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NOTICE OF MEETING

Meeting	Cabinet
Date and Time	Tuesday, 16th March, 2021 at 10.30 am
Place	Remote Meeting
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 36)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. A PROGRESS REPORT ON THE COUNTY COUNCIL'S RESPONSE TO THE COVID-19 CRISIS (Pages 37 - 56)

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

7. HEALTH AND SOCIAL CARE SYSTEM RESILIENCE DURING COVID-19 (Pages 57 - 72)

To consider a report of the Director of Adults' Health and Care regarding Health and Social Care System Resilience during COVID-19.

8. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2019-20, "TACKLING ENVIRONMENTAL FACTORS IS VITAL TO ADDRESS OBESITY IN HAMPSHIRE" (Pages 73 - 102)

To consider the annual report of the Director of Public Health 2019-20, "Tackling environmental factors is vital to address obesity in Hampshire".

9. PUBLIC HEALTH STRATEGY – ANNUAL UPDATE (Pages 103 - 120)

To consider a an annual Public Health strategy update from the Director of Public Health.

10. WATERSIDE TRANSPORT STRATEGY UPDATE (Pages 121 - 134)

To consider a report of the Director of Economy, Transport and Environment regarding the Waterside transport strategy.

11. SALIX GRANT UPDATE (Pages 135 - 138)

To consider a report of the Director of Culture, Communities and Business Services regarding the Salix grant for double glazing replacement.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

The press and public are welcome to view the public sessions of the meeting via YouTube. If you have any particular requirements please contact members.services@hants.gov.uk for assistance.

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

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Agenda Item 3

AT A MEETING of the Cabinet of HAMPSHIRE COUNTY COUNCIL held remotely on Tuesday, 9th February, 2021

Chairman:

* Councillor Keith Mans

* Councillor Rob Humby
* Councillor Roz Chadd
* Councillor Liz Fairhurst
* Councillor Judith Grajewski

* Councillor Edward Heron
* Councillor Andrew Joy
* Councillor Stephen Reid
* Councillor Patricia Stallard

Also present with the agreement of the Chairman: Councillors Bennison, Glen, House, Huxstep, North, Porter and Warwick.

224. APOLOGIES FOR ABSENCE

All Members were present and no apologies were noted

225. DECLARATIONS OF INTEREST

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

226. MINUTES OF PREVIOUS MEETING

The minutes of the last meeting were reviewed and agreed.

227. DEPUTATIONS

No deputation requests had been received.

228. CHAIRMAN'S ANNOUNCEMENTS

Recognising that the pandemic was not over, the Chairman welcomed the progress that was being made with the roll out of a vaccine across the country. The financial strain of responding to the crisis was highlighted in the context of the budget items later on the agenda and the Chairman noted that the County Council's resilience had been possible thanks to its reserves strategy.

229. A PROGRESS REPORT OF THE COUNTY COUNCIL'S RESPONSE TO THE COVID-19 CRISIS

Cabinet considered a report of the Chief Executive setting out progress on the County Council's response to the Covid-19 crisis.

In introducing the report, the high levels of activity since the previous update were highlighted, particularly with regards to the re-introduction of a national lockdown and the roll out of the vaccine. Changes in the County Council's emergency planning team were drawn to Members' attention and Ian Hoult, the retiring head of emergency planning was thanked for his long service and contribution. The Government's intention to proceed with local elections in May 2021 were noted and it was confirmed that the preparations for the elections had been drawn into Gold command to ensure their safety and success. Members heard that schools were working very hard on remote learning and the ongoing high quality of work by County Council staff was recognised.

The Director of Public Health updated Cabinet on the position in Hampshire, noting that the County was seeing a general fall in the rate of infection, which was in line with the South East average and younger people and the over 80s were most likely to be affected. Developments in the track and trace programme were highlighted and it was confirmed that there had been a strong take up of the vaccine by the over 80s and over 70s. The County Council was working in partnership with the NHS to deliver the vaccine, with the aim of preventing illness and mortality.

Cabinet welcomed the report and the Leader confirmed that he had recently written to all County Council staff thanking them for their hard work over the crisis. The challenges that many people were facing were recognised.

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

230. REVENUE BUDGET AND PRECEPT 2021/22

Cabinet considered the report of the Director of Corporate Resources regarding the revenue budget and precept 2021/22.

With the agreement of the Chairman, Councillor House addressed Cabinet, paying tribute to all public sector staff through the pandemic. He highlighted that the Council's accounts were not initially signed off by the auditors, that the estimated cost impact of Covid had been revised and pointing out that the Council was not financially viable in the medium term, asked for details of how financial sustainability would be achieved.

With the agreement of the Chairman, Councillor Porter addressed Cabinet, also noting her appreciation of the work of Council staff. The presentation of figures in the budget report was queried and Councillor Porter questioned the support for access to high performance broadband and for IT equipment for children. She

also noted the financial pressure on schools relating to dedicated schools grant (DSG) deficit and the impact of changes to home to school transport provision.

The Director of Corporate Resources clarified the presentation of the figures relating to the precept proposals. She confirmed that £1million to support broadband remained in the capital budget and noted that the school DSG deficit issue was a national problem, which the County Council was not allowed to subsidise. It was confirmed that work was underway with the transport sector with regards home to school transport.

In introduction to the report, the impact of the Covid pandemic was highlighted and it was confirmed that an almost balanced position had been achieved. The medium term presented a more significant challenge, although the shortfall had reduced from £210million to £88million, the shifting nature of crisis made projecting figures difficult. The projected shortfall was a risk to financial sustainability in the medium term and the uncertainty in this area was exacerbated by the lack of a medium term financial settlement or stability of funding of social care from government. Recommendations on the council tax precept, the level of support received from government, changes to the Members' devolved budgets, support for climate change initiatives, the reserves strategy and treasury management were highlighted to Members.

Cabinet welcomed the report and noted that although auditors had sought more information on the accounts leading to a delay, they had been given an unqualified sign-off. It was agreed that balancing the budget to within £3.8million had been a remarkable achievement and hoped that in the future a three year rolling settlement would be forthcoming from government to provide stability in medium term planning. Members recognised the benefit of a prudent reserves strategy to allow budget pressures to be met and noted that in the future the reserves would need to be replenished. The changes to the Members' devolved grant budgets were welcomed.

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

231. CAPITAL PROGRAMME 2021/22 TO 2023/24

Cabinet considered a report of the Director of Corporate Resources regarding the capital programme 2021/22 to 2023/24.

The report was introduced with reference to a number of significant areas of capital investment, as well as to the recent success of bids for funding to support decarbonisation. Members praised the Council's ability to take advantage of grant funding opportunities and highlighted the scale of the capital programme, in particular the investment in schools and education.

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

232. 2020 REVIEW OF THE HAMPSHIRE MINERALS & WASTE PLAN AND REVISED DEVELOPMENT SCHEME

Cabinet considered a report of the Director of Economy, Transport and Environment regarding the 2020 Review of the Hampshire Minerals & Waste Plan and revised Development Scheme.

At the invitation of the Chairman, Councillor Porter addressed Cabinet, welcoming the development of the Plan and requesting that policies on oil extraction, good neighbour criteria for aggregate sites and carbon emissions be considered as part of the review.

The context of the process of reviewing the Plan with partners was set out and it was noted that a partial update was required to ensure consistency with national policy and the County Council's policy framework. All partners would need to agree the proposals to take forward and a funding agreement was in place to share the costs of the review.

Members recognised that making sound planning decisions relied on working in partnership and noted that discussions so far had been positive.

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

233. CLIMATE CHANGE WORK PROGRAMME 2021-2025

Cabinet considered a report of the Director of Economy, Transport and Environment setting out the climate change work programme.

At the invitation of the Chairman, Councillor Warwick addressed Cabinet, welcoming the report and highlighting the importance of community engagement and the success of the stakeholder event in December.

The main areas in the report were drawn to Members' attention, including updates on the strategic framework, community projects, the position of the programme's budget, the development of climate change impact assessment tools, website development and e-learning tools for staff.

Members welcomed the update and recognised the importance of working with the community and other partners to pro-actively work towards the targets that had been set.

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

234. THE COUNTY COUNCIL'S INTERNAL CARBON REDUCTION PROGRAMME

Cabinet considered a report of the Director of Culture, Communities and Business Services regarding the County Council's internal carbon reduction programme.

The internal challenge for the County Council was presented with reference to the report and key successes highlighted, including a move to a carbon neutral

energy supply and work to influence suppliers. It was confirmed that methodologies to measure carbon emissions were being worked on with the climate change team. Members recognised the importance of the County Council demonstrating leadership in this area.

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

235. **SCHOOL STREETS**

Cabinet considered a report of the Director of Economy, Transport and Environment regarding the school streets pilot project.

At the invitation of the Chairman, Councillor Porter addressed Cabinet, welcoming the development of the pilot project and posing questions about the schools that had been selected.

The report was introduced and it was clarified how the criteria for school participation had been developed. Members noted that the aim of the project was to change travel behaviour and improve air quality around schools. It would be implemented by volunteers and the schools were keen to be involved. Volunteers would be appropriately trained and it was confirmed that there would also be wider community engagement, including consultation with the police as part of the traffic regulation order process. It was acknowledged that this pilot was funded from the active travel plan and any longer term implementation or further roll out of school streets would need to be budgeted for. It was agreed that an update would be brought back to Cabinet following the pilot.

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

236. **WELBORNE, M27 JUNCTION 10 - PROJECT REVIEW**

[Councillor Grajewski declared a personal interest as a Solent LEP Board Member]

Cabinet considered a report of the Director of Economy, Transport and Environment regarding the Welborne, M27 Junction 10 project review.

At the invitation of the Chairman, Councillor House addressed Cabinet, highlighting the benefits that the County Council could bring on strategic issues. He welcomed the addendum to the report and the revised recommendations and expressed hope that progress towards a satisfactory funding and scheme delivery solution could be made.

Members heard details of the background and progress of the scheme, recognising that the County Council had been working with all parties to take the scheme forward. The importance of the scheme to the local area was acknowledged and the long term support for it by the County Council was welcomed. With reference to wider service obligations and financial pressures, as well as the inherent risks in undertaking major highway development works

on the strategic road network managed by Highways England, it was agreed that the County Council could not become financially liable for the scheme. The contents of the addendum and the revised recommendations were noted and supported.

The revised recommendations set out in the addendum to the report were considered and agreed. A decision record is attached to these minutes.

237. SERVING HAMPSHIRE - 2020/21 HALF YEAR PERFORMANCE REPORT

Cabinet considered a report of the Chief Executive presenting the Serving Hampshire – 2020/21 half year performance report.

The report was introduced and key areas of highlighted to Members, who noted that performance had remained high despite the pressures of Covid and EU Exit. Staff were congratulated for this achievement in difficult circumstances.

The determination of the LGSCO was highlighted to and acknowledged by Cabinet. It was confirmed that all actions in the determination had been completed.

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

238. CONSTITUTIONAL MATTERS

Cabinet considered a report of the Chief Executive setting out a number of proposed constitutional updates, the nature and context of which were detailed with reference to the report.

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

Chairman,

HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

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

Contact name: John Coughlan, Chief Executive

Tel: 01962 845252

Email: john.coughlan@hants.gov.uk

1. The decision:

That Cabinet

1.1 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.

1.2 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.

1.3 Note the progress of the vaccination programme to date in Hampshire including its impact on Hampshire services and the County Council's support role.

1.4 Continue to recognise the on-going exceptional commitment and flexibility of the staff of the County Council as the crisis has progressed.

2. Reasons for the decision:

2.1 To note the ongoing response to the Covid 19 crisis and recognise the exceptional efforts of all involved.

3. Other options considered and rejected:

3.1 None

4. Conflicts of interest:

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

4.2 Conflicts of interest declared by other Executive Members consulted: None

5. Dispensation granted by the Conduct Advisory Panel: None

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

7. Statement from the decision maker:

Approved by:

Date:

9 February 2021

Chairman of Cabinet
Councillor Keith Mans

HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	Revenue Budget and Precept 2021/22
Report From:	Deputy Chief Executive and Director of Corporate Resources

Contact name: Carolyn Williamson

Tel: 01962 847400

Email: carolyn.Williamson@hants.gov.uk

1. The decision:

That Cabinet

- 1.1. Notes the current position in respect of the financial resilience monitoring for the current financial year.
- 1.2. Approves that £1.2m of existing corporate funding in 2022/23 is brought forward to 2021/22 to support resourcing within the Transformation Practice focussing additional resources necessary in support of Transformation to 2021.
- 1.3. Approves the Revised Budget for 2020/21 contained in Appendix 1.
- 1.4. Approves the updated cash limits for departments for 2021/22 as set out in Appendix 4.
- 1.5. Delegates authority to the Deputy Chief Executive and Director of Corporate Resources, following consultation with the Leader and the Chief Executive to make changes to the budget following Cabinet to take account of new issues, changes to figures notified by District Councils or any late changes in the final Local Government Finance Settlement.

That Cabinet recommends to County Council that:

- 1.6. The Treasurer's report under Section 25 of the Local Government Act 2003 (Appendix 8) be taken into account when the Council determines the budget and precept for 2021/22.
- 1.7. The Revised Budget for 2020/21 set out in Appendix 1 be approved.
- 1.8. The Revenue Budget for 2021/22 (as set out in Appendix 5 and Appendix 6) be approved.
- 1.9. Funding for one-off revenue priorities totalling £11.6m as set out in paragraphs 113 to 128 be approved.
- 1.10. The re-alignment of grant budgets as set out in paragraphs 135 to 141 be approved.
- 1.11. The council tax requirement for the County Council for the year beginning 1 April 2021, be £707,046,869.

1.12. The County Council's band D council tax for the year beginning 1 April 2021 be £1,350.45, an increase of 4.99%, of which 3% is specifically for adults' social care.

