

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	8 March 2022
<b>Title:</b>	Covid Update
<b>Report From:</b>	Director of Adults' Health and Care, Director of Public Health and Chief Executive of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group

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### Purpose of this Report

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

### Recommendation

2. The Health and Adult Social Care Select Committee note the update.
3. That the Health and Adult Social Care Select Committee approve that these COVID-19 updates are now stood down although the Committee may request updates in the future.

### Executive Summary

4. The Health and Adult Social Care Select Committee has received updates on the response to the pandemic since July 2020 from the NHS, the Director of Public Health and the Director of Adults' Health and Care. Sections of the report have been provided by:
  - The Director of Public Health (paragraphs 5 to 19)
  - The Clinical Commissioning Group regarding the NHS (paragraphs 20 to 29)
  - The Director of Adults' Health and Care (paragraphs 30 to 66)

### Public Health Update

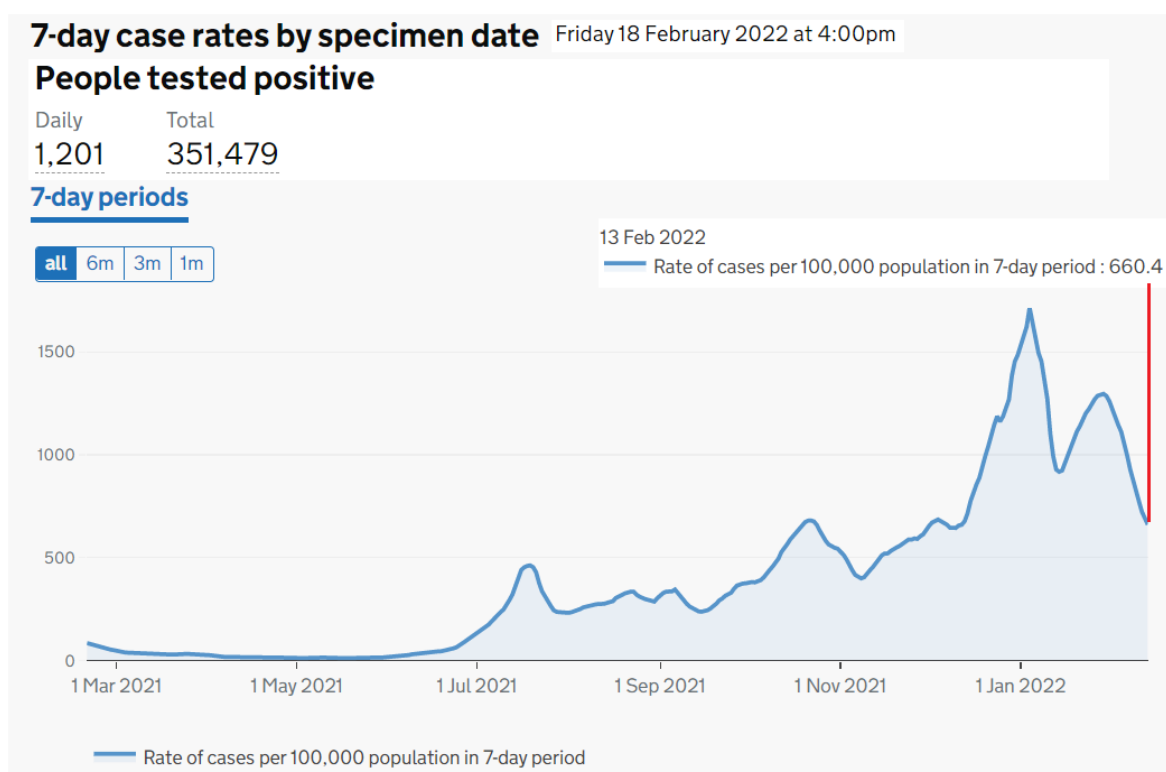
5. This is an update on the epidemiology of COVID-19 and the core COVID-19 response arrangements in Hampshire.
6. Inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Officers will highlight these data caveats in the presentation of the report at the HASC meeting.
7. The overall epidemiological situation in Hampshire continues to be characterised by a high overall case notification rate that has been decreasing,

and a low stable death rate. This situation is largely driven by high transmissibility of the Omicron variants. Case rates are currently highest among children aged 10-14 years of age. Overall, case rates are still high in Hampshire's Districts, suggesting sustained community transmission. Although there has been a high uptake of the COVID-19 vaccine so far, a significant number of people still need to come forward for a first or second dose, and booster if eligible, to top-up immunity.

### COVID epidemiology

- The overall COVID situation in Hampshire continues to be characterised by a high overall case notification rate at 660.4 cases per 100,000 population in the 7-day period as of 18<sup>th</sup> February 2022, against the National 7-day rate of 565 cases per 100,000 population. The current Hampshire rate is falling week on week. Whilst reported case numbers appear to be declining, the pandemic is not over and we need to remain vigilant around the risk of new variants and not let our guard down. It is important that we stress the need to continue to protect the clinically vulnerable and continue messaging on behaving responsibly.

