Government believes it is on track for delivery of its target, notwithstanding the complexities of location, pace and delivery, of the first four priority groups, some fifteen million people, to be vaccinated by 15

February 2021. The Hampshire experience has matched that progress and has been a substantial effort, led by NHS but fully supported by HCC.

Emergency Planning

37. In December 2020, the Hampshire and Isle of Wight LRF, through its strategic coordination group (SCG), declared a major incident within its powers under Civil Contingencies legislation in the light of the developing second wave. A major incident had been declared at the start of the crisis but was stood down after the first wave in the summer of 2020. The declaration conveys certain powers and duties upon the statutory partners of the LRF and is also a signal of the severity of the situation. Within the County Council emergency planning structures have remained in place throughout through Gold, Silver and Bronze planning and delivery mechanisms. Clearly it is a unique situation for the organisation to be working on a crisis footing for such an extended period of time.
38. The County Council is served by an exceptional emergency planning team which has been key to the strength of our collective response. It is also key to the County Council's relationship with the equivalent teams in the unitary authorities and our partners in Police, Fire and the NHS through the LRF. Given the demands of this long crisis two particular steps have now been taken to help reinforce the emergency planning team to see out the remaining crisis period. Firstly, the line management of the team has been moved to CCBS and particularly the oversight of the assistant director who also chairs the Silver Group for the County Council. This will ensure a stronger and clearer connection between the team and the corporate senior delivery leadership. It is not a reflection on the excellent oversight of emergency planning previously provided through Transformation and Governance. However, that department is more removed from operations and therefore less well equipped to sustain this long crisis work. Also, the longstanding Head of Emergency Planning is taking an extremely well-earned retirement following many years excellent service to the County Council and partners. There are effective succession arrangements in place which will ensure continued strong leadership at this critical time.

Elections

39. The County Council elections are currently scheduled to take place on Thursday 6 May 2021 together with the Police & Crime Commissioner elections and local elections in some district/borough areas that were deferred from May 2020 due to the Coronavirus pandemic. This is likely to be the most complex combination of elections that we have seen therefore we are working very closely with our district and borough partners and the Police Area Returning Officer (PARO) for Hampshire and Isle of Wight.
40. There has been inevitable speculation about the elections possibly being delayed due to the impact of the coronavirus pandemic. This speculation relates in part to the potential overlap between any lockdown measures and the formal pre-election period. There are then fundamental questions about how safely the election day can be conducted in the context of any likely restrictions on the day. That includes, for example, the substantial logistical challenge and cost in the likely need to deep clean

schools as polling stations both before and after the election day. There is bound to be a significant uptake of postal ballots which will impact on counting arrangements. A wide range of stakeholder and representative groups have lobbied for a postponement into the summer, autumn or even for a further year. At present the Government is standing by the original timetable. We are currently working to that timetable, but should there be any change to this, we will adapt accordingly in collaboration with our electoral partners.

41. When the election goes ahead, various aspects may look different to elections run prior to the pandemic but will nonetheless be in accordance with all relevant regulations and with Electoral Commission and Public Health guidance.
42. The Notice of Election for all elections across Hampshire and the Isle of Wight will be published on Monday 22 March, possibly with some exceptions for Neighbourhood Planning Referendums for example. The earlier than usual publication gives consideration to the nominations process and provides extra time for candidates in the current circumstances. Some members have raised concerns about collecting the required signatures in the context of the current restrictions. These concerns have been raised with the Electoral Commission who have confirmed that guidance on the nominations process in a Covid-related context is being prepared.
43. Also linked below is a letter dated 22 January from Chloe Smith, Minister of State for the Constitution and Devolution regarding doorstep campaigning during the national lockdown in England. The letter sets out a clear view from the Government that the current lockdown restrictions do not support door to door campaigning or leafletting.
The full letter can be viewed via this link:
<https://www.gov.uk/government/publications/letter-to-parliamentary-parties-panel-on-lockdown-campaigning>

Adults' Health and Care

44. Adults' Health and Care, through HCC's adult social care services, have continued to respond across a range of critical areas: supporting the admission avoidance and discharge of people from hospital settings; providing support to people across our communities with social care needs; working with NHS and other partners to support the wider social care sector on limiting and following advice and guidance on infection prevention and control measures; providing a range of welfare support to clinically extremely vulnerable (CEV) and vulnerable people; and since mid-January providing support and co-ordination for the wider social care sector as part of the national/local COVID-19 vaccination programme.
45. Since the end of second national lockdown in early December 2020 and the move to Tier 4 restrictions for some of Hampshire's districts and subsequent move back into national lockdown restrictions in early January 2021, Adults' Health and Care have implemented a welfare response to maintain contact, provide advice and continuity of support for those residents advised to shield. Through the dedicated welfare response HCC have successfully managed to

contact all residents through a variety of communication channels and working with partner agencies ensure that guidance and advice along with practical support has been available. By late January (for effectively the third time) contact has been undertaken with some 50,000 Hampshire residents. Arising from these contacts, the vast majority of people have not needed any support from us. However, we have provided 2,226 people with additional follow-up adult social care support and working with partners identified 1,344 people who have required practical support with issues such as shopping and medications.