1.13. The County Council's council tax for the year beginning 1 April 2021 for properties in each tax band be:

	£
Band A	900.30
Band B	1,050.35
Band C	1,200.40
Band D	1,350.45
Band E	1,650.55
Band F	1,950.65
Band G	2,250.75
Band H	2,700.90

1.14. Precepts be issued totalling £707,046,869 on the billing authorities in Hampshire, requiring the payment in such instalments and on such date set by them previously notified to the County Council, in proportion to the tax base of each billing authority's area as determined by them and as set out below:

Basingstoke and Deane	66,627.60
East Hampshire	51,407.07
Eastleigh	47,774.37
Fareham	43,804.50
Gosport	27,182.90
Hart	41,055.21
Havant	41,448.02
New Forest	71,538.70
Rushmoor	32,060.06
Test Valley	49,855.00
Winchester	50,810.47

1.15. The Capital & Investment Strategy for 2021/22 (and the remainder of 2020/21) as set out in Appendix 9 be approved.

1.16. The Treasury Management Strategy for 2021/22 (and the remainder of 2020/21) as set out in Appendix 10 be approved.

1.17. An increase to the allocation targeting higher yields from £235m to £250m (as set out in the Treasury Management Strategy in Appendix 10) partly to reflect the investments taken out on behalf of Thames Basin Heath and to provide extra

flexibility given the added risk of negative interest rates at the short term end of the market be approved.

- 1.18. Authority is delegated to the Deputy Chief Executive and Director of Corporate Resources to manage the County Council's investments and borrowing according to the Treasury Management Strategy Statement as appropriate.

2. Reasons for the decision:

- 2.1. The County Council must agree the 2021/22 budget and set the council tax for 2021/22 at its meeting on 25 February 2021. The Leader will present his budget speech and recommendations at the meeting. This report provides the background to those budget decisions and presents the recommendations from the Leader and Cabinet to the County Council.

3. Other options considered and rejected:

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

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: None

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

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

7. Statement from the Decision Maker:

Approved by: ----- Chairman of Cabinet Councillor Keith Mans	Date: 9 February 2021
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HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	Capital Programme 2021/22 to 2023/24
Report From:	Deputy Chief Executive and Director of Corporate Resources

Contact name: Carolyn Williamson

Tel: 01962 847400

Email: carolyn.Williamson@hants.gov.uk

1. The decision:

- 1.1. To recommend to County Council that the capital programme for 2021/22 and the provisional programmes for 2022/23 and 2023/24 as set out in Appendix 1 be approved.
- 1.2. To recommend County Council approval for an increase in the value of the Stubbington Bypass scheme from £34.495 million to the value of £39.295 million, noting that the increase of £2 million associated with the impact of Covid-19 is to be funded from the allocation previously approved for that purpose by the County Council in July 2020, with the balance to be funded from a mix of Section 106 developer contributions and local resources.
- 1.3. To recommend County Council approval to add further decarbonisation schemes up to the value of £5.64 million to the CCBS capital programme for 2020/21 funded by grants from the Public Sector Decarbonisation Fund.
- 1.4. That, subject to County Council approval to add the decarbonisation schemes to the 2020/21 capital programme, Cabinet give approval to spend in line with the project appraisals in Appendix 2, totalling £2.812 million, for the transition from oil to gas schemes within the schools and corporate estates.
- 1.5. That authority is delegated to the Deputy Chief Executive and Director of Corporate Resources to allocate as appropriate the remaining balance of £1.49 million from the approved capital underwriting of up to £5 million to enable existing schemes to continue where there are increased costs resulting from Covid-19.
- 1.6. That, within the 2020/21 capital programme, an increased value of £757,250 is approved, for addition to the existing named scheme for Testbourne school in

2020/21, the additional cost relates to the impact of Covid-19 and is funded from the Schools Condition Allocation grant (scheme total now £3.26 million).

2. Reasons for the decision:

2.1. The County Council must agree its capital programme at its meeting on 25 February 2021. The Leader will present his budget speech and recommendations at the meeting. This report provides the background to those budget decisions and presents the recommendations from the Leader and Cabinet to the County Council.

3. Other options considered and rejected:

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

4. Conflicts of interest:

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

4.2. Conflicts of interest declared by other Executive Members consulted: None

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

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

7. Statement from the Decision Maker:

Approved by: ----- Chairman of Cabinet Councillor Keith Mans	Date: 9 February 2021
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HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	2020 Review of the Hampshire Minerals & Waste Plan and revised Development Scheme
Report From:	Director of Economy, Transport and Environment

Contact name: Melissa Spriggs

Tel: 0370 779 7153

Email: melissa.spriggs@hants.gov.uk

1. The decision:

- 1.1. That Cabinet approves the conclusions of the 2020 Review of the Hampshire Minerals & Waste Plan as set out in the report and recommends that County Council endorses this and also approves its publication following agreement by the plan-making Authorities.
- 1.2. That Cabinet recommends that County Council resolves that the Hampshire Minerals & Waste Development Scheme which sets out the timetable and programme for the partial update of the Hampshire Minerals & Waste Plan comes into effect from March 2021, and authorises the work required to undertake this, subject to agreement by the plan-making partner Authorities.

2. Reasons for the decision:

- 2.1. The National Planning Policy Framework (2018) requires that Local Plans should be reviewed to assess whether they require updating at least once every five years¹. The Hampshire Minerals & Waste Plan (the 'Plan') was adopted in October 2013.
- 2.2. A Review was undertaken in 2018 based on the data obtained through the annual Monitoring Reports. The 2018 Review concluded that an update of the Plan was not required at that time. However, the 2018 Review also concluded that some of the issues should be kept under review and a commitment was made to undertake a Workshop to explore the issues and a further review of the Plan in 2020.

¹ National Planning Policy Framework (Para. 33) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810197/NPPF_Feb_2019_revised.pdf

- 2.3. The 2020 Review of the Hampshire Minerals & Waste Plan (see Appendix 1) uses monitoring data but also takes into account the guidance issued by the Planning Advisory Service in 2019 on undertaking reviews of Local Plans.
- 2.4. The 2020 Review recommends that a partial update of the HMWP is undertaken to ensure compliance with national policy but also to ensure that the Plan is delivering a steady and adequate supply of minerals and enabling sustainable waste management provision.
- 2.5. In addition, the Review recommends that the Vision, Plan Objectives, Spatial Strategy and Key Diagram are further reviewed to ensure that all requirements of the Plan are delivered but also that the Vision aligns with the Hampshire 2050, Vision for the Future, Commission of Inquiry recommendations and the climate change agenda.
- 2.6. To support the Plan update, the Review recommends that an assessment of mineral and waste site options is undertaken to ensure any suitable sites for enabling sustainable minerals and waste development are included in the Plan helping provide certainty to the industry and local communities.
- 2.7. The Hampshire Minerals & Waste Development Scheme sets out the timetable and programme for plan-making including when public consultation will take place.
- 2.8. The Development Scheme forms part of the Development Plan, alongside the Hampshire Minerals & Waste Plan. Hampshire County Council and the partner Authorities have a duty to keep the Development Scheme under review. An update to the Development Scheme is now required based on the proposed partial update to the Hampshire Minerals & Waste Plan. The new Development Scheme (see Appendix 2) must be approved by full Council.

3. Other options considered and rejected:

- 3.1. Completion of the 2020 Review was a fulfilment of a commitment made by Full Council on the 13 November 2018. Plan reviews are also a requirement of the National Planning Policy Framework and therefore, the option to not complete the 2020 Review was rejected.
- 3.2. The option to disregard the conclusions of the 2020 Review was also rejected as parts of the Plan are not in compliance with national policy and require updating. An out-of-date plan makes it difficult to influence the location and type of development. This could result in planning applications for minerals and waste development being submitted and decided on an ad-hoc / 'first come' basis which would create lack of certainty for local communities and industry to where development could take place. A consequence of this could be that development may be permitted at sites which have greater impacts on their surroundings.
- 3.3. The option to postpone acting upon the conclusions of the 2020 Review was also rejected. Despite the uncertainties over the outcome of the Planning White Paper – Planning for the Future, the Chief Planner from the Ministry of Housing, Communities and Local Government has stated that Local Authorities should not stall on preparing their Plans and should continue to be

proactive. It is expected that the programme for the partial Plan update will be within any transition period for changes to the planning system.

4. Conflicts of interest:

4.1. Conflicts of interest declared by the decision-maker:

4.2. Conflicts of interest declared by other Executive Members consulted:

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

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

7. Statement from the Decision Maker:

Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

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HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	Climate Change Work Programme 2021-2025
Report From:	Director of Economy, Transport and Environment

Contact name: Chitra Nadarajah

Tel: 03707 797514

Email: Chitra.nadarajah@hants.gov.uk

1. The decision:

- 1.1. That Cabinet approves the climate change work programme 2020-2025 for the key areas of the Strategic Framework as set out in Appendix 1 to the report.
- 1.2. That Cabinet approves the proposals for the allocation of the climate change budget to support the ongoing delivery of the climate change activity as set out in the accompanying report.
- 1.3. That Cabinet notes the key areas of activity since September 2020 on climate change across the organisation.

2. Reason for the decision:

- 2.1. To uphold the commitment to implement the climate change Strategy and Action Plan following the County Council's declaration of a climate emergency in June 2019 and the approval by Cabinet of the Climate Change Strategy, Action Plan and Strategic Framework in September 2020.

3. Other options considered and rejected:

- 3.1. Not to implement the Strategy, Action Plan and Strategic Framework following the climate emergency declaration.

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker:
- 4.2. Conflicts of interest declared by other Executive Members consulted:

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

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

7. Statement from the Decision Maker:

Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

HAMPSHIRE COUNTY COUNCIL

Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	The County Council's internal carbon reduction programme
Report From:	Director of Culture, Communities and Business Services

Contact name: Colin Jackson

Tel: 0370 779 6580

Email: colin.jackson@hants.gov.uk

1. The decision:

- 1.1 That progress on the carbon reduction programme be noted, including the recent award to the County Council of £29.8m of Government funding from the Public Sector Decarbonisation Scheme launched by the Department for Business, Energy and Industrial Strategy (BEIS).
- 1.2 That Cabinet note the estimated scale of the carbon reduction and climate resilience challenges to be faced by the County Council as an organisation and support further research required to improve the accuracy of the data. A more detailed report including proposals for progressive targets in the context of a long-term strategy will be brought back for consideration in due course.
- 1.3 That Cabinet support the principle of annual reporting of the County Council's Scope 1, 2 and certain scope 3 carbon emissions in accordance with the internationally recognised Greenhouse Gas Protocol definitions.

2. Reason(s) for the decision:

- 2.1 This report sets out the more comprehensive scope to be considered for the measurement of the County Council's carbon emissions, the complexities of obtaining accurate carbon data and the initial estimate of annual total organisational emissions in excess of 200,000 tonnes of CO₂ per year.
- 2.2 It reports on the recent successful award of £29.8m Government decarbonisation funding and the 6.8% carbon reduction impact these

initiatives, together with the recent adoption of a renewable energy tariff, are forecast to achieve against the overall total emissions over the coming year.

- 2.3 It sets out initial considerations for a long-term strategy to achieving net zero emissions over the next three decades, together with the estimated carbon sequestration equivalent that could be required.
- 2.4 Initial findings are reported on the risk exposure of the County Council estate to the potential impacts of a global average 2°C rise, including the proportion of certain sectors vulnerable to future heatwaves and flooding. Further detail on climate resilience will be reported to a future meeting.
- 2.5 The report concludes with some reflections on what the challenge of becoming a net-zero carbon organisation will mean for the County Council and the long-term thinking that will be needed across all aspects of the organisation to achieve this over the next thirty years.
- 2.6 The final section outlines the next steps for the coming year.

3. Other options considered and rejected:

3.1 None

4. Conflicts of interest:

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

4.2 Conflicts of interest declared by other Executive Members consulted: None.

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

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

7. Statement from the Decision Maker:

Approved by: ----- Councillor Keith Mans Chairman of Cabinet	Date: 9 February 2021
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HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	School Streets
Report From:	Director of Economy, Transport and Environment

Contact name: Nicola Waight

Tel: 0370 779 4339

Email: nicola.waight@hants.gov.uk

1. The decision:

- 1.1 That the Cabinet agrees the approach set out in the report, and notes the criteria used as a basis for selecting schools for the trial.
- 1.2 That the Cabinet agrees that the shortlist of schools recommended for the trial be confirmed and the schools be formally invited to participate in the trial (either receiving the intervention or as a control school without measures).
- 1.3 That the reserve list of schools which could potentially step in should any shortlisted schools not proceed into the trial, be confirmed.
- 1.4 That the results of the trial be reported back to the Cabinet in due course.

2. Reason for the decision:

- 2.1. To deliver a School Streets pilot project following a motion (passed) to Full Council on 24 September 2020.

3. Other options considered and rejected:

- 3.1. Conducting a larger scale trial – there is insufficient budget and resource to deliver this at this time.
- 3.2. Not proceeding with a trial – this would not support the Council decision.

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: None

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

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

7. Statement from the Decision Maker:

Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

1.6 That the County Council should continue to explore ways in which it could use its experience, professional and technical capacity to support the delivery of the M27 Junction 10 Improvement Scheme, provided any arrangements are consistent with established County Council policy for involvement at Welborne, including in particular a stipulation that there are no financial liabilities for the County Council from involvement in the scheme and effective partnership working arrangements are in place, including with Highways England as the strategic Highway authority responsible for the M27.