#### Rates of infections

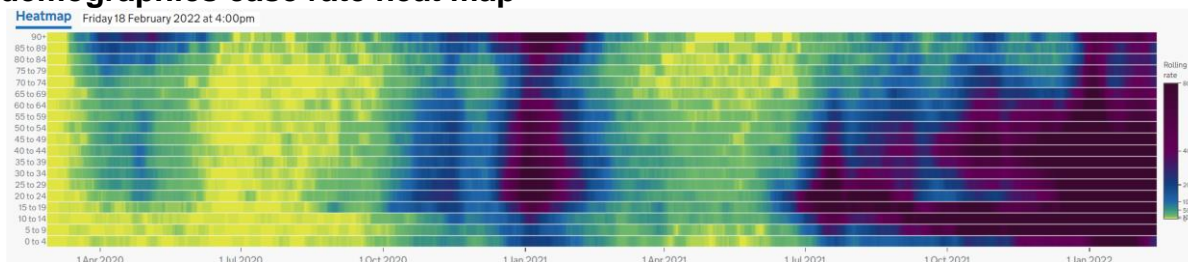


**Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard**

- Age demographic data suggest case rates are high in all age groups as of 18<sup>th</sup> February 2022. Case rates are highest among children aged 10-14 years of age (1,082 cases per 100,000 population). Among older people aged 60 and over, rates are still high at 360.2 per 100,000 population. Reassuringly, rates in younger children aged 0-4 years are relatively lower for now, at 290.9 per 100,000 population. The Government's [COVID-19 response: Living with COVID-19](#), mean we all still have a collective responsibility to keep protecting people who are at greatest risk from COVID-19. People should continue to self-isolate when symptomatic or testing positive while prevalence of infection remains so high and modify

their behaviours to reduce spreading the virus especially to those who are vulnerable. This includes getting COVID-19 vaccinations and boosters.

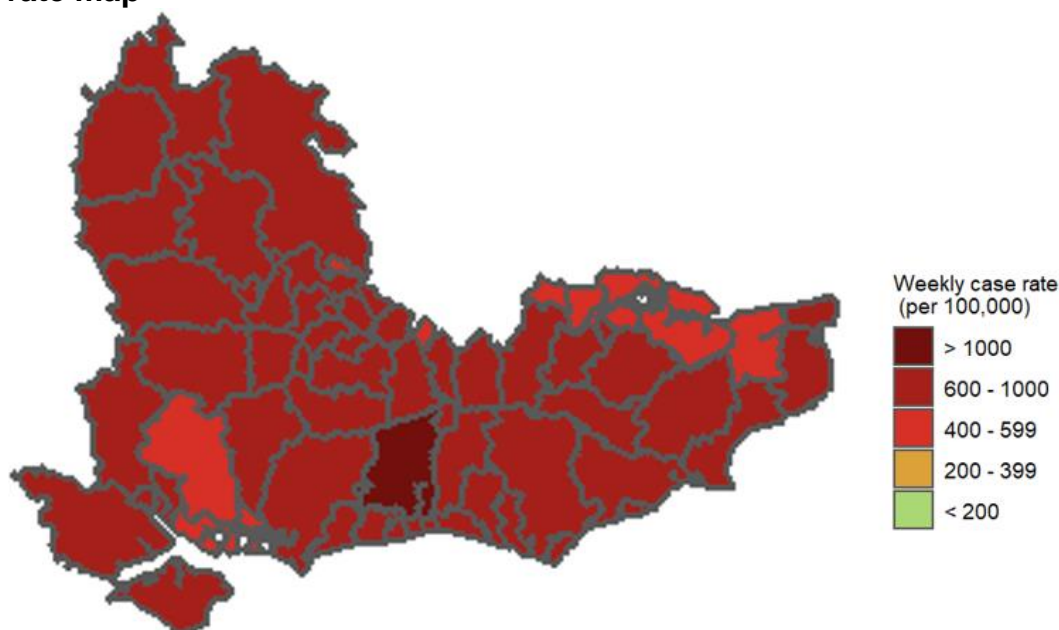
### Age demographics case rate heat map



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

- Overall, all-age case rates are high in Hampshire’s Districts, suggesting stubbornly high community transmission. Rushmoor has the highest 7-day all age (833.8 cases per 100,000 population) and over 60 year case rates (471.5 cases per 100,000 population) for the period between 7<sup>th</sup> and 13<sup>th</sup> February 2022. In the face of high levels of infection and an incomplete vaccination programme, it is essential that partners work with the County Council continue to work collaboratively to protect and support our communities, especially the most vulnerable ones, as we move into a new phase of managing COVID-19.