46. Our direct care teams remain extraordinarily busy – particularly in our HCC Care home operations where specific Discharge to Assess capacity has been created, alongside Designated Settings which support people to leave acute settings who are COVID-19 positive and require self-isolating care to limit further infectious spread. Additionally, our hospital discharge and re-ablement services, working with NHS and other partners, continue to provide support to more than 150 people per week with care needs at the point of discharge (more than 6,000 people since April). This is funded through the NHS Discharge Fund. Alongside this, all our community teams across all our service areas remain extremely busy with high levels of need being seen, particularly our mental health and support services to younger adults. The work undertaken to create and support a range of alternative mechanisms capable of providing support, including the up-stream preventative and strengths-based approach developed over the preceding five years in the department, have proved themselves invaluable.
47. Through our care sector support HCC has continued to provide a range of specialist support to the private, voluntary and independent social care (provider) sector, including the rapid payment of Government infection prevention and control grant funding (some £35m will have been allocated by financial year-end in accordance with the strict grant conditions) across the Hampshire area. The work from a dedicated and untiring team across the Adults' Health and Care HQ function has been remarkable in providing this funding, in what has become an increasingly complex landscape of different grant funding streams.
48. Since early January 2021 we have seen the numbers of care home and wider care sector COVID-19 infections and outbreaks increasing. Again, the exemplary efforts of HCC staff working alongside NHS counterparts to tackle these situations, including the workforce challenges which are routinely resolved, often through evenings and at weekends at short notice, remain nothing short of outstanding. It is fair to say that through effective joint leadership and joint working the relations between NHS and HCC have never been stronger. It is unfortunate that public recognition of the heroic efforts of social care staff is perhaps not as clear.
49. From mid-January 2021, the role of local government in supporting the national vaccination programme has become clearer. Adults' Health and Care have created a co-ordination team in order to ensure that details of some 35,000 care staff across more than 2,500 different organisations are provided to enable the vaccination of this priority workforce, in line with the JCVI priority groups. This work is currently proceeding alongside the vaccination of priority groups of

residents. It is progressing extremely positively across care homes, the wider whole social care sector and for all our social care staff, Children's and Adults'. The complexity of the logistical challenge this represents and the ability of our staff and NHA partners to overcome it, cannot be over-stated.

Children's Services

50. All schools in Hampshire are open for the children of key workers and vulnerable children (ie. those with a social worker or those with special educational needs). All schools are also providing online learning in a variety of formats. Schools continue to face challenges with staffing brought about by continued infections and the need to self-isolate individuals within staff groups. This can have a knock-on effect on the capacity of the school for children in situ or the type of online learning available. On very rare occasions it may mean a temporary closure of the school. Hampshire County Council's Education and Inclusion teams are working hard to support, advise and challenge every school on a bespoke basis to ensure that they are able to maximise the staffing resource available to them whilst remaining safe environments for pupils and staff.
51. In terms of vulnerable pupils, there is effective work within the department to ensure that the maximum number of pupils can be supported safely within schools. Much has been written and speculated about schools and children's attendance. What has only recently started to gain more recognition is the impact of the pandemic on children's lives and mental wellbeing. A child who is just turning 10 years old may have spent 20% of their education to date under pandemic conditions and the impact of this is now being widely reported. This is leading to a call for the DfE to provide a roadmap out of lockdown for children and schools which, many are suggesting, involves vaccinations for school staff in order to free up children to resume some form of normality. As such vaccinations would be a means to end. Recent data from the Office for National Statistics indicates that teachers were not at significantly higher risk of death from Covid-19 than the general population or indeed other key occupational groups. <https://www.bbc.co.uk/news/health-55795608>
52. The latest data on attendance at schools (22 January) shows that 24% of pupils attended primary school (against 20% nationally), 60% of pupils open to a social worker attended primary school in Hampshire (51% nationally) and 52% of children with special needs (46% nationally). With regards to the secondary sector, only 6% of children are physically attending school in Hampshire (against only 4% nationally) of which 29% of children with a social worker attended and 24% of children with special needs were attending. All necessary home to school transport arrangements have been maintained.
53. Early Years providers have remained open for all children. Whilst this sector initially bounced back from the previous lockdown and there was good sufficiency at the start of the school term in September, concerns remain about the ability of the sector (which is mainly privately run nurseries and individual child-minders) to further bounce back from the latest financial shocks to the system. Funding for the sector for free childcare is largely determined by the

DfE through its Early Years funding formula and officers are in regular contact with DfE officials to monitor and highlight funding issues in the sector.