2. Reasons for the decision:

- 2.1. In September, the Cabinet resolved that the County Council would formally review its role as Scheme Promoter following the completion of Stage 3 of Highways England's approval process, which was expected by March 2021.
- 2.2. Fareham Borough Council has subsequently requested that the County Council formally advise whether it would be prepared to take on the role of Scheme Delivery Body, following a requirement by Homes England that the Delivery body be agreed prior to the completion of the funding agreement for the £30million Housing Infrastructure Fund prior to the end of February. Therefore, the review of the County Council's role in the scheme has been brought forward to enable a decision to be made within the timescale required by Fareham Borough Council.
- 2.3. A decision to halt work at the end of stage 3 risks losing momentum, not least through the need to disband the current project Team. Therefore, in view of the potential for additional progress to be made on addressing issues relating to managing financial risks and potential liabilities for the scheme, delivery body, it is recommended that some additional work on aspects of stage 4 and 5 tasks of the Highways England approval process should be undertaken by the County Council while the wider financial appraisal work is concluded, provided this externally funded.
- 2.4 The HIF application was made by FBC, and the grant funding arrangements revolve around the means by which grant funding is "recoverable" from returns on the development (above a pre-set level) and its reinvestment by FBC in housing, including affordable housing within Welborne Garden Village, is secured. The role of the planning /housing authority is fundamental to this process, meaning that FBC are the only body that can realistically sign the HIF agreement with HE, even if they then arrange, through a separate legal agreement, for funding, together with the grant funding obligations in relation to undertaking the highway infrastructure is to be passed to another body to deliver the highway works.

3. Other options considered and rejected:

- 3.1. To not provide a formal position would mean that it would not be possible for Homes England to conclude the funding agreement for its £30m contribution towards the scheme.

4. Conflicts of interest:

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

4.2. Conflicts of interest declared by other Executive Members consulted: None

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

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

7. Statement from the Decision Maker:

Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

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Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

HAMPSHIRE COUNTY COUNCIL

Executive Decision Record

Decision Maker:	Cabinet
Date:	9 February 2021
Title:	Constitutional Matters
Report From:	Chief Executive

Contact name: Barbara Beardwell

Tel: 03707 793751

Email: barbara.beardwell@hants.gov.uk

1. The decision:

That Cabinet

- 1.1. Note the revised allocation of responsibility for Executive Functions at Appendix 1 of this report to be reported to the County Council at the County Council meeting on 25 February 2021.
- 1.2. Recommend the revised allocation of Scrutiny Functions contained at Appendix 2 of this Report for approval by the County Council, to be effective from 1 April 2021.
- 1.3. Recommend the amendments to Standing Order 12 and Executive Procedures, as indicated at Appendix 3 and 4 to this Report for approval by the County Council.
- 1.4. Recommend the amendment to Contract Standing Order 3 contained at Appendix 5 of the Report for approval by the County Council.

2. Reasons for the decision:

- 2.1. To receive changes to the allocation of Executive Functions and to recommend updates to the Constitution as set out in the report.

3. Other options considered and rejected:

- 3.1. None

4. Conflicts of interest:

- 4.1. Conflicts of interest declared by the decision-maker: None
- 4.2. Conflicts of interest declared by other Executive Members consulted: None

5. Dispensation granted by the Conduct Advisory Panel: none.
6. Reason(s) for the matter being dealt with if urgent: not applicable.
7. Statement from the Decision Maker:

Approved by:

Date:

9 February 2021

**Chairman of Cabinet
Councillor Keith Mans**

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 March 2021
Title:	A Progress Report of The County Council's Response to the COVID-19 Crisis
Report From:	Chief Executive

Contact name: John Coughlan, Chief Executive

Tel: 01962 845252

Email: John.coughlan@hants.gov.uk

Purpose of this Report

1. This is the sixth in the series of regular reports to Cabinet, summarising the County Council's continuing responses to the COVID-19 pandemic. This report covers a shorter period (since the last Cabinet meeting) but includes reference to and developments since the Prime Minister's announcement on 22 February concerning the road map out of lockdown restriction. It also covers the progress of national vaccination in Hampshire.

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 remains a high-level analysis 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 Prime Minister's announcements leading to the lifting of lockdown restrictions and how those phases will impact on the County Council.
 - iii. Note the further progress of the vaccination programme to date in Hampshire.
 - iv. Continue to recognise the on-going exceptional commitment and flexibility of the staff of the County Council as the crisis has progressed.

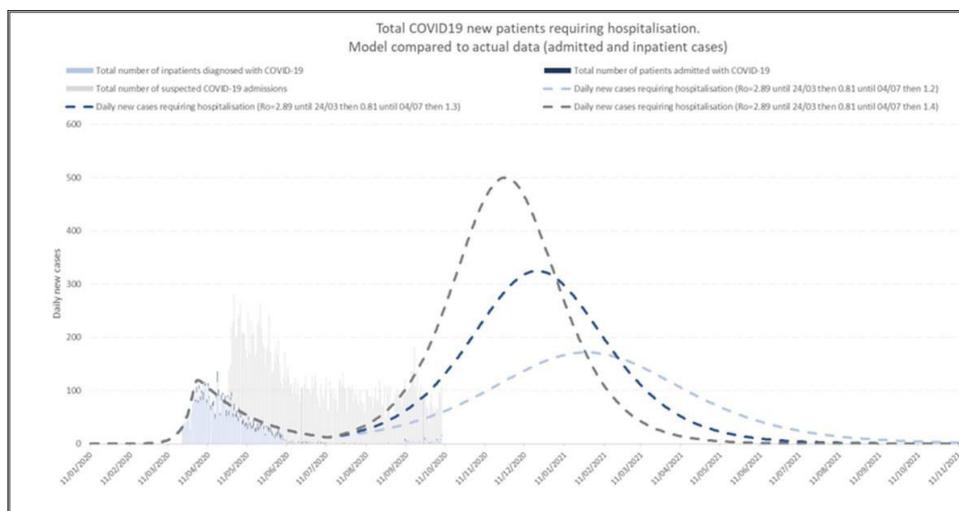
Executive Summary

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 exceptions 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, the lockdown imposed in the new year, and the Prime Minister’s announcements on 22 February about the phased route out of 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, the position of hospitals in Hampshire and 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 have faced. At time of writing, the average rate across Hampshire had finally dipped below 100 per 100,000 again as a strong indicator of the effectiveness of lockdown measures and the vaccine roll-out. 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. However, as the last report of its kind for the current political administration Hampshire, it is increasingly safe to assess that the crisis has now moved into a new and more optimistic trajectory with an increasing future emphasis on recovery after response.

7. The national vaccination programme is now progressing strongly including in Hampshire. The national target of the first four population phase groups being vaccinated by 15 February has been met. That has included health and social care staff working with at risk people (including in care homes) as well as all over 70 year olds. This report will also now focus on the progress towards additional groups in line with national.
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. Once again it is important that this report to Cabinet should pay regard to the continuing and 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.
10. Further, as the crisis appears to be turning a corner more attention will be given to how the County Council approaches recovery, for the wider population, the Council’s services, and its staff.

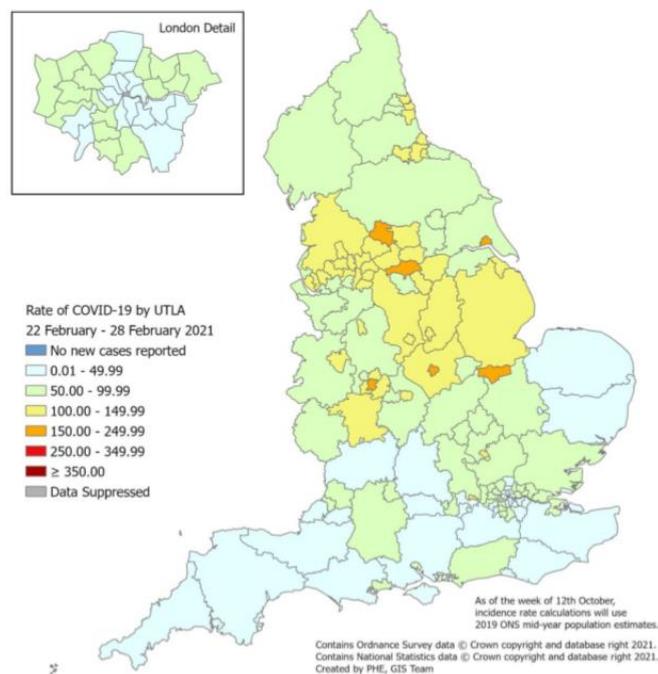
National Context

11. The well described “second wave” of the transmission of the virus is now certainly beyond its peak. We 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 rendered more limited forms of social restriction so much less effective, leading to the new year lockdown. 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 8 of the year.



Third National Lockdown and the Prime Minister's Announcement on 22 February

- 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.
- 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.

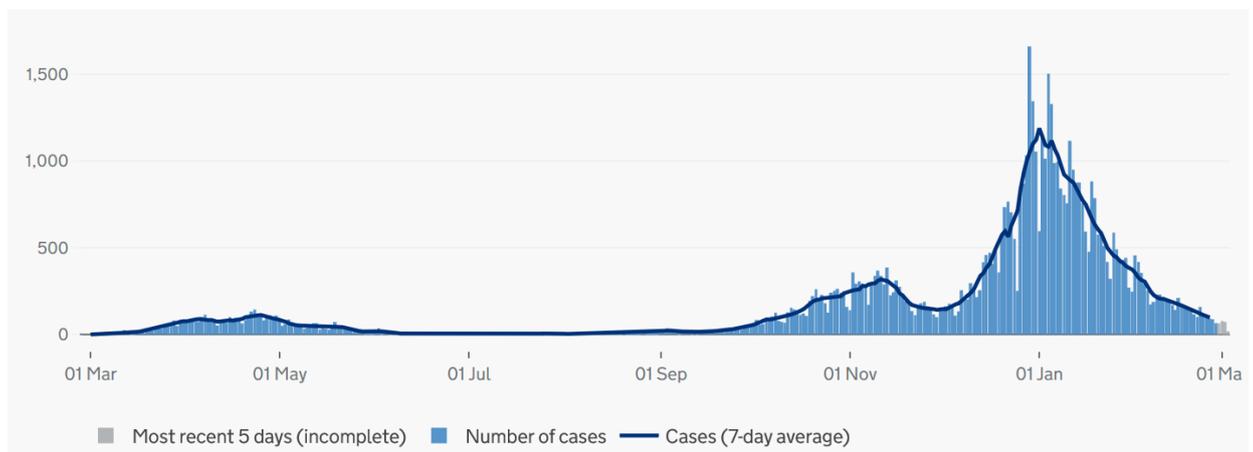
14. It is not seen to be the role of this report to engage in that debate. There remains instead a fundamental responsibility for this major County Council as the local public health authority, to engage with the lockdown, adapt accordingly and provide community leadership in its implementation in the face of an undeniable and accelerating public health crisis.
15. On the 22 February, the Prime Minister announced a four-step roadmap to ease restrictions across England and provide a route back to a more normal way of life. Each step to be assessed against four tests before restrictions ease, starting with the return of schools on 8 March. The decision on each stage will be decided nationally based on data not dates and will move cautiously to keep infection rates under control. There will be a continued impact on our services, our communities and our economy.
16. Those phases are summarised as follows:
 - **Step 1 (8 March)** – schools and colleges to open fully, wraparound childcare and other children’s activities to resume, care home visits by one regular person, two people allowed to sit together outdoors.

(29 March) – six people or two households to meet outdoors, outdoor sports facilities to reopen, possible to travel beyond local. The ‘Stay at Home’ order will end. Weddings will still be able to proceed with six attendees but will no longer be limited to exceptional circumstances.
 - **Step 2 (12 April)** – non-essential retail, public buildings (including libraries and community centres) and personal care reopen, outdoor hospitality, indoor leisure, most outdoor attractions, and self-contained holiday accommodation to resume. Up to 15 people can attend weddings and other commemorative events.
 - **Step 3 (17 May)** – most outdoor social contact relaxed, although gatherings over 30 will remain illegal. Six people or two households indoors, indoor hospitality, hotels and entertainment to reopen. Some large events and performances to resume, and up to 30 people allowed to attend weddings and other life events. The Government will also determine whether international travel can resume.
 - **Step 4 (21 June)** – hoped that all social contact restrictions can be removed, the remaining closed sectors of the economy open and restrictions lifted on large events and performances.

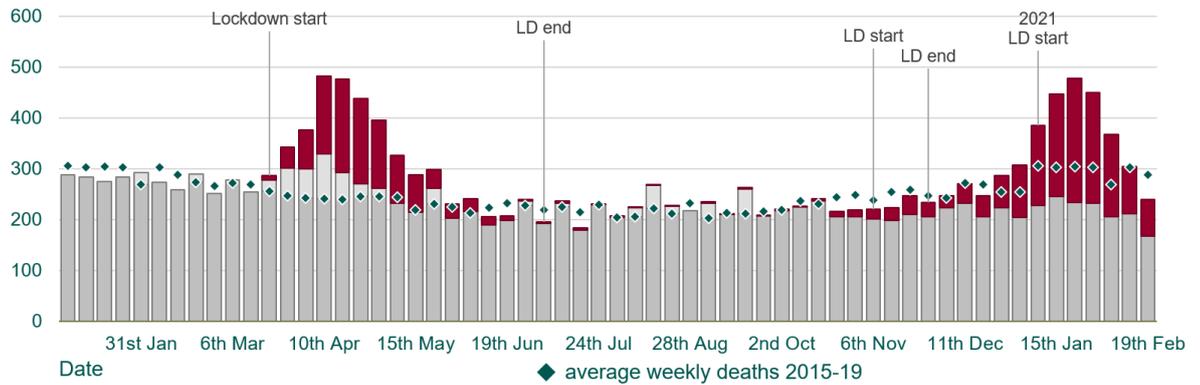
Local Position

17. 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.
18. 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. There has been a fall in rate of infection across the whole county during lockdown. The current 7-day rate (05.03.21) for Hampshire is 56.2 per 100,000 compared to an England rate of 86.4 per 100,000. This is extremely positive and improving news. But it is also essential that the community, with the County Council's leadership, does not relax or assume the battle is won. It is not.