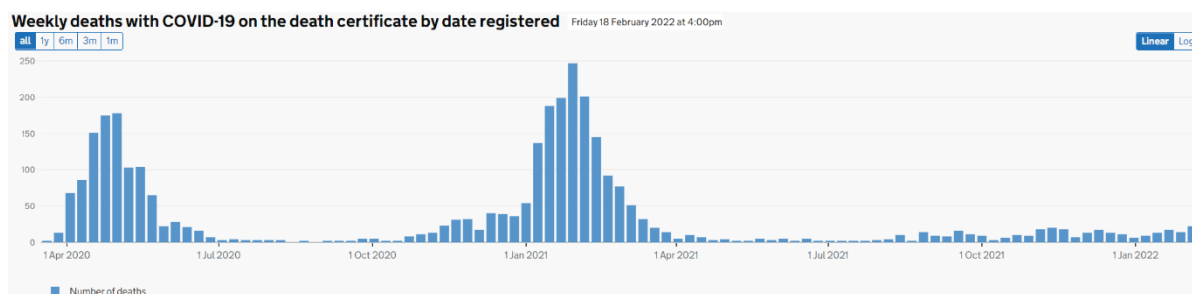
### Case rate map



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

- The number of deaths involving COVID-19 have continued to fall and people who had three vaccine doses have a lower risk of death involving COVID-19 relative to unvaccinated people. Currently, the County is experiencing a stable, but overall low death rate. The important message here is that being fully vaccinated and boosted is more protective than being unvaccinated, and thus a key part of the policy response for reducing hospitalisations and deaths. Although we are in a much better position now, COVID-19 is not over, and we should continue to use our freedoms responsibly to protect those at highest risk.

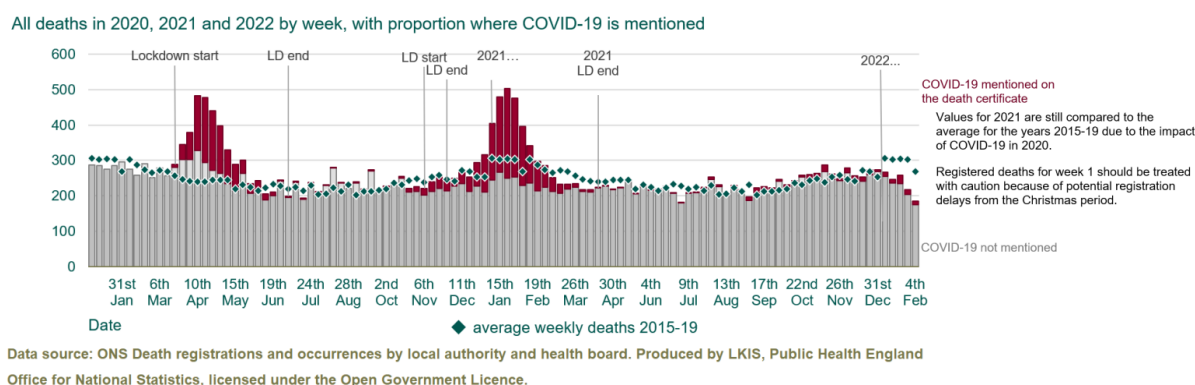
## COVID-19 deaths



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

12. Overall, excess deaths above the five-year average for 2015-19 are below or comparable to what we would expect for this time of year, with some spikes, following an initial substantial drop from the very high excess death peaks during wave one and wave two. In the pandemic so far (13 March 2020 to 11 February 2022), there have been a total of 2,399 excess registered deaths above the five-year average in Hampshire.