54. With regard to children's social care, the period from September until January was a picture of a consistently higher rate of referrals (10-15% above the figure for previous years) reflecting the strain that families have experienced. Also, within this figure, social workers are reporting a higher level of critical and distressing serious family breakdowns. This is further borne out by a sub-set of data which looks at the use of emergency powers to protect children *in extremis*. In Hampshire we pride ourselves on effective early social work intervention, but where families are in extreme distress and children are suffering immediate harm then emergency measures (known as Emergency Protection Orders and Police Protection powers) can be taken. In 2019 such emergency measures were taken 17 times (in the context of a rolling caseload of c10,000 children), in 2020 such measures were taken 83 times. Despite this, our social work teams and support functions, such as our foster carers, remain resilient and performance across a range of metrics remains high albeit that a significant proportion of visiting is now carried out virtually, in line with revised government guidance. Outbreaks in children's homes and other services have been managed and contained with the support of colleagues from Public Health although pressure remains severe on the availability of placements nationally.

Economy, Transport and Environment

55. The majority of staff in ETE continue to work remotely. 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.
56. Following a period of closure during the first lockdown, the County Council's HWRC sites re-opened on 11 May 2020 with provisions to ensure safe working and to enable social distancing requirements to be maintained on the sites. Initially the service offered 30,000 slots per week, and this was increased gradually over the summer months such that almost 45,000 appointments are now available weekly. On a general level, the system has proved very successful and consistently receives a number of unsolicited compliments from residents who find the customer experience improved. At a small number of sites with a large catchment area, demand for slots remains high. At these sites all available slots consistently get booked quickly, although demand has naturally reduced over the winter months. Meanwhile, there continues to be a careful management of 'no shows' which, whilst only a small proportion of visits, create an issue by taking up slots which could otherwise be used for those who wish to visit sites.
57. Highways Maintenance activity, for both planned and reactive work, has continued since initially re-starting in May following the first national lockdown. Maintenance work did not cease during the second and third lockdown restrictions due to robust and established response plans being in place. Productivity remains impacted however, due to the need for extra precautionary measures to ensure the safety and welfare of Skanska operatives. With a

significant increase in home working across society some urban maintenance activity, e.g., drainage cleansing, has become challenging due to the presence of more parked vehicles on the road network. That said, during periods of lockdown Highways have taken advantage of reduced traffic volumes on main roads to minimise the impact of planned works. Work continues across the County on Capital Programme projects, and the private sector construction industry has adapted well to the impact of Covid-19, albeit with restrictions in place on all sites to support safe working and social distancing. As a consequence, scheme costs, productivity and delivery programmes continue to be impacted.

58. Parking Services have been severely impacted by Covid-19 through 2020/21. During the first lockdown, Penalty Charge Notices (PCNs) for on-street parking violations across Hampshire were only issued for obstructive or dangerous parking that jeopardised road safety or restricted essential access for emergency services, disabled drivers and key workers, or the delivery of food and essential supplies. Income from the limited areas of on-street, pay-and-display parking in Hampshire was much reduced with parking charges suspended over the lockdown period. During subsequent tier restrictions and further lockdowns, limited enforcement activity continued to prevent unsafe parking, but PCNs issued are significantly below anticipated volumes. A number of areas of on-street, pay-and-display parking are affected by social distancing schemes and parking in these locations remains suspended.
59. The School Crossing Patrol (SCP) Service was suspended at the beginning of the first lockdown and subsequently re-started with the re-opening of schools. A high proportion of the SCP officers are older members of staff and a small cohort (<10) have had to refrain from work as they have fall into the clinically extremely vulnerable category and have had to 'shield'. As schools remained fully open through the second lockdown in November, the school crossing patrol service continued to operate except where staff were required to shield. Some further changes were required with the subsequent tier system. At the start of the current lockdown the SCP service was suspended with staff returning to site following a site audit, except those required to shield. Currently 82 SCP officers are working and 86 are not.
60. Public transport services have seen a fall in passenger numbers, particularly during lockdown periods. Outside of lockdown demand was recovering to between 60-70% of pre COVID-19 levels. Almost all services continue to run and are considered essential for key worker journeys to and from work and for those members of the population who do not have access to a private vehicle but still need to access essential services. The County Council has maintained support for subsidised bus service and community transport and is working with operators to develop recovery plans.
61. The County Council continues to maintain temporary measures to support social distancing and facilitate walking and cycling around towns and employment areas, e.g., increasing footway/cycleway capacity. The first tranche of Government funding from the Department of Transport has been received and fully spent on an ambitious programme that has been delivered at speed. This