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



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



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

20. 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 having a subsequent impact upon hospital admissions and 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 impact on an equivalent third wave, and especially to prevent any future infections leading to hospitalisation, serious illness or death.
21. It was previously reported here that the increased death rates in wave two 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 were 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. The need for this facility was kept to a minimum as the second wave of the pandemic progressed. 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.

22. The Grayson suite has been necessarily functional since late December 2020. It has not been used to full capacity but has, as planned, offered a vital additional level of capacity which has significantly eased the pressures on hospitals and the funeral sector, and therefore indirectly supported grieving families. It continues to function accordingly, but hopefully at reducing levels in line with the reducing effects of the pandemic. In February, the leasehold arrangements required an early decision on the longer term planning for the site. Subsequently a risk based decision has been taken not to extend the current lease which means that the facility will cease to operate by the end of June 2021. This will be within the one year limit that was informally agreed with the local community who have been informed of this decision.

Health Protection Board and Local Outbreak Engagement Board

23. 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.
24. 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.
25. 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

26. 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.
27. 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 are 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.
28. 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 local programme to provide regular testing for 'front facing workers' i.e., those going out to work has been developed with sites across the whole of Hampshire. This will include children's nursery workers, transport operatives, council staff who cannot work from home, retail including supermarkets and construction and maintenance.
29. 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 is 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. This programme has recently been added to with a community collect model for parents of children at school or nursery.
30. In February in line with government guidance surge testing was undertaken in North Hampshire following the identification of a single case of the South African variant. Over three days tests were distributed and collected from nearly 2000 households with a very high return rate. Positive results will be fed back directly to cases within the usual time frame of 34-48hours. The genome sequencing takes more time and will be fed back to the Director of Public Health in due course. The exercise was conducted very effectively and smoothly with the support of partners across agencies and especially Basingstoke and Dean Borough Council.

Tracking and Tracing

31. 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.

32. 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.
33. 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.
34. 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 24 February 2021, 88% of HCC cases and 87% of HCC contacts have been successfully contacted and followed up by CTAS with 97% of cases and 95% contacts successfully contacted in the latest week. Evidence shows that at least 80% of contacts of an index case would need to be contacted for a system to be effective.
35. 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

36. 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 three 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 and Moderna only require fridge storage.
37. The vaccination programme is currently focusing on the rapid roll out of the Covid-19 vaccination to the first 6 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.

38. 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.
39. 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 around 36% of the Hampshire over-16 population has received first vaccination including over 90% of over 80-year-olds and care home residents. That places the county in the top third of authorities. At this stage, the Government believes it is on track for delivery of its target, notwithstanding the complexities of location, pace and delivery. The Hampshire experience has matched that progress and has been a substantial effort, led by NHS but fully supported by HCC. A programme of work has been set up to focus the programme on inequalities to ensure those groups least likely to take up the vaccine can be engaged with

Elections

40. 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.
41. 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 had lobbied for a postponement into the summer, autumn or even for a further year. At present the Government is standing by the original timetable, and this has subsequently been reinforced by further detailed announcements following 22 February Road Map. 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.

42. 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.
43. 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 had raised concerns about collecting the required signatures in the context of the current restrictions. Subsequently, it has been confirmed that prospective candidates only now need to collect two as opposed to ten nominations. The last version of this report to February Cabinet, included confirmation of the Government's position that under current lock down arrangements door to door campaigning and leafleting do not count as essential activities that are an exception to those restrictions.
44. Members will be aware that there is a pre-existing strong and effective planning machinery to prepare for elections in Hampshire and that is operating in full swing at present. However, for clarity and additional security, an additional stream of work has been established, placed between the election planning processes and the Gold command arrangements, to ensure that the Covid dimensions of election preparation are fully addressed.

Adults' Health and Care

45. 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.
46. Since 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. During

late February, a further large group of Hampshire residents have been identified as Clinically Extremely Vulnerable – some 11,000+ individuals having been advised of this status during the week commencing 15th February as a result of additional long-term health conditions being identified as high-risk factors in relation to COVID-19.

47. 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). The extraordinary work undertaken in this arena is detailed in a separate report on this Cabinet agenda.
48. 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.
49. 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.
50. Since early January 2021 we have seen the numbers of care home and wider care sector COVID-19 infections and outbreaks increase, this is positively showing signs of reducing. However, care settings continue to be extremely fragile within the overall system and societal impacts of the pandemic.
51. From mid-January 2021, the role of local government in supporting the national vaccination programme has become clearer and is a task to which HCC has risen positively. Adults' Health and Care created a co-ordination team in order to ensure that details of some 40,000+ care staff across more than 2,500 different organisations were provided to enable the vaccination of this priority workforce, in line with the JCVI priority groups. This co-ordination effort has proven remarkable and, in-line with Governments stated ambition to offer / vaccinate the top four groups by 15th February, this element of our overall support has now been successfully closed. The vaccination programme has now moved to the next priority groups (Groups 5 - 7), which includes those identified as clinically extremely vulnerable aged 18 – 64, but as this group has

been identified through NHS registers does not require any specific co-ordination from AHC, though a transport / voluntary driver infra-structure remains available for any residents requiring support.

Children's Services

52. All schools in Hampshire have been open for the children of key workers and vulnerable children (i.e., 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 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.
53. 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.
54. The latest data on attendance at schools (12 February) shows that 27% of pupils attended primary school (against 21% nationally), 64% of pupils with a social worker attended primary school in Hampshire (52% nationally) and 56% of children with special needs (46% nationally). With regards to the secondary sector, only 7% of children are physically attending school in Hampshire (against only 4% nationally); 30% of children with a social worker attended (25% national) and 29% of children with special needs were attending (24%national). All necessary home to school transport arrangements have been maintained.
55. On 22 February, the Prime Minister announced the timing of a full return to school for all pupils. The essence of the announcement was as follows (bearing in mind that this report will be published prior to the dates below):
- Schools and colleges will reopen to all pupils from 8 March.
 - All primary school children will return on Monday 8 March, as staff continue to take two rapid COVID-19 tests each week at home.
 - All secondary school and college students will take COVID-19 tests as they return the classroom from the 8 March. Secondary schools and colleges will have discretion on how to stagger the return of their students over that week to allow them to be tested on return. After an initial programme of three tests

in school or college, students will be provided with two rapid tests to use each week at home.

- Secondary school and college staff will also be provided with two tests to use each week at home.
- Protective measures across education will be strengthened. Staff and students in secondary schools and colleges are advised to wear face coverings in all areas, including classrooms, where social distancing cannot be maintained as a temporary extra measure.
- All staff at private, voluntary and independent nurseries will have access to tests to use twice weekly at home from 22 March, building on the testing already available to maintained nursery schools and school-based nurseries. Childminders can continue to access community testing.
- Wraparound childcare for primary and secondary pupils will resume from 8 March where necessary to enable parents to access work, education or medical care.

56. With regard to children's social care the period from September until the 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 born 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 Orders) 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 on the availability of placements.

Communications and community engagement

57. 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:

- Almost 4,000 individual proactive COVID-19 communications messages and materials have been issued since the start of the pandemic. 26 specific marketing campaigns, involving innovative animations, including the use of high-profile outdoor advertising media, 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, including: hands-face-space, symptomatic and asymptomatic workplace and community 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) remains consistently high, achieving 96% positive/neutral profile from over 1,500 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.
- Specific engagement with Black, Asian and Minority Ethnic (BAME) communities has enabled the County Council to identify particular challenges and concerns to inform and improve targeted communications and support. Activities are being coordinated to continue to engage BAME stakeholders and communities, enhance active research within BAME communities and to develop a network of Community Champions. In addition, a weekly COVID-19 communities bulletin has been established to reach BAME communities.
- 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. The responses from the latest survey will help the County Council understand the kind of assistance that might be needed to support mental and physical wellbeing, as well as information that may be required to support the rollout of the COVID-19 vaccination in Hampshire. Key findings from completed projects are published on the Hampshire Perspectives webpage.
- 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, the Hampshire Local Tracing Service, and in February, urgent information for residents on the rapid local testing programme. A webpage has also been created to host translated information, guidance and other materials.

Moving to Recovery

58. The organisation has maintained a focus on the key aspects of recovery which will be to follow, but it is also the case that the extreme pace and pressures of recent developments have caused the organisation to remain firmly in response mode, in support of the twin challenges of lockdown and vaccination. However, in the meantime, led by Human Resources, work has commenced on the implementation of the “Collective Wisdom” project which will be working across the organisation to consider what the new forms of operation, working patterns and service priorities will require of the County Council as it emerges from this pandemic. This is the last Covid report to the current political administration. If the progress of the crisis, the pace of vaccination, the reduction of infection and all that ensues, and the phased lifting of restrictions, follow the path that now seems clear, then the first report on this subject after the County Council elections will have a much stronger emphasis on that programme of recovery.

Conclusion

59. This latest in the series of reports about the impact of Covid on Hampshire County Council reflects the continuing extreme pressures placed on the community, the organisation and its people. However, without being premature, it seems increasingly safe to regard the current report as a mark of a significant turning point in the crisis. In particular, it appears now that the combined effects of the most recent lock down restrictions, and the exceptional pace and effectiveness of the national vaccination programme, are combining to drive down infections, serious illness, hospitalisation and especially deaths. That is extremely positive news for all concerned but there has to be continued discipline and alertness in the way we all go about our application of the restrictions, and take-up of the vaccination. There is no room for complacency. The next version of this report will be to the new Cabinet of a new administration and should have a stronger and more confident focus on recovery. That will depend on the continuing cooperation of the community of Hampshire County and the continued exceptional work of the staff of the County Council and its partners.

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	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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*

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee:	Cabinet
Date:	16 March 2021
Title:	Health and Social Care System Resilience during COVID-19
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 0370 779 5574

Email: graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update Cabinet on the key activities undertaken across the health and social care system to maintain system resilience in the discharge of people from hospital settings during the response to COVID-19.

Recommendations

2. Cabinet is asked to support;
 - a) The continuation of discharge pathways and funding arrangements, put in place through NHS Discharge funding and our collective response to the pandemic, to maintain and build on progress and performance described in this report and in-line with the White Paper - Integration and Innovation: working together to improve health and social care for all, published on 11 February 2021.
3. Cabinet is also asked to note;
 - a) Overall performance in the most extraordinary circumstances to support residents to be discharged from hospital settings and return to their appropriate place of residence.
 - b) The efforts of all staff and partner organisations in maintaining safe, appropriate and resilient discharge pathways, within a new national operating framework, introduced at pace, in the spring of 2020.
 - c) The fundamentally changed nature of the health and care sector as a consequence of its response to COVID-19 and an ambition to see provision, relationships and outcomes described in this report continue, in line with the Council's approach to supporting of our residents.

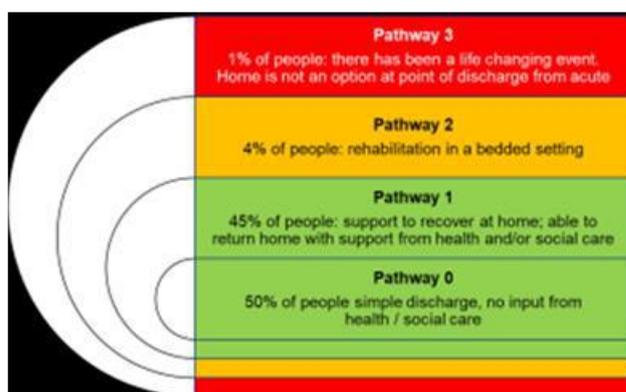
Executive Summary

4. This report seeks to provide an overview and update Cabinet on key activities and issues related to acute hospital system resilience throughout the period of response to COVID-19. The situation has been incredibly challenging and dynamic in terms of the issues faced and the response required.
5. In response to the COVID-19 pandemic, on 19 March 2020, the Government issued [new hospital discharge guidance](#) for all NHS trusts and local authorities. This guidance also formally suspended the reporting of Delayed Transfers of Care (DToc) a key interface between the NHS and Local Government, from mid-February 2020.
6. This interim guidance for the COVID-19 period required the NHS and Social Care to take a new single system approach, with the goal of rapidly discharging hundreds of patients from hospital to maximise capacity to treat people with acute COVID-19 (Covid) symptoms. The discharge of people was in anticipation of creating maximum 'surge' capacity in acute hospital settings in the Spring of 2020. Thankfully this capacity was not required at that time. Changes in legislation facilitated this and additional funding was made available to the NHS to provide / or arrange care for individuals leaving hospital during the crisis period. This change in funding and discharge commissioning responsibilities has had a transformative impact in this key interface in the role of the NHS and Local Government.
7. Furthermore, on 21 August 2020, NHS trusts and local authorities were issued with [updated hospital discharge guidance](#). This guidance reinforced the approach taken under the interim guidance and gave specificity to new ways of working and funding in the short / medium-term, with additional funding continuing to be made available to enable people to leave hospital, albeit, for more specific purposes and for a more limited, 6 week period. Subsequently, a new National Social Care Winter Plan was produced in the early autumn of 2020.
8. Performance to maintain flow of patients through the discharge pathways described in both the interim and subsequent guidance has seen the adoption, at pace, of new ways of working, new facilities and multiple step-changes in the prevailing approach to provide care. A range of approaches have also been brought about through learning from successive waves of the pandemic and its subsequent impact on NHS and social care settings.
9. Overall, we have seen some 7,000+ people across Hampshire's acute hospitals supported to be discharged – a rate of 150+ people per week; either returning home with additional support, returning to a care home setting with additional support or being admitted to temporary discharge to assess bed-based facilities (including some temporary 'hotel' bed facilities commissioned by the Clinical Commissioning Groups (CCGs) in the spring to create surge capacity) before moving to a permanent destination / service level / type. It is important to underline that the completion of an assessment to determine an ongoing level of support follows the person once they have moved out of acute hospital settings; delay through completion of an assessment whilst in an acute bed has been removed from the discharge process – the new

approach being called Discharge to Assess (D2A). We have also seen the repurposing of some care home capacity, as well as the establishment of new D2A bed-based services. Fundamentally, national arrangements for the NHS to fund discharge support for up to 6 weeks has enabled this new, dramatic approach.