## Excess deaths

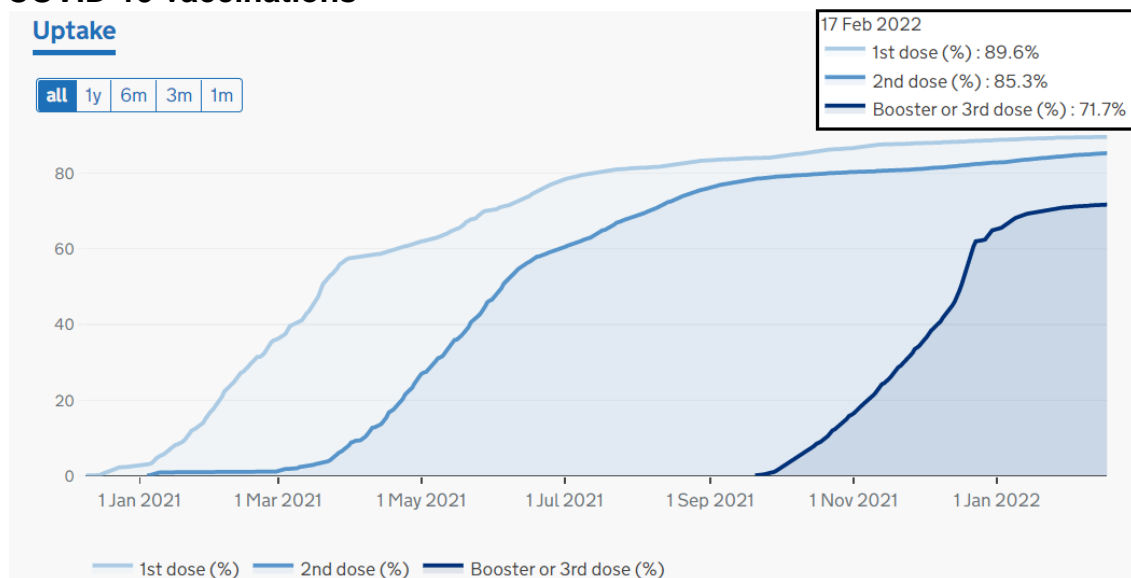


13. Although still high, numbers of people in hospital with COVID-19 continue to decline. However, staff absences against a background of system pressures - care backlog, urgent care, patient flow, ambulance services, long COVID and non-COVID-19 conditions continue to characterise this phase of the pandemic, though the situation is improving, and detailed further in the NHS update.

## COVID-19 response arrangements

14. **Vaccination** - Vaccines have enabled a largely protected population. Latest data at time of writing (and to be updated verbally at HASC) was that around 89.6% of the Hampshire over-12 population have received a COVID-19 vaccination, with 85.3% having had two doses, and 71.7% boosted, as of 17<sup>th</sup> February 2022. An estimated 82% of adolescents aged 16-17 years and 73.3% of children aged 12-15 years have received a COVID-19 vaccination. Vaccine uptake is high but needs to be even higher, especially where there are inequalities in uptake and every effort should be made to maximise uptake among unprotected individuals who are susceptible to infection. Those aged 5-11 who are clinically vulnerable are now eligible for a vaccination.