programme supports the Town Centre recovery work being promoted by the Government and locally through the LEPs. The County Council has been successful in bidding for additional funding for new active travel schemes. A programme is being developed and design, engagement and consultation activity is taking place prior to delivery.

62. The Economic Development service continues to play a critical role in preparations for recovery and supporting local businesses. The local economy was hit harder than the national average at the outset of the recession caused by the Covid-19 pandemic, whilst the initial recovery in Hampshire was faster than nationally. As the economy entered a further lockdown this January, the risk of a double-dip recession has increased. The latest evidence suggests that employment in Hampshire has decreased by 1.4% to date and we have seen a sharp increase in unemployment and youth unemployment. The levels are still better than during the 2008/9 recession, but this is largely due to the Government's job support measures which at one point supported some 352,000 Hampshire residents in employment. Continued uncertainty around further lockdowns and restrictions continues to weigh down on labour demand, business sentiment and investment over the short-term. Whilst the economic impact on sectors such as hospitality and retail remain very significant in line with the rest of the UK, there are signs that ongoing investment in critical infrastructure and regeneration projects funded through private and public sources, e.g., Fawley Waterside and £55m investment in a new cruise terminal at Port of Southampton, signal investor confidence in the medium to longer term recovery. Retaining assets such as Southampton Airport and securing large, planned infrastructure improvements, such as M3 Junction 9, will be at the forefront of longer term thinking in supporting the economic recovery.
63. Finally, planning applications continue to be 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.

Culture, Communities and Business Services

64. Lockdown 3 has presented a new range of challenges for CCBS services as Government Guidance on what can or should stay open or close has been less prescriptive and in some cases contradictory. The country parks, nature reserves and the Sir Harold Hilliers Gardens are currently open, with ANPR running and takeaway food. The outdoor activity centres remain closed by the parking at Calshot spit is open. Numbers of visitors are manageable and mostly behaving sensibly. Recent spot check visits by the Health and Safety Executive have confirmed this. Registration services have had to prioritise death registrations due to the numbers involved and are currently not doing birth registrations although the law permits us to do so. They are not time-dependent, and the backlog can be quickly addressed once the other pressures ease. Weddings are obviously hugely affected, and Registration has done their utmost to reassure disappointed couples and re-schedule ceremonies. The libraries service has closed to browsing but continues to offer a 'click and collect' service, a huge digital book resource and access to the 'Go-Online' terminals through a

referral system with Adult Services and Job Centre Plus. Elsewhere the department will now continue to operate the PPE warehouse and distribution until July. The Coroner continues to chair the Excess Deaths Advisory Group (EDAG) which, in particular, is monitoring mortuary capacity and with Emergency Planning running the Grayson Site. FM continue significant daily work to ensure office accommodation for those who are using it remains cleaned and monitored to a very high standard.

Corporate Resources

65. The majority of services across Corporate Resources continue to be delivered to a high performance through working from home with a small number of staff rotating attendance in the office to deal with necessary 'paperwork' which cannot be dealt with remotely and also provide for necessary IT specialist support. A small number of staff are also supporting essential face-to-face activity such as HR casework, Occupational Health activity across our Police and Fire partners and some training and development activities across our schools.
66. Following a Covid related delay, Members will be pleased to note that by the end of January, as expected, the 2019/20 Annual Accounts were signed off by our External Auditors. That final formal audit included: -
 - An Unqualified Opinion on the accounts;
 - An Unqualified Conclusion for value for money;
 - No Adverse Comment related to our 'going concern' status until March 2022.

While this was the expected outcome, as previously verbally reported, it remains excellent news particularly during these exceptionally challenging times, albeit significant financial challenges remain ahead for all local authorities.