Summary of the key policy and process changes

10. The new hospital discharge system arising from all the current guidance is based on the principle that unless required to be in hospital, patients must not remain in an NHS bed and acute and community hospitals must discharge all patients as soon as it is clinically safe to do so. Transfer from the ward should happen quickly, but safely. This has been further enhanced by guidance relating to the approach that must be followed to both test people for COVID-19 in advance of discharge (brought about in mid-April 2020) and also when someone can be discharged from hospital when they are COVID-19 positive. Whilst the guidance is in place through emergency measures, elements of the new ways of working will, inevitably, continue into the post-COVID-19 operating model.
11. The above changes have combined to bring about a dramatic (positive) impact on what used to be referred to as delays in transfer (DToCs) and marked improvements to near relatively few delays (people now being identified as having a status of Medically Optimised for Discharge (MOFD)) have been noted by the systems around patient discharges. Additionally, formal recording of DToC was suspended in mid-February 2020.
12. As a reminder – the guidance sets out pathways for people being discharged from hospital, as shown in the diagram below:



13. The requirements set out in the guidance are that:
 - Systems should work to a D2A model.
 - Assessments and planning for ongoing care will take place at home or in a community (D2A) setting, not in a hospital.
 - 'Home first' should be the aim for all patients, wherever possible.

- Every discharged patient should be followed-up within 24 hours of discharge (ideally same day) by a lead professional or community multi-disciplinary team (MDT).
 - There should be 7 day per week working for all planned discharges between 8am and 8pm, and
 - Discharge to an interim care bed (D2A) or Designated Setting (where a person has tested COVID-19 positive) for up to 6 weeks should happen where a return home or usual care setting was not appropriate / available.
14. In all circumstances NHS Covid funded discharge support is available, albeit time limited, at this point into the early part of 2021/22.
15. The guidance has further required enhanced and deep multi-agency working to support what is a complex process, with several changes in responsibility and / or joint ways of working:
- Acute hospitals remain responsible for Pathway 0 discharges (simple discharges)
 - Community providers (Hampshire County Council with Southern Health and Primary Care Networks) are responsible for Pathways 1-3 discharges and the tailored support required in each instance, and
 - Multi-agency collaboration is required to support the discharge process of all Pathways – with Single Points of Access (SPoAs) and co-ordination strongly embedded to streamline processes.
16. To enable this approach, we have developed a new system-wide tracker of available system capacity, as well as ensuring each person is tracked and followed through their discharge journey / destination; to D2A care home provision, community beds, hospices and residents own homes.

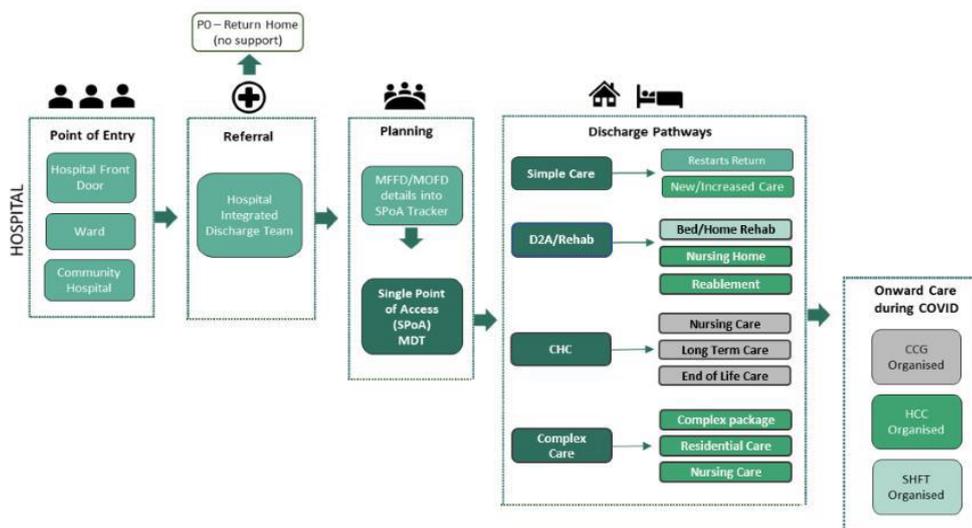
Hampshire's approach to implementing the national guidance

Single Points of Access (SPoAs) for each acute hospital footprint

17. Each acute hospital system in Hampshire has developed a discharge process, in common across our whole geography, for people needing onward health and social care. All referrals made into a multi-disciplinary, multi-organisational Single Point of Access (SPoA).
18. The SPoA manages the D2A approach in order to rapidly and appropriately discharge individuals on pathways 1-3 from hospital, when MOFD. Oversight of the ongoing assessment of need following discharge is provided. From the notification of a person being discharge ready, through to leaving the acute hospital, a timeframe of 24 hours is being routinely achieved, though can and does take longer in the more complex cases; where necessary for patient safety / safeguarding or other reasons.
19. This is a radically different way of working with our system partners and the SPoAs bring together shared teams across all key operational services. The operational leads are responsible for the daily processes and ensuring safe

discharge using the principles of D2A. There is shared operational management accountability for SPoA functioning. Adult Social Care senior managers are well represented in leadership roles in the SPoA.

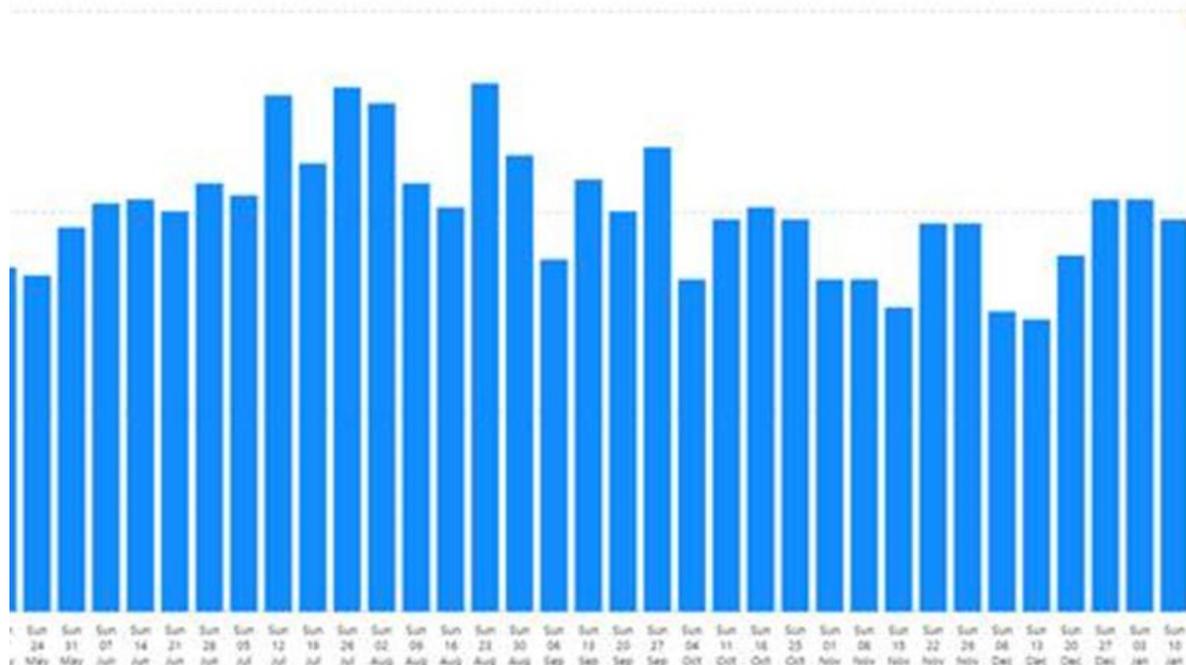
20. Under the new arrangements, referrals into these SPoAs (via a digital process) come from acute hospitals and community hospitals for all care pathways. Each of the SPoAs comprises a multi-disciplinary team, including West Hampshire CCG Continuing Health Care Team, Southern Health Foundation Trust staff, Hampshire County Council Hospital Social work staff and Reablement staff. These staff work closely with Acute Trust staff from the Hospital Discharge Teams and colleagues with links to Hampshire County Council Brokerage. Ambulance services and others may also be involved. Hampshire's approach to this new model has been a lead regionally and has significantly influenced opportunities that we see for discharge operations in the future.
21. The diagram below illustrates, at a high level, this new COVID-19 discharge process;



Impact and Performance

22. Since February 2020, and in the light of these changes, recording of Delayed Transfers of Care have been suspended by the NHS, meaning it is not possible to directly monitor the impact of the new arrangements when viewing them in light of the previous DToc reporting. However, despite there being no national figures, internal tracking by the Trusts confirm that bed delays of any kind have reduced to a fraction of those previously reported. It is important to identify that measures now in place are based upon NHS discharge funding. This has removed the critical interface which has been a feature of the prevailing DToc process; e.g. who is funding what and who needs to be in agreement that this is appropriate. Further information on the new discharge funding arrangements is outlined, in paragraphs 25 and 30, below.

23. The chart below shows acute hospital discharges from April 2020 to February 2021;



24. It is also worth noting that of these 7,000+ people supported some 3,150 are new to social care support. Of these 85% of people went either into an interim bed or straight home with additional short-term support. With fewer than 2% of new clients going into a permanent residential or nursing care placement from hospital. This reduction of permanent care home placements directly from hospital has been a key outcome that the new services have sought to achieve. However, this represents broader care sector risks into the medium-term which is likely to lead to some care home re-setting in terms of home closures / reduced overall bed-base.

25. Hampshire County Council is continuing to be successful at accessing external NHS funds in the form of a Discharge Fund (DF) to support the stand up and delivery of these new arrangements and services to care for patients during COVID-19. Operating under a national framework, this fund has operated two main Discharge Schemes to enable recurring and non-recurring funds to be allocated to support discharge, Reablement and other winter specific pressures such as, additional support to the most frail of our users during COVID-19.

26. As at the end of October 2020 Hampshire County Council had claimed a total of £13.2m from the NHS Discharge Schemes. This claim amount has been made in accordance with the scheme guidance and all expenditure has been agreed with the Clinical Commissioning Groups (CCGs) as eligible expenditure. It is currently forecast that by the end of the financial year the total claim will be approaching up to £24m across the schemes. It is important to identify that pathways and new provision referred to throughout this report are subject to the funding arrangements put in place through our response to COVID-19 continuing. Should either the national NHS Discharge Fund not

continue or NHS resources not be available to support these approaches, then regrettably, Hampshire County Council will move to de-commission such provision within the remaining timeframe of the currently available funding.

27. Expenditure against these schemes falls into two categories:

- Eligible care provision costs
- Services commissioned / provided on behalf of and at the request of the CCGs.

28. In respect of the latter this has included for scheme 1, the following in the first six months to the end of September 2020:

- Extending the capacity of the Hampshire equipment store from 5 day working to 7, including increased equipment provision
- Procuring a countywide rapid discharge scheme and increased Hampshire County Council Reablement resources to facilitate increased flow from hospitals
- Furnishing increased discharge capacity within temporary Hotel sites and commissioning care provision
- Increasing hospital care management resources to ensure assessments are timely to support rapid flow and
- The introduction of Clarence Unit in the South-East of the County - a Discharge to Assess (D2A) unit of up to 80 beds, with 25 of these beds presently designated for COVID-19 positive patients.
- The re-purposing of HCC Care facilities, mainly Willow Court and Forest Court to provide additional D2A capacity in the North and Mid, and South-West sub-systems
- Increasing numbers of beds for more complex users to help free up capacity needed for COVID-19 ventilated bed spaces in Acutes.

29. From October 2020, within scheme 2, the above have continued and have begun to increase in volume. In particular, D2A bed-based capacity has expanded, using more in-house HCC Care capacity to meet the needs of the hospital systems. Of late, this has further increased across the wider social care sector, in light of acute hospital admissions.

30. Furthermore, the additional hospital care management capacity, along with increased resource for Hampshire County Council Reablement have extended further as they are now enshrined within the overarching Integrated Intermediate Care (IIC) and SPoA initiatives. Whilst NHS funding for these initiatives is, in the main, temporary to 31/03/2021, there are some elements that have been secured as permanent funding. Furthermore, it is hoped that the South West Hampshire and South East Hampshire systems will be able to confirm all temporary funding as permanent before the end of the financial year.

31. In this financial year, we estimate that some £24m of funding will have been made available to fund discharge support across pathways 1-3, much of this

is to enable Hampshire County Council to deliver additional services on behalf of the NHS (such as discharge to assess and costs incurred through the previously established 'care hotels'), as well as ensuring that support for up to 6 weeks is available for all people subject to the hospital discharge pathway. Work remains ongoing on the cost recovery and reimbursement arrangements with the CCG Partnership and local system partners.