## COVID-19 vaccinations



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

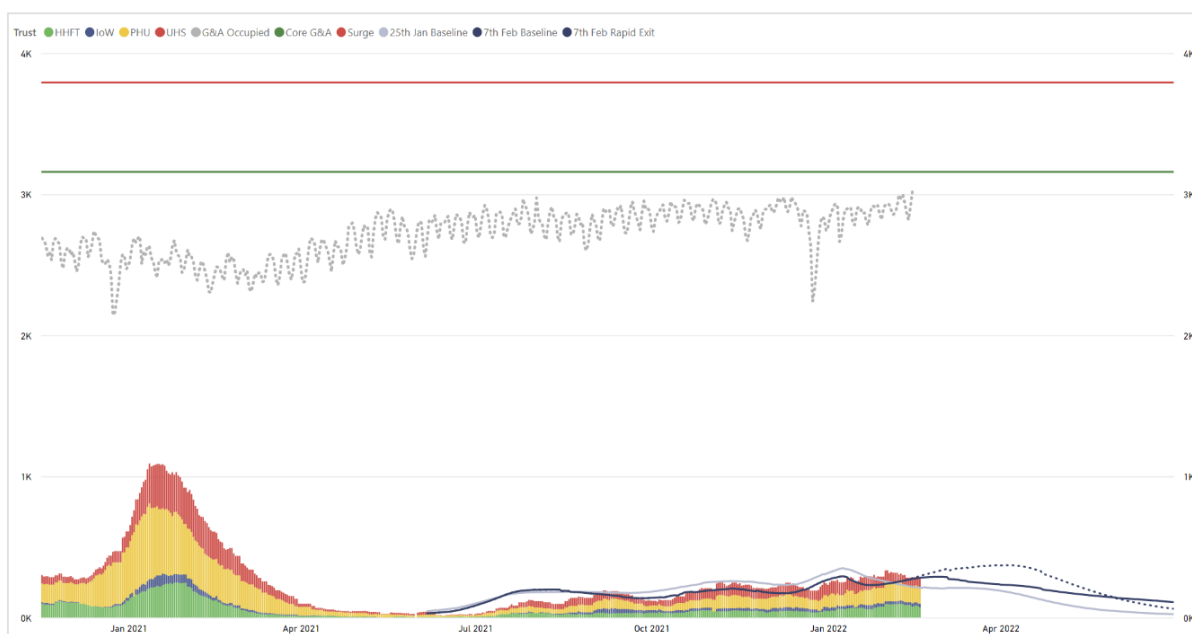
## Living with COVID

15. Test, Trace, and Self-Isolation – The Test, Trace, and Self-Isolation system has been a critical tool in breaking chains of transmission to manage the virus over the autumn and winter. The Government announced the [Living with COVID-19 Strategy](#) on 21 February 2022, setting out a new approach to managing the virus, focusing on vaccinations and treatments as the first line of defence in managing the pandemic going forward.
16. The Public Health Team will continue to work with the UK Health Security Agency to manage outbreaks in settings to prevent further spread and to protect individuals
17. Symptomatic or asymptomatic testing has previously helped to find people who have the virus, enabled their contacts to be traced and helped ensure people self-isolate and/or get tested to prevent onward spread. From 24 February 2022, in line with the removal of the legal requirement to self-isolate if positive for COVID-19, routine contact tracing ceased, and the Hampshire Local Tracing Partnership was decommissioned.
18. Until 1 April 2022, people that have test positive for COVID-19, or are symptomatic in line with other infectious diseases should follow 'Stay at Home' guidance, although this can no longer be legally enforced. Post April 2022, the guidance will change again, focusing on keeping others safe if you are unwell.
19. From 1 April 2022, free access to symptomatic and asymptomatic testing will be removed for the majority of the population. Those individuals that are classified as vulnerable and those in 'high-risk' settings will continue to access testing modalities. Public Health are working with the UK Health Security Agency to ascertain the ongoing requirements for fixed testing sites across the County. Mobile Testing Units are likely to be retained as part of the national infrastructure for use in outbreak situations.

## NHS Update

20. The wave of the Omicron variant of COVID-19 had a significant impact on NHS services but there are now signs that pressures directly caused by the virus are now starting to ease.
21. Across the area we have seen a marked increase in non-COVID-19 related demand for care. At present:
  - Emergency Department (ED) activity volumes are now consistently higher than pre-pandemic levels. Demand for 111 services and 999 services are also now consistently higher than the same periods in 2019.
  - Primary care remains exceptionally busy. Some routine primary care services across England were paused in December 2021 and January 2022 due to the vaccination programme, but it should be noted there were more GP practice appointments in December 2022 compared to pre-pandemic levels in December 2019 across Hampshire and Isle of Wight. In late January NHS England and Improvement asked all practices to move to restoring those routine services which had been paused. GP practices are being asked to focus on continued delivery of general practice services, the management and treatment of symptomatic COVID-19 patients, and ongoing delivery of the vaccination programme. Further details about our work to support primary care can be found in the additional paper provided to the committee.
  - We continue to work closely with our health and care partners across the Hampshire and Isle of Wight Integrated Care System (ICS) footprint to improve the flow of patients out of hospital and into a community setting or home in a safe and timely way, once they have received all of the acute care they need.
22. The graph below shows the number of daily COVID-19 cases in our hospitals since mid 2020. Please note this involves patients who have been admitted for conditions unrelated to COVID-19 but are COVID-19 positive. While the number of overall COVID-positive cases has fluctuated slightly since the New Year, the number of cases in critical care beds has been steadily declining since November 2021.

HSIOW: Covid+ Patients in All Hospital beds and latest modelling scenarios



### Improving patient flow across the local health and care system

23. Learning from the earlier waves of the pandemic helped partners across the health and care system in Hampshire and Isle of Wight system prepare for the latest peak in admissions. Additional step down capacity, to support patients to be discharged out of our acute hospitals and into community settings, was been set up as a result.
24. To support safely discharging patients out of hospital to their home and to put in place changes to benefit the system in the long term, two Multi Agency Discharge Events (known as MADE) were held in each of our local systems. During these week-long event, health and care partners formed a number of teams, each of which focused on one of two wards at an acute hospital.
25. Organisations involved included commissioners, local authorities, community providers, mental health providers, primary care representatives and acute trust providers. These teams captured the progress of each patient on the ward along their agreed care pathway, highlighted and challenged delays, and supported safe and timely discharges. Each patient's journey was critically reviewed to understand what next steps were required to reach discharge and ensure sure critical interventions took place without delay. Each MADE team documented its progress and challenges, which were fed up to the central team each day.
26. At the end of each MADE event, a debrief was held to capture the learning and ensure actions were identified, ensuring the continuation and sharing of best practice. These events have been successful in discharging more patients out of acute settings and to their home or safe community settings in a more timely way, once they had received all of the acute care they needed.

### Recovery of services

27. We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely

and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

28. Collectively, our providers are managing to maintain around 90% of elective activity. This compares favourably to normal winters and we are now starting to see a decline in the number of total elective cancellations across Hampshire and Isle of Wight.
29. In light of the scale of recovery required since the pandemic, we are actively considering ways this can be increased. Part of this will be through establishing Community Diagnostic Centres (CDCs). These create an opportunity to provide additional capacity of a broad range of elective diagnostic services. CDCs would be standalone or mobile facilities in accessible locations away from main acute hospital sites.