Human Resources – Our People

67. Despite the longevity of the situation we face, our people continue to resiliently demonstrate exemplary commitment to their work and the provision of our services to the Hampshire community.
68. That said, we continue to pay close attention to the well-being of the workforce both Departmentally and corporately. Against continued strong general evidence that shows the majority of the workforce is coping extremely well, there is occasional anecdotal evidence of individuals finding it harder to cope against the twin challenges of crisis working and crisis living. In specific cases we are supporting teams where particular needs are identified and individually, we continue to support and enable managers to pay attention to the well-being of their teams as well as the overall performance and delivery. Where needed we are using our Occupational Health provision and our Employee Assistance Programme to support individuals. More generally our well-being pages on the internet are regularly updated with new and topical information for our staff and

data suggests these are being well used. There is constant monitoring of the wellbeing of staff through a range of means.

69. A recent report to CMT focussed on the emerging high-level impacts of COVID-19 on our workforce over the past 6 months. This report followed the pattern of our most recent 'Annual Workforce Report' and considered data and insights across a range of indicators such as 'attraction', 'resourcing', 'on-boarding' and 'performance'. This report will be furthered considered at the EHCC meeting in March 2021 and will remain a focus for HR + OD colleagues over the months ahead.

Communications and community engagement

70. The Authority continues to prioritise communications and engagement which is targeted across external and internal audiences via a variety of channels, to secure the most effective 'reach'. Examples of the work and related impact is outlined below:

- Over 3,000 individual proactive COVID-19 communications messages and materials have been issued since the start of the pandemic. 16 specific marketing campaigns, including innovative animations, have been designed and produced which have reached over two million people. Under the continued use of the **Keep Hampshire Safe** brand, key campaign themes have centred around government announcements on national restrictions and Tier escalations (including a dedicated Christmas campaign), hands-face-space, testing, self-isolation, support bubbles and promotion of the local vaccination programme.
- Take-up of key messaging across all media (newspapers, online publications, radio and TV) remained consistently high, achieving 97% positive/neutral profile from over 1,000 items of news coverage.
- Regular updates, e-bulletins, protocols, and tailored digital assets for key stakeholders have been cascaded to support consistent, targeted communication for use at local / community level and across social media. Audiences include Hampshire's district, borough and parish councils, businesses, universities and in particular, high risk settings such as schools, educational settings (including early years) and care homes, to ensure that they have the detailed information and guidance required. In addition, the County Council has careful oversight of local and national events, commemorations and celebrations to ensure that these are managed safely and sensitively.
- Residents' feedback, via the County Council's online residents' forum 'Hampshire Perspectives', is capturing around 800 residents' experiences of the COVID-19 pandemic, each month. Since September, residents' views have helped the County Council to understand changing transport patterns; consider when and how to communicate information; monitor the pandemic's economic impact; review where services could adapt to enable online

access; and recognise where support for mental and physical wellbeing may be needed as a consequence of the third national lockdown. Specific engagement with BAME communities has also enabled the County Council to identify particular challenges and concerns to inform and improve targeted communications and support.

- The County Council's website continues to provide accessible, up to date information for residents and partners, including the latest COVID-19 statistics for Hampshire as well as detail on the local vaccine rollout programme.

Conclusion

71. This report is the latest in a series charting what is very nearly a full year of crisis management within the County Council alongside the wider community. That year has been punishing on so many levels – the scale of changes involved, the extent of risk management required and especially working directly with the tragic circumstances of this pandemic. That applies especially, though not only, within our own direct care services and our relations with the wider care sector and the NHS. What has been particularly challenging for all concerned is that the most recent weeks of this long crisis have represented the hardest aspects so far – a new tougher and dispiriting lockdown, an exponential infection rate and subsequent increasing deaths that have deeply affected the organisation as well as the community. The organisation and its people are being tested beyond expectation and recognition. That said, the organisation and its people are withstanding those tests with levels of resilience, commitment to the task and determination to serve the community which are quite inspiring. Against the continuing challenges recorded in this report, and which are likely to continue into the near future, we are also seeing and directly contributing to a range of initiatives, especially the vaccination programme, which are finally pointing the way through the crisis. It is to be hoped that the next of these reports will be able to build upon that theme of progress in controlling the worst effects of the pandemic and charting the beginnings of 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:

See guidance at <https://hants.sharepoint.com/sites/ID/SitePages/Equality-ImpactAssessments.aspx?web=1>

Insert in full your **Equality Statement** which will either state:

- (a) *why you consider that the project/proposal will have a low or no impact on groups with protected characteristics or*
- (b) *will give details of the identified impacts and potential mitigating actions*