32. Further performance worthy of particular focus include the use of short-term bed-based care as alternatives to making permanent admissions to care homes - the development of specific D2A bed-based care. At the vanguard of this approach, is the creation of the Clarence Unit which supports discharges from Queen Alexandra Hospital. This unit provides an average of 21 to 28 days support to individuals who are unable to return home upon discharge to aid their recovery and rehabilitation. Therapists and social workers work on site alongside the care staff to optimise the person's reablement potential and to carry out Care Act assessments with a focus on how someone could successfully return home. Since opening, the unit has supported more than 280 patients and has recently increased its capacity to 73 beds. Outcomes for clients benefitting from the Clarence service offer have been very favourable with just under 25% requiring (moving on to) long-term residential and nursing care at the end of their stay. Prior to the D2A operation, most would have been discharged from hospital straight to a permanent long-term care solution.
33. Currently the D2A approach is being replicated in other HCC Care homes, most notably at Willow Court and Forest Court. It is also available in some independent sector homes. At the start of January there were 168 beds across the County, which includes a number of designated beds for COVID-19 positive patients. Close performance monitoring across all these homes is in place and work will continue to ensure that the service set-ups and service performance and outcomes are concentrated around the main settings and optimised to replicate the results that are being achieved at Clarence Unit.
34. Additionally, we have established a new Rapid Discharge Service (RDS), designed to rapidly enable people to return home within 2 hours of a discharge decision or to avoid an admission altogether. In total, the RDS has supported 529 discharges from hospitals across Hampshire. At the end of receiving this service, 42% of clients required no further long-term services from Adults' Health and Care, with 37% going onto receive longer-term domiciliary care. The remaining 21% of people were either admitted to hospital, a care home setting or, given that they were in a palliative phase, sadly died.
35. Overall, our Reablement services, through a transformation programme which commenced some three years ago have seen a total of 17,621 371 referrals in this financial year (including Occupational Therapy and other services) – of which 6,346 are for people being discharged from acute hospital settings and almost 1,050 people from other hospital settings. However, it is important to recognise that we are now seeing some 60% of referrals being received by our Reablement Service to support people to remain in the community rather than enter hospital settings. Alongside this transformed balance in referral

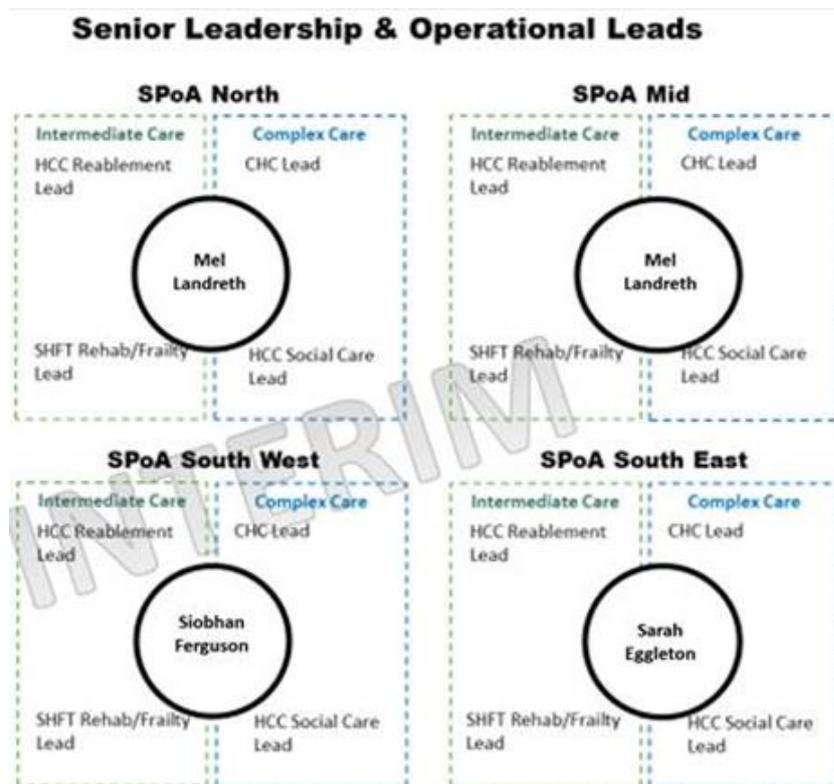
patterns is that people, on average, remain in the service for 19 days – some 2 days less than the target and a remarkable 16 days less than when the transformation programme commenced. This stunning effort to reduce pressures upon NHS services can also be witnessed across all HCC's adult social care services and across all our operational teams, working with providers and partners.

Looking forward

36. The marked uplift in volume and pace of discharge seen in this year has been a significant challenge to sustain, especially in light of the impacts upon the care home sector in the spring / early summer of 2020 when we saw the devastating effects of COVID-19 on care home settings. To its considerable credit the care home sector, whilst still fragile, has recovered some confidence and implemented robust COVID-19 secure procedures in the second half of this year. However, the impacts on the social care workforce across all elements of the whole, wider social care sector will remain into the medium / longer term. The impacts of staff fatigue, isolation and trauma of staff and people receiving support, will clearly continue to cast a significant shadow and will require dedicated recovery activity.
37. Additionally, new challenges relating to lower numbers of permanent admissions and sector-wide issues relating to insurance cover have come increasingly to the fore in recent weeks/months. These are issues that Hampshire County Council are actively supporting the sector to address. However, contextually we have seen the commissioning of a quarter fewer new permanent admissions through HCC, whilst deaths in care home settings (both those expected and those resulting from COVID-19) has seen a contraction of circa 20% of people in permanent care home settings overall. Whilst permanent admissions through local authority / NHS commissioning equate to approximately 40% of the care home sector the reductions in the sector over the past 12 months lead the care home market to be in a fragile short-term position. HCC commissioners will continue to work with the sector, though there is a high risk of some home closures and market re-setting during the comping period.
38. The domiciliary care sector has remained robust in its ability to support residents throughout 2020. This is testament to the market development transformational work that the Department successfully focussed on over the past 2 years. However, since the rapid increase in community transmission and number of COVID-19 cases seen since late December 2020 concerns in the short-term have increased.
39. It is hoped the roll-out of vaccination across the highest priority groups and the current slowing in COVID-19 transmission rates will enable the sector to recover. However, inevitably in response to the impacts of the pandemic the NHS will need to recover planned / elective care through the remainder of this year (and beyond) and maintain the vaccination programme meaning that pressures upon the wider health and social care sector and the social care provider market will continue.

System governance

40. New interim governance arrangements have been put in place between NHS and social care partners to support robust and consistent decision making across our operational area, as shown in the diagram below. As well as the governance arrangements in place for each SPoA, a Hampshire wide Discharge Leadership Group brings together director-level and senior level organisational leads to make decisions about issues that need to be resolved at a Hampshire scale or where there is a need for greater organisation wide oversight. This Group is chaired by the jointly funded Hampshire County Council / NHS Director of Transformation – Patient Flow & Onward Care.



Conclusion

Learning and Looking Forward

41. An unparalleled integration and transformation remains ongoing with our system partners as a result of COVID-19 and joint ambitious solutions are now more of an expected norm within the system partnership. The stand-up of new and effective shared service architecture set out above has enabled the safe and fast-paced discharge of thousands of patients across Hampshire, working more closely than ever as a system partnership with singular focus.
42. The system partnerships have agreed that the new service architecture must be maintained and our shared ambition and appetite for this is high. System partners have worked well together in difficult circumstances to put a robust

new process in place with forward momentum. We remain focussed on not 'slipping back' to old ways of working, but pressures on NHS services to recover and restore elective care pathways and the costs of the new arrangements remain as risks as does a myriad of sometimes challenging policy guidance for social care and the NHS.

43. Furthermore, it is key that Hampshire County Council works on a deeper and at the same time more impactful collaboration with CCGs and Health commissioners to ensure that there is sufficient ongoing community home and bed-based capacity to serve the varying discharge needs of Hampshire residents.
44. A key suite of performance dashboards is in place and will be further developed for the SPoA's to provide the information necessary to support forward joint commissioning, performance monitoring, national reporting and future business cases.
45. In addition, a number of different activities are underway across the system to review Hampshire's response to the national discharge guidance, to review actions taken and to assess future opportunities for a sustainable SPoA and D2A model.
46. **Forward direction activities include:**
 - On 11 February 2021 HM Government published the White Paper Integration and Innovation: working together to improve health and social care for all ([Integration and Innovation: working together to improve health and social care for all](#)). This sets out the direction of travel to create increased integration and collaborative working locally between the NHS and local government. These proposals are entirely in line with work underway across Hampshire and as such represent a significant opportunity to build upon work undertaken jointly through our response to the pandemic. It also creates the opportunity for increased strategic and functional alignment through the development of the Hampshire health and care system within the Integrated Care System development identified in the NHS Long Term Plan and the operation of the Health and Wellbeing Board and associated arrangements.
 - Confirmation of continuing / future investment with NHS partners for the new pathways and resources identified in this report for 2021/22 and beyond – both for capital and revenue funding
 - Case studies and tactical changes to monitor the quality of COVID-19 care to aid our learning of the impacts of this disease in our ongoing care of users
 - A long-COVID-19 national pilot (external fund of £300,000 attained to be shared) to help establish a hub of HIOW expertise to drive clinical and care learning and excellence across the partnership for complex, post-COVID-19 conditions
 - Tools have been developed both to log immediate risks and issues for resolution in each SPoA as well as to track risks, assumptions, issues and

dependencies more strategically to feed into the learning from this complex implementation process

- Rapid Insight SPoA Discharge Case Study work by Wessex Academic Health Science Network, which will review a number of patients on their experience of the discharge process
- Care Governance overview of assessment practice and Care Act compliance for onward care
- Healthwatch Hampshire survey on health and care advice and help during COVID-19
- Quality impacts and case studies to learn from patient and user experience and patient stories of care during COVID-19, some of which are remarkable
- Stakeholder evaluation exercises in each system have looked at what has worked well and what could be improved moving forward.
- High uplift of activity and capacity to support wave 3 is now underway and the services remain at a heightened state of performance and delivery into March 2021.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
White Paper - <i>Integration and Innovation: working together to improve health and social care for all</i>	11 February 2021
COVID-19 updated hospital discharge guidance. COVID-19 Hospital Discharge Service guidance	21 August 2020 20 March 2020

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

Health and Social Care System Resilience during COVID-19

Accountable officer: Graham Allen, Director of Adults' Health and Care

Date of assessment: 04/02/2021

Description of current service/policy

During the Covid-19 period, Adults' Health and Care has worked with the NHS to take a new single system approach, with the goal of rapidly discharging thousands of patients from hospital during 2020/21 to maximise capacity to treat people with acute Covid-19 symptoms. Changes in legislation have facilitated this and additional funding has been made available to provide care for individuals leaving hospital during the crisis period. The joint goal has been to safely care for and discharge patients to the most appropriate care settings, including some now to dedicated care home settings ("designated") for Covid-19 exclusively.

Geographical impact:
All Hampshire

Description of proposed change

Each system surrounding Hampshire's acute hospitals has developed a new discharge process in line with National directives. Referrals for discharge are now made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA). These SPoA bring together all organisations who would otherwise work individually on discharging people from hospital. The principle of 'Home First' is adopted, with those unable to go home usually going for a period of rehabilitation in a specialist care home before any longer-term decisions are made. Most people will return to their own home.

Impacts of the proposed change

This impact assessment covers Service users

Engagement and consultation

Has engagement or consultation been carried out? Yes

The new arrangements were introduced quickly to comply with emergency guidance being released by the Government. This limited opportunities to engage with service users and families. However, Adults' Health and Care has consulted and engaged with all relevant system partners in co-designing and developing the new system, for example NHS partners including GPs, commissioners and acute/community providers, and district and borough councils. Various opportunities to engage with and gain feedback from service users are now in place, including work by the Wessex Academic Health Science Network which will review a number of patients on their experience of the discharge process.

Statutory considerations

Impact Mitigation

Age: Low

There are a number of positive impacts of this new service model:

- Better coordination across services to ensure the most appropriate pathway is followed for each patient
- Individuals tracked through their journey, so long-term health and care needs can be assessed outside a hospital setting, which is likely to result in better long-term decisions being made
- Shorter hospital stays are likely to lead to less decompensation of frail elderly patients – typically, the longer you stay in hospital, the worse your outcome, therefore speedier discharge can often help.

The overall impact has been marked as 'low' however because the positives have to be balanced by a less favourable negative impact in that some patients may not get the choice of onward care they would ideally like in the short-term as the priority is to free up the hospital bed as soon as it is safe for the patient to leave.

The mitigation is that the initial onward care is only a temporary situation, and individuals are tracked throughout their care pathway to ensure that the most appropriate long term solutions can be found, preferably in the individual's usual place of residence.

Disability: Low The identified impacts for 'disability' mirror those for 'age'.

Sexual orientation: Neutral

Race: Low

We are aware that lack of choice in short-term onward care destinations for individuals coming out of hospital could impact on individuals being able to receive services that they feel are culturally appropriate in the short-term. However, the discharge to assess model which aims to assess long-term needs in the community should mitigate against short-term lack of choice by enabling more timely and personalised care planning for the longer term, out of the hospital environment.

Religion and belief: Neutral

Gender reassignment: Neutral

Gender: Neutral

Marriage and civil partnership: Positive

Reduced length of hospital stays and putting in place enhanced support at home may allow more couples to stay together in their own home for longer. Where one partner recuperates in a bedded facility, this may take pressure off the partner at home and reduce their need to take on very high levels of caring responsibility until their partner has made a greater recovery. In the short term, some couples may be apart for longer if post-discharge rehabilitation takes place in a bedded facility that is not accessible for geographical reasons or where visits in person are not yet possible. However, in the longer term, there should be benefits in recuperating outside a hospital environment.

Pregnancy and maternity: Neutral

Other policy considerations

Impact Mitigation

Poverty: Neutral

Rurality: Low

There are fewer care services available in rural areas if a bed-based solution is required. In addition, bed-based therapy services are being concentrated in centres of excellence or hubs. This hub approach should improve care outcomes but has a potential negative impact in that there is reduced short-term choice for the patient in their immediate onward care destination. This may particularly affect those patients who live in rural areas. This approach only applies to short-term onward care, hence the impact is considered 'low' rather than ' '.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Cabinet
Date:	16 March 2021
Title:	Annual Report of the Director of Public Health 2019-20 Tackling environmental factors is vital to address obesity in Hampshire
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 0370 779 3256

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to present the latest Director of Public Health's Annual Report to Cabinet ahead of final publication.