### **Adults Health and Care Update**

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

#### **Pressure on services and market interruption**

31. As outlined in previous reports there are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff.
32. As detailed in previous updates, Adults' Health and Care continues to provide high levels of support to the care sector. The department continues to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care campaign which was detailed in a previous report and is designed to attract new people to work in the care sector.
33. Adults' Health and Care commissioning teams continue to co-ordinate the effective and rapid distribution of national funding streams to providers. We will have distributed a further £11Million grants to care providers between January and February 2022. This figure includes a workforce grant of £5.9Million which we have stipulated that providers should use as bonus payments for their staff, to recognise and reward their efforts. We are acutely aware of the challenges of both recruitment and retention to maintain a resilient workforce.
34. It is important to recognise that Hampshire County Council have distributed close to £80m of Government grant support to the social care sector over the last two financial years and also made additional payments in the last financial year of £18m to support the sector. However, notwithstanding these measures a recent survey undertaken by Hampshire Care Association (HCA) identifies critical challenges, here and now and also into the future reported by HCA members. A link to the HCA survey results can be found here <https://hampshirecare.org/wp-content/uploads/2022/02/HCA-Survey-Findings-January-2022.pdf>.

### **Mandatory Vaccinations**

35. We have had a continued focus on promoting the vaccine among care staff, through regular communications and targeted calls with providers where uptake



for vaccines and boosters has been low. This has also been a collaborative effort with health colleagues to ensure that we are signposting providers to the available walk-in vaccination centres.

36. In Hampshire, as at 11 February 72% of staff working in care homes have received their booster vaccination. For domiciliary care providers, 90% of all care workers have been double-vaccinated and 58% of care workers have received their booster. There are an estimated 6% of the domiciliary care workforce that have not had any vaccine (570 carers).
37. The decision was taken at the end of January to revoke the regulations which were due to come into effect in April 22, making vaccination a mandatory employment requirement for all health and social care staff. A further consultation is now underway to determine whether this decision should be revoked for care home staff also. While we await this decision, we continue to advocate vaccination as a way to prevent the spread of Covid, and we do note that out of the 59 outbreaks reported during February, 40 of these were in care home settings where booster uptake was flagged as being relatively low.

### **Home Visiting**

38. Previous reports have discussed increases in the number of safeguarding incidents as a result of a number of factors relating to the pandemic. These included disruptions to the provision of care, including closure of services offering day care and respite, and increased pressure on carers.
39. When Plan B was introduced by the Government, Adults' Health and Care revised its *Home and Service Visits Guidance* to ensure that staff had a clear understanding about when they should still carry out face to face visits. This enabled visits to continue where face to face contact was required to carry out the County Council's statutory duties, and/or the purpose of the contact could not be achieved without face-to-face contact.
40. With the lifting of the Plan B restrictions, the focus now is on carrying out more home visits where appropriate to do so. The *Home and Service Visits Guidance* has also been updated, largely to reflect the changes relating to testing for Social Workers and other social care professionals (see following section).

### **Workforce Covid-19 Testing**

41. New testing guidance for Social Workers and other social care professionals came into effect on the 16 February. All Social Workers, Senior Case Workers, Case Workers, business support and managers of all resident-facing teams will be required to take a lateral flow test before working anywhere other than at home.
42. It is the responsibility of individual members of staff to ensure that they order sufficient quantities of lateral flow tests. After taking the test staff are required to record all results (positive, negative or void) online via the gov.uk website and request confirmation so they can show current status if asked

### **Practice Recovery**

43. With the easing of many of the Covid-19 restrictions, the Adult Social Care workforce in Hampshire needs to refocus some areas of practice in order to best respond to the needs of people as they have changed during the pandemic.

44. The training offer for staff has been redeveloped to meet the needs of staff and the situation as we exit the pandemic, with a key focus on areas such as safeguarding, Domestic Abuse and Lone Working. The ability to maintain online and virtual training in certain fields, whilst re-instating face-to-face training in others, means that required training can be delivered as efficiently, and in the most appropriate way possible.
45. The Senior Social Work position that was introduced in October and the focus on developing Senior Social Workers as professional leaders will drive practice recovery and practice excellence. In their role as practice leaders, senior social workers each specialise in one of four areas: safeguarding, practice educator, liberty protection or professional development.
46. As part of its recovery, the department is also placing additional emphasis on the final developments to, and launch of, its new case management system, CareDirector, which is due to replace the current Adult's Information System (AIS) later this year. The new system will deliver a number of efficiencies, such as enabling staff to record case notes whilst they are visiting customers, rather than needing to do it when they return to the office / home, which aligns with new hybrid ways of working.