Recommendations

2. That Cabinet note the Annual Report of the Director of Public Health 2019-20.
3. That Cabinet endorse the recommendations within the Director of Public Health Annual Report 2019-20 which are:
 1. The COVID-19 pandemic has highlighted the urgent need to reduce levels of excess weight. Refocus on this key issue post-COVID-19 as an integral way to address health inequalities through the Health and Wellbeing Board.
 2. Use the opportunities arising from the development of the Local Transport Plan 4 for Hampshire to create environments that encourage walking and cycling and address connectivity to help create healthy weight environments.
 3. Continue working in partnership with District Councils, the NHS and the voluntary sector to provide healthy weight settings and environments, including delivering a local 'Eat Out Eat Well' award.

4. Focus on opportunities arising from the development of new places such as Manydown and Welbourne Garden City to embed healthy environments and behaviours into new communities.
5. Re-energise the Rushmoor Whole Systems Approach and use the learning to roll out this approach to another District or Borough Council in 2021.
6. Support early years and schools to provide healthy weight settings, with a particular emphasis on those locations where children and young people are more at risk of developing an unhealthy weight.

Context

4. This year's report 'Tackling environmental factors is vital to address obesity in Hampshire' looks at the importance of environmental factors in tackling excess weight amongst Hampshire's population. It considers these factors and uses innovative case studies to explore this issue in Hampshire and makes recommendations for what more we and our partners can do together to address obesity
5. Obesity is one of Hampshire's most serious public health issue with emerging evidence indicating that being overweight or living with obesity puts individuals at a greater risk of serious harm and the risks from COVID-19 in comparison to the rest of the population has highlighted this issue further.
6. The report highlights the seriousness of the issue with nearly two-thirds of adults over 18 years old, almost one-third of children aged 10-11 years and over one-fifth of children aged 4-5 years in Hampshire being overweight or obese.
7. Excess weight is influenced by wider environmental factors which includes: the food environment, food advertising and marketing, neighbourhoods and public spaces, transport, infrastructure, green and blue spaces and the places in which we live and learn. Cutting calories alone will not shift the weight; we need to focus on how best to address these wider factors and move away from concentrating solely on individual behaviours.
8. When this topic was selected for my report, nobody could foresee that the work of Public Health, the wider Council and its partners would be transformed by the impact of COVID-19 and our response to manage the pandemic and contain the spread of the virus. However, as we have learnt more about coronavirus, evidence has emerged that being overweight or living with obesity puts individuals at greater risk of serious harm from COVID-19 in comparison to the rest of the population.

9. COVID-19 has also highlighted the inequalities and vulnerabilities within our communities. This is especially true for weight where some residents including those:
 - in areas of deprivation
 - from black, Asian and ethnic minorities
 - with severe mental health problems
 - with learning disabilities

are more likely to be at risk of obesity and experience worse health outcomes. The impact of COVID-19 on obesity has been included within the report, giving it greater salience and relevance at this time.

10. The pandemic has had an adverse impact on some programmes aimed at reducing obesity as well as decreasing the capacity of local partners to enable change. Despite this, work has continued to tackle environmental factors and this report highlights innovations such as Healthy New Towns as well as exciting new opportunities being explored in planning and transport.
11. The pandemic has also provided greater impetus and a real drive by local partners, including those in health through the NHS prevention programme, to work with Public Health and others to shape and deliver health promoting places. The report considers how these are being implemented across the system, potential investment funding opportunities to support environmental changes and what more we can do to influence a return to a healthy weight amongst Hampshire's population.
12. We know that obesity is preventable and that we need to take a whole system approach to reduce levels of excess weight, focusing on addressing environmental factors. This report demonstrates how public health has become embedded within the work of key Council functions such as planning and transport and recommends how more partners can be supported to play their part. This includes the NHS through its long-term prevention plan, education, early years and childcare settings, infrastructure developers and local planners in Hampshire's districts and boroughs.
13. Finally, the report makes the following recommendations as set out in this report .

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Annual Report of the Director of Public Health

Tackling environmental factors is vital to address obesity in Hampshire



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Although I have been leading the response to coronavirus, with nearly two thirds of adults in Hampshire having excess weight, work has continued to tackle the environmental and social factors which can help to address this. These are explained further within this report, including some exciting innovations such as Healthy New Towns and opportunities in planning and transport.

We know that obesity is preventable and that we need to take a whole system approach to reduce the rates for children, young people and adults. This will help to improve health outcomes for the population as a whole. I will lead by example to ensure the services I am responsible for are doing what they can to reduce this trend, whilst also providing support to other partners to enable them to play their part. This includes the NHS through its long-term prevention plan, education, early years and childcare settings, transport planners, infrastructure developers and local planners in Hampshire's districts and boroughs.

The Director of Public Health's annual report is one of the ways in which I can highlight specific issues to improve the health and wellbeing of the people of Hampshire. With everyone working together, we can accelerate our work to address those wider determinants of health and halt the rising trend in obesity, protecting our residents, especially those who are most at risk. I look forward to taking this forward with you.

Simon Bryant, BSc, MSc, MSc, FFPH
Director of Public Health,
Hampshire County Council

Acknowledgements

I want to thank my whole team for the work this year which has put the public health function centre stage. I am grateful for those who have worked on this report especially Lynn Butler, Sian Davies, Susan Dewey, Matthew Haines, Megan Saunders, Sarah Taylor, Abigail Wilkinson and Lisa Williams.

Foreword

I am delighted to introduce my second Annual Report as Director of Public Health for Hampshire.

When I chose to focus this report on obesity, which I consider to be one of Hampshire's most serious public health issues, little did I know that my year would be transformed by the impact of COVID-19 and the fight against the virus. As we learn more about the virus, evidence has emerged that being overweight or living with obesity puts individuals at greater risk of serious harm from COVID-19 in comparison to the rest of the population.

During this year COVID-19 has highlighted the inequalities and vulnerabilities within our communities. This is also true for weight where some residents, such as those in areas of deprivation or from black, Asian and ethnic minorities are more likely to be at risk of obesity and experience worse health outcomes.

Executive summary

By shifting our focus to addressing environmental and societal factors we will be able to have a greater impact on the levels of excess weight in Hampshire than if we solely consider individual behaviours¹. Many people already know what they should be doing to achieve a healthy weight but it can be a real struggle to put this into practice. This is primarily because we are living in an environment that encourages us to eat too many calories whilst remaining physically inactive.

This report highlights the significant amount of work across Hampshire to increase the proportion of people with a healthy weight. However, there is more we can do to facilitate healthy behaviour through changes to our environment and I recommend the following priorities for action:

- 1.** The COVID-19 pandemic has highlighted the urgent need to reduce levels of excess weight. Refocus on this key issue post-COVID-19 as an integral way to address health inequalities through the Health and Wellbeing Board
- 2.** Use the opportunities arising from the development of the Local Transport Plan 4 for Hampshire to create environments that encourage walking and cycling and address connectivity to help create healthy weight environments
- 3.** Continue working in partnership with District Councils, the NHS and the voluntary sector to provide healthy weight settings and environments, including delivering a local 'Eat Out Eat Well' award
- 4.** Focus on opportunities arising from the development of new places such as Manydown and Welbourne Garden City to embed healthy environments and behaviours into new communities
- 5.** Re-energise the Rushmoor Whole Systems Approach and use the learning to roll out this approach to another District or Borough Council in 2021
- 6.** Support early years and schools to provide healthy weight settings, with a particular emphasis on those locations where children and young people are more at risk of developing an unhealthy weight.

1. The Kings Fund 2019 – What does improving population health really mean?

Introduction

What is driving obesity in Hampshire?

Excess weight (that is obesity and overweight combined) is driven by environmental, societal, health and care factors as well as individual behaviours. The impact of environmental and societal factors on weight is greater than those of individual behaviours and health care,² which is why we need to shift our focus onto these to tackle excess weight.

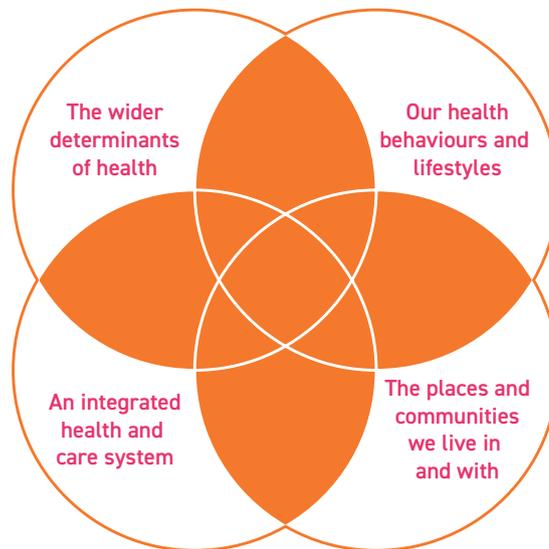


Figure one: Four pillars of population health²

In July 2020 the Government recognised that: “tackling obesity is not just an individual’s effort, it is also about the environment we live in, the information we are given to make choices; the choices we are offered and the influences that shape those choices.”³

There is an interrelationship between the built environment, transport, infrastructure, neighbourhoods, food environment, advertising, digital environment, consumption and health.^{4, 5} Many people already know what they should be doing to achieve a healthy weight but it can be a real struggle to put this into practice. This is primarily because we are living in an environment that encourages us to eat too many calories whilst remaining physically inactive.

For example, we know there are links between fast food availability and diet and that outlets selling fast food have clustered in areas of deprivation.⁶ Inside a retail outlet, how we choose the food we buy is influenced by store layout, daily promotions and sensory cues all designed to encourage customer purchases, often regardless of the nutritional value of the product. The top 25% of purchasers of these promotional items are 43% more likely to be overweight than those in the lower quartile, irrespective of income and age.⁷

2. The Kings Fund 2019 – What does improving population health really mean?

3. [gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives](https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives)

4. Obesogenic environments: current evidence of the built and food environments – Tim Townshend and Amelia Lake. *Perspectives in Public Health*; London Volume 137, Issue 1, (Jan 2017): 38-44

5. UK Government (2007) *Tackling Obesity: Future Choices*

6. Fraser, LK, Edwards, KL. The association between the geography of fast food outlets and childhood obesity rates in Leeds, UK, *Health & Place*, 2010,16, 1124-8

7. Cancer Research Paying the price (2019) new evidence on the link between price promotions, purchasing of less healthy food and drink, and overweight and obesity in Great Britain

Costs and impact of COVID-19

Evidence is emerging that being overweight or living with obesity puts individuals at greater risk of serious harm from COVID-19, in comparison to the general population.⁸ Further the pandemic has had an adverse impact on many of the factors that impact obesity as well as the capacity of local partners to enable change.

More positively, this has provided impetus and a real drive by local partners, including those in health through the NHS prevention workstream,⁹ to work with Public Health and others to shape and deliver health promoting places. This report considers how this is happening, the investment funding opportunities to support environmental changes and what more we can do to influence a return to a healthy weight in Hampshire's population.

Excess weight in Hampshire

In Hampshire, nearly two-thirds (63%) of adults aged 18 years and above are either overweight or obese (Figure two) and nearly one-third of children aged 10-11 years in Hampshire are overweight or obese (Figure three).

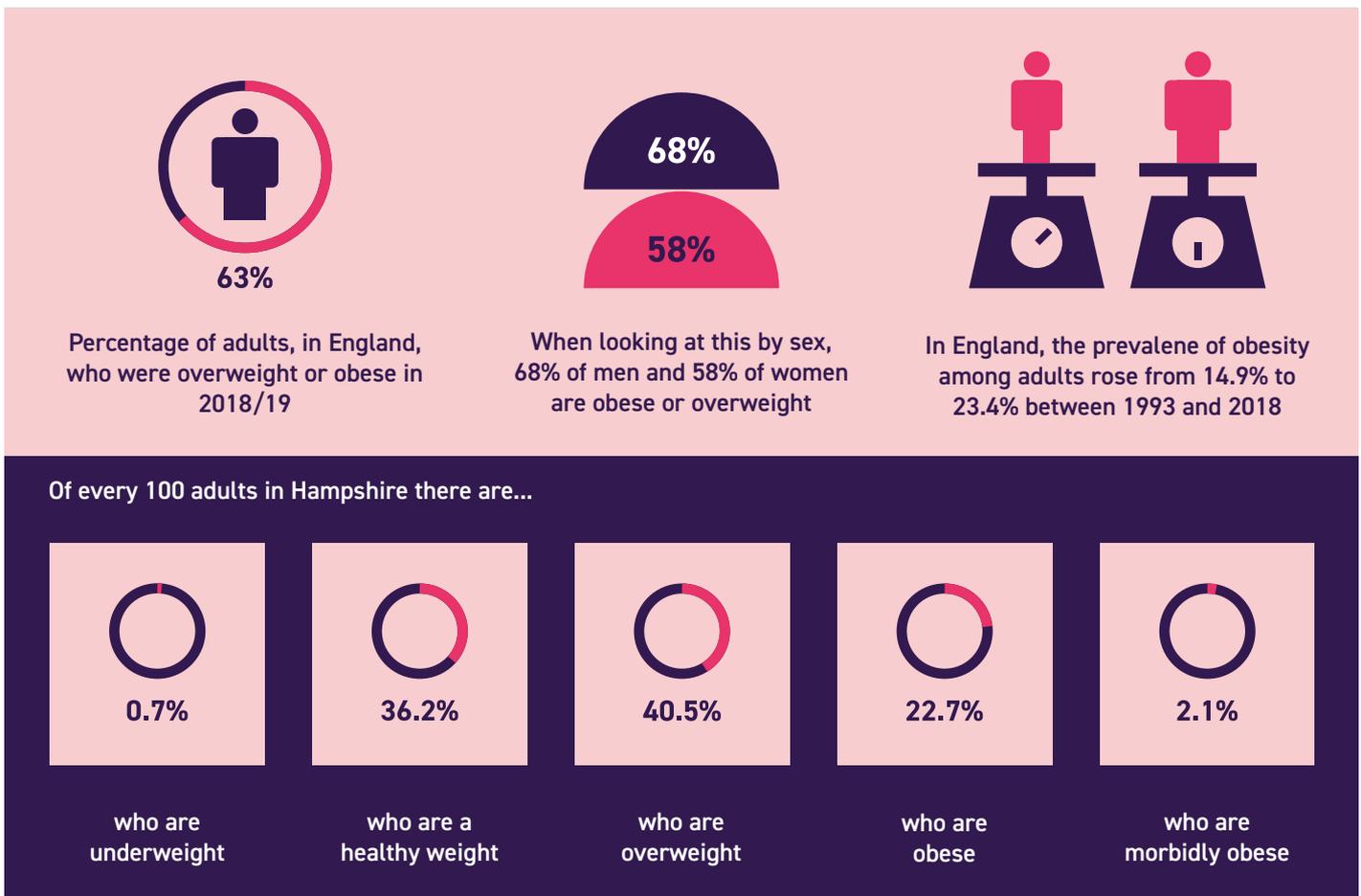


Figure two: Excess weight in adults in Hampshire and England 2018-2019

8. Public Health England. (2020) Excess weight and COVID-19: insights from new evidence

9. NHS 2019 NHS Long Term Plan

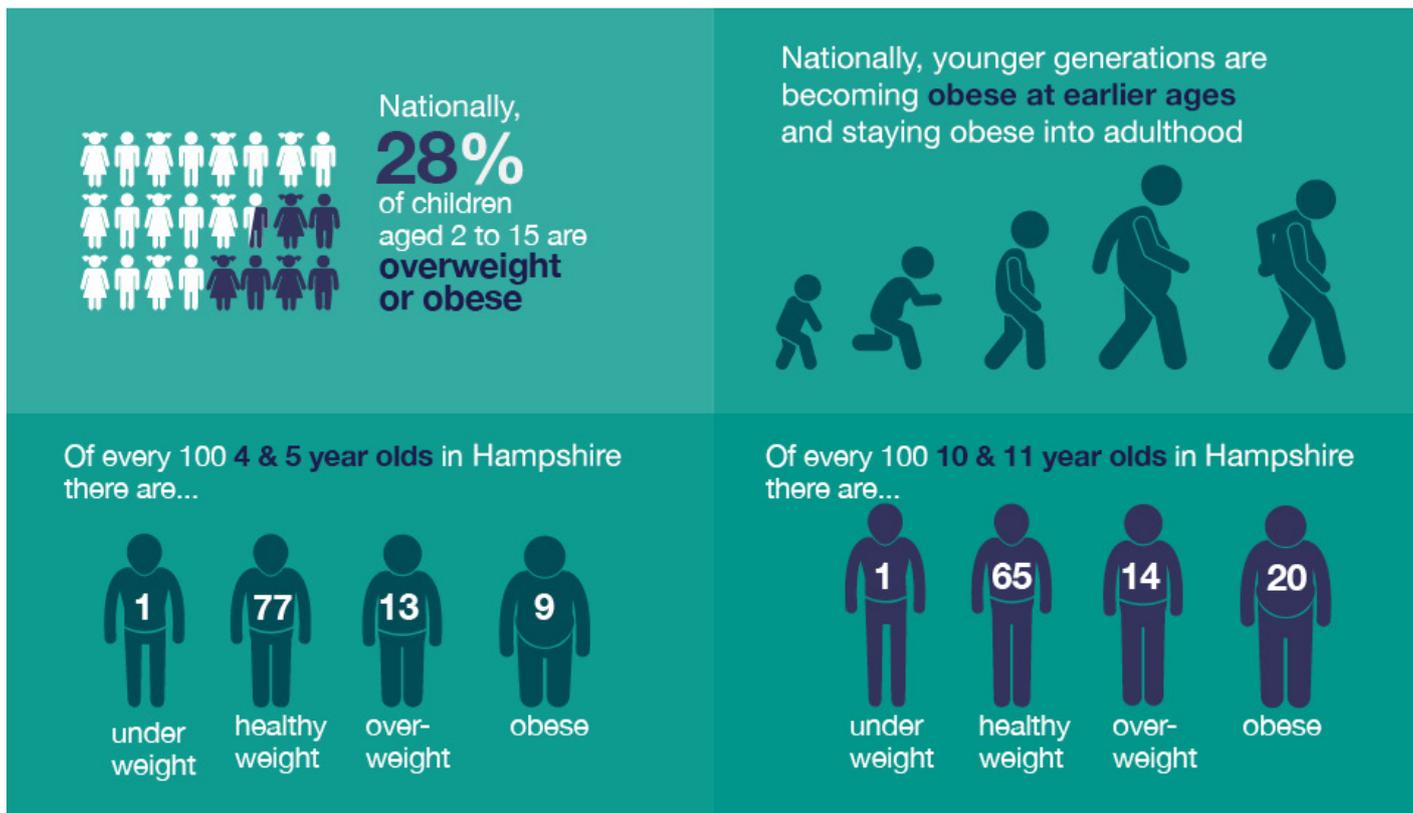


Figure three: Overweight and obesity in 4-5 year olds and 10 and 11 year olds in Hampshire and England

Obesity and inequalities

No one is immune to obesity - excess weight affects all population groups but in comparison to the general population it disproportionately affects those:

- aged between 55-74 years
- living in more deprived areas within Gosport, Havant and Rushmoor
- within Black, Asian and Minority Ethnic (BAME) communities¹⁰
- those with severe mental health problems^{11, 12}
- those with learning disabilities^{13, 14}

10. nice.org.uk/guidance/ph46/chapter/1-recommendations

11. Rogers, A. and Pilgram, D. (2003) Mental Health and inequality. Basingstoke: Palgrave Macmillan

12. mentalhealth.org.uk/sites/default/files/food-for-thought-mental-health-nutrition-briefing-march-2017.pdf

13. Health Needs Assessment of Adults with Learning Disabilities in Hampshire

14. NHS Digital (2019) – Health and care of people with Learning Disabilities

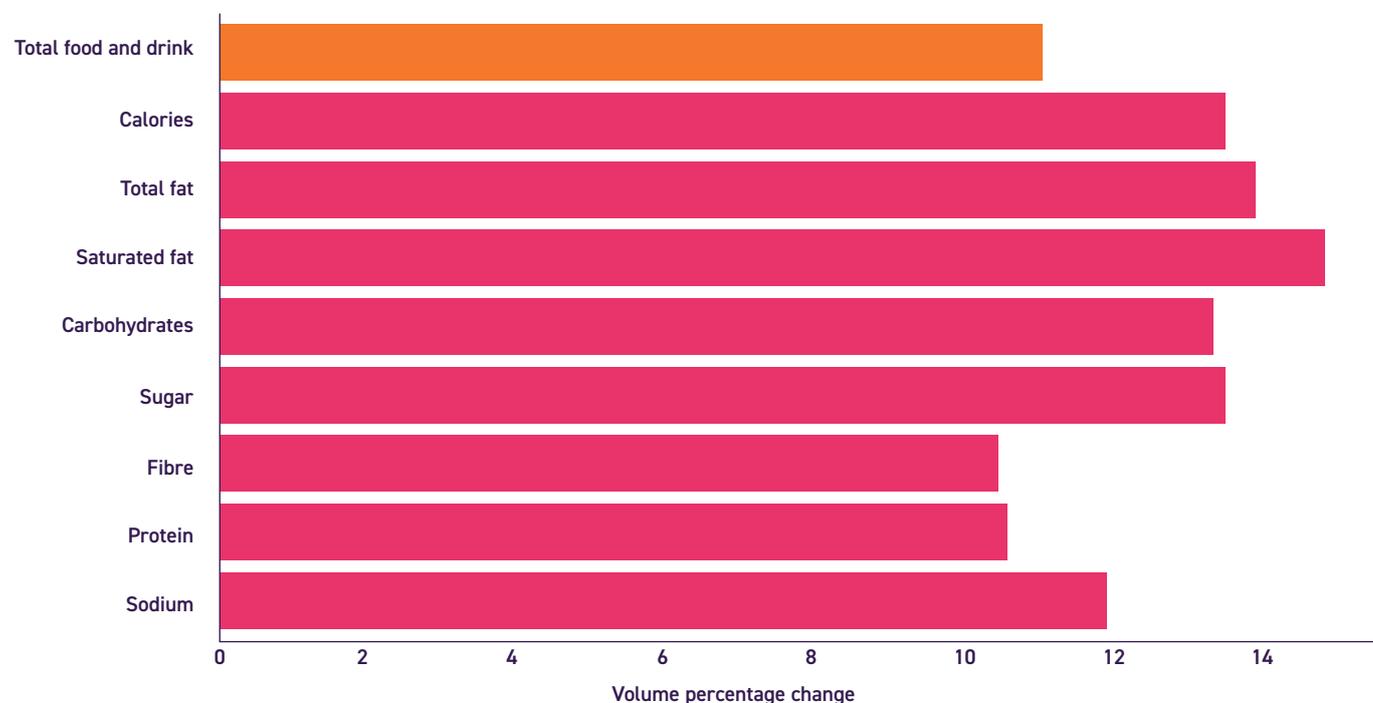
How the environment shapes what we do and our weight: healthy food environments

Healthy food environments

A healthier food environment is one where healthier food options are the default, and residents have the opportunity to buy, make and grow healthy food. Creating a healthier food environment, through the planning system and supporting local businesses and workplaces to provide healthier food and drink, enables people to access healthier options. Advertising, promotions, the business mix within high streets and the food and drink offered in work cafeterias and in local takeaways, cafes and restaurants all have a major influence on food and drink options.

The pandemic has undoubtedly influenced the ways in which people access and utilise their local environments and access food. More people are working from home than ever before and early evidence suggests that the pandemic has affected eating behaviours. Our weekly average grocery purchasing behaviour changed this year with nearly 14% more calories, sugar and nearly 15% more saturated fats being purchased, in comparison to 2019 (Figure four). More than a third of respondents from all socio-economic groups reported snacking more during the first period of national restrictions (Figure five).¹⁵

Nutrient volume – weekly average year to date percentage change 22 Nov 20 compared to 24 Nov 19



Source: PHE analysis of Kantar Worldpanel Data

Figure four: Grocery purchasing behaviour – change in nutrients purchased year on year

15. PHE (2020) Wider Impacts of COVID-19 on Health (WICH) monitoring tool

Proportion of respondents snacking more or less often in the past month by social class in England, Wales and NI: survey data up to 14 July 20

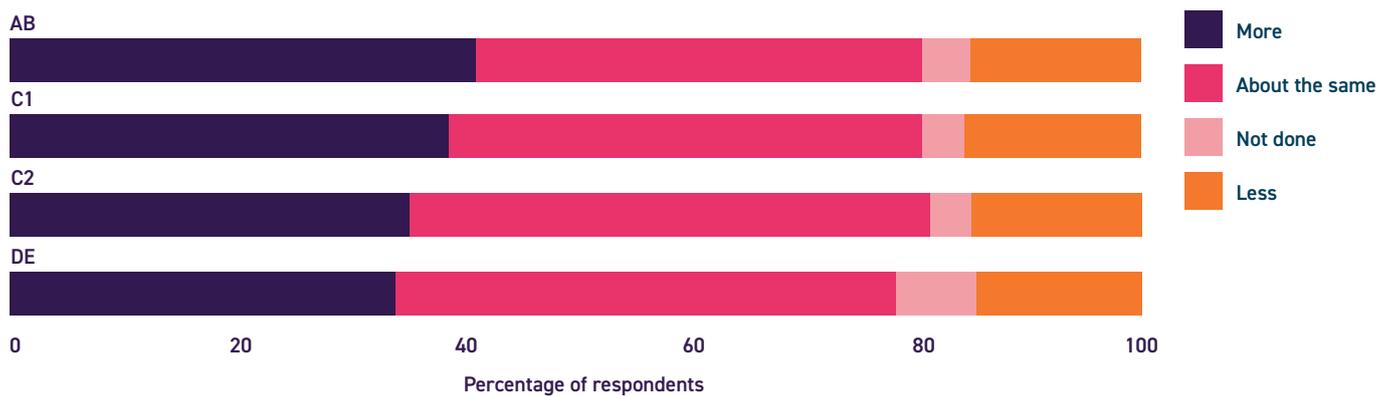


Figure five: Snacking behaviour by social class during first period of national restrictions

Source: The COVID-19 Consumer Tracker. Food Standards Agency with Ipsos MORI.

Previous research concluded that a healthy diet may be unaffordable for families on lower incomes.¹⁶ With the economic impact of COVID-19 and reduced incomes across many sectors,¹⁷ more household food budgets have been affected, with foodbanks seeing a drastic increase in referrals.¹⁸

Local research also found healthy food is less likely to be available from neighbourhood food outlets compared with larger supermarkets and is likely to be more expensive. During the national restrictions many households have been more reliant on their local food offer, which can be less healthy in some areas. Those on lower incomes may be more likely to be influenced by their local food offer and to be price-sensitive when shopping, whilst family food insecurity has been associated with infant excess weight.¹⁹

This variation in the quality of the local food offer is also demonstrated by the availability of fast food outlets. Fast-food is associated with poor nutrition whilst greater access to takeaway outlets is linked to increased consumption.²⁰ The number of takeaway outlets per head in Hampshire is almost four times greater in the most deprived deciles compared with the least deprived, representing an inequality in the availability of and exposure to fast-food in Hampshire, as mapped in Figure six. There is a correlation between food marketing and advertising and purchasing, and there is also a correlation between outlet density and consumption. In this way, advertising and availability of fast food provide environmental cues to eat.²¹

16. Food Foundation (2019) The Broken Plate. Food Foundation. Available from: foodfoundation.org.uk/wp-content/uploads/2019/02/The-Broken-Plate.pdf

17. PHE (2020) Great Britain average total weekly earnings annual growth rate, seasonally adjusted by sector

18. The Trussell Trust (2020) Lockdown, lifelines and the long haul ahead: The impact of COVID