### **Workforce Recovery**

47. The issues of recruitment and retention of staff that are being experienced in the wider care market are also impacting upon Adults' Health and Care teams. In response to the number of vacancies, particularly in front line social care teams, and the level of recruitment, required to fill them, the recruitment for vacancies in Younger Adults' and Older Adults' community teams is now co-ordinated centrally, by one team within the department. This means that activities previously done by team managers such as downloading applications, shortlisting, scheduling interviews, completing the offer approval form, liaising with Corporate Recruitment over any queries, rejecting unsuccessful candidates, are now done centrally, thus freeing up Team Managers' time to focus on core activities. It also means that details of appointable candidates are shared across teams to ensure the best compatibility for candidates and roles.
48. The focus has been on the recruitment into Case Worker, Senior Case Worker, Social Worker and Community Development Worker vacancies. Across these posts:
  - a total of 297 applications have been received to date (majority have been Case Worker/Senior Case Worker roles i.e. unqualified posts).
  - 158 interviews have been scheduled for unqualified posts and 13 for Social Worker posts.
  - 50 job offers have been made for unqualified posts, of which 34 people have started in post
  - 4 job offers have been made for Social Worker posts, of which 1 person has started in post.

### **Day Services Recovery**

49. Most people who attended a building-based day service before Covid have now returned. All Older Adults' service users who had a day service provision pre-

covid and wished to/ were able to return, have returned to a buildings-based service.

50. Most Younger Adults' clients have also been supported to return, with over 1200 people now attending day services again. Work is ongoing to reintroduce shared transport wherever possible; this enables people to provide each other with peer support in many cases, reduces issues around transport capacity and availability and also has positive financial benefits.

### **Winter Resilience (HCC Care)**

51. As previously reported the County Council's own provider HCC Care, continues to experience the same workforce and other pressures as the wider care market. Despite strong vaccination uptake, the current and ongoing impact of Covid-19 transmission, increased levels of sickness as well as pressures driven by NHS demands are all placing increasing pressures on service delivery.
52. The previously reported mitigation, involving a managed temporary closure of two under-occupied residential units and temporarily redeployment of staff to neighbouring services was completed early December. Nevertheless, recruitment and retention continue to be challenging and workforce resilience is fragile. The service is working closely with Connect2Hampshire which has been able to support a proportion of unfilled shifts.
53. Although the service is seeing other pressures – such as seasonal chest infections and Norovirus, these are being managed within the service to maintain the safety and wellbeing of residents, visiting relatives and staff, referring to guidance from the UK Health Security Agency when required.
54. In addition, the onset of winter pressures on local hospital systems has required a greater proportion of bed-based capacity to support Short-Term step down provision to expedite hospital discharges for people with complex needs who are then being assessed for their long-term support requirements in a more homely setting.

### **Winter Plan (Supporting the NHS)**

55. The foundation of the Winter Plan was to build upon the Discharge to Assess (D2A) and Short-Term services approaches that have been supporting the Hampshire system throughout the year. Winter demand saw these services hit their surge levels, with increases in Live in Carers and domiciliary hours occurring across Hampshire, and in further beds being provided in specific areas of pressure.
56. In previous years, we have consistently experienced a 20% increase in demand during November and December and a further 10% increase in demand between January and March. With hospital systems having operated under Winter levels of demand since Summer 2021, the Hampshire system experienced an increase over and above this. Hospitals have continued to experience large numbers of people presenting to emergency departments, which together with the impact of Infection Prevention and control (IPC) measures due to the Omicron variant, have led to significant occupancy pressures, with most systems remaining at Opel 4 throughout the Winter. This has resulted in increasing demand for social care support with discharges.
57. The pressures of Omicron have also led to difficulties for Short-Term bed based services, with Hampshire experiencing periods of closure for Infection reasons

across all the STS sites, despite staff following all IPC guidance. Consequently, HCC staff have worked extremely hard to ensure that we continue to provide support with discharges at the rate required.

58. Work continues on reducing demand at the front door, and in order to improve processes within the hospitals, several local multi-agency discharge events (MADE) have been held across Hampshire as part of an NHS wide initiative. HCC has been an active participant working with partners to maximise opportunities to support people to leave the hospital in a timely way, with good outcomes.

### **Update on Recovery**

59. In line with the Department's managed transition from a Response to Recovery model, and the embedding of Recovery planning and activity within business as usual ways of working, the Adults' Health and Care Recovery Escalation and Steering Group was stood down in December, as planned, following Departmental Management Team (DMT) approval. In its place, a new Senior Management Team (SMT) Network has been established, working within existing Departmental governance frameworks and across operational and Headquarters services, to ensure sustainability of the Department's approach to Recovery for the longer-term. The primary aims of the SMT Network are to:

- share information and stage manage cross-service commonalities, issues and solutions in support of co-ordinated departmental planning;
- highlight, develop and strengthen consistent ways of working;
- provide peer support, reflecting on complexities and celebrating good practice;
- escalate to DMT as appropriate for decision, and provide a regular, collective update on hot topics at the bi-monthly DMT/SMT meeting.

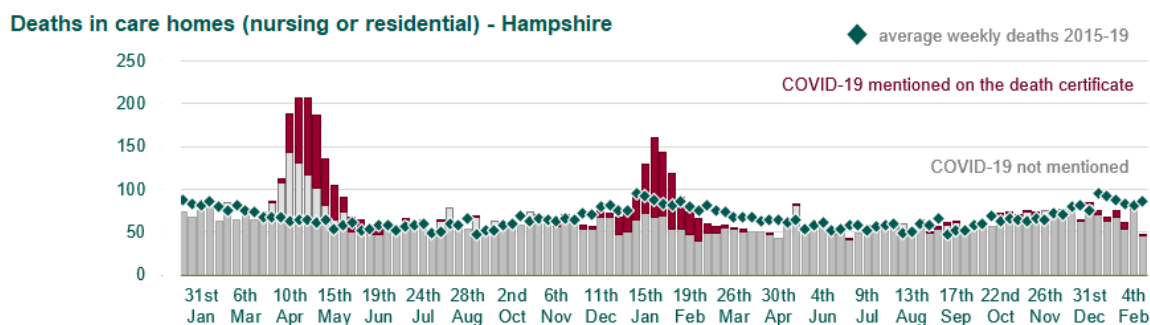
60. Following the lifting of Plan B restrictions and in line with the approach being taken by the wider organisation, the Department has returned to full hybrid working arrangements. Staff are once again enabled to work within office accommodation and conduct face to face meetings in a Covid secure way, should they wish or need to do so, although service specific arrangements continue to be managed within individual operational areas. Use of the new meeting technology has been effective in ensuring flexibility and productivity to support this hybrid way of working for the long-term. Arrangements for Director-approved face-to-face learning continue with the emphasis upon continuing to observe measures to reduce the risks of Covid-19. Supporting the wellbeing and resilience of staff remains central to the Department's values and ability to deliver effectively for our local residents, and support has been put in place for those who may be anxious about returning to the office.

### **Progress of Covid-19 within Hampshire's care homes**

61. For the time period requested – from 1 February 2020 to 11 February 2022 (ONS week 6 2020 to week 6 2022) and registered up to the 19 February 2022
- there have been **7,773** deaths from all causes in Hampshire care homes (nursing or residential)

- **1,047** of these deaths had COVID-19 mentioned on the death certificate. These figures are based on date of death occurrence as opposed to date of registration. They reflect all deaths registered as at the 19 February 2022 and are subject to revision, especially the most recent weeks.

\*The source of the underlying data is - Death registrations and occurrences by local authority and health board published by ONS. The graphs are adapted from Latest excess mortality and place of death analysis – up to Week 6 released by LKIS South East, Public Health England.



Data source: ONS Death registrations and occurrences by local authority and health board. Analysis produced by LKIS South East, Public Health England. Figures for most recent weeks are subject to revision and should be treated with caution. This includes all deaths that occurred up to the 11<sup>th</sup> February 2022 but were registered up to 19<sup>th</sup> February 2022.

## Care Home Market Overview

62. Occupancy levels remain steady at around 87% of total beds reported as being available but remain below the 90% target that care providers state is their break-even point and with significant variation in occupancy levels in different homes.
63. The strain on the workforce remains high and we are increasingly hearing that staff are exiting the sector as a result of fatigue. Between September and December 2021 the reported workforce across care homes reduced by 824 people. Between December and end January there has been an increase of 397 workers which is a positive sign, but the sector is below full strength. There is a continued high reliance on Agency staff, at increased fees. Workforce funding (the equivalent of £214 per staff member) was issued in January to support with staff retention. Our stipulation to providers was to use this grant to reward their workforce directly.
64. Recruitment remains a big challenge across the care sector, and there has been significant competition for resources from other sectors. As part of our Call to Care campaign we have established a dedicated recruitment team within our partner organization Connect2Hampshire. This team is recruiting carers for the independent sector, has filled 14 posts and is actively working to fill 30 plus roles across 12 homes.
65. An update on vaccinations within the care sector is provided in paragraphs 35-37.
66. There are continuing signs that Covid outbreaks are on the rise in line with the ongoing national picture, with 55 homes currently closed to admissions and 5 partially closed to admissions. There have been 58 Outbreaks reported to UKHSA (16 February). We continue to reinforce IPC guidance to help to

contain outbreaks, we have provided care homes with links to a support pack to support winter contingency planning and our Quality team are providing ongoing support and monitoring. A new requirement for staff to conduct daily testing comes into effect from 16 February and the impact of this on reducing outbreaks will be monitored closely.

### **Climate Change Impact Assessment**

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

### **Climate Change Adaptation and Mitigation**

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

### **Conclusions**

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

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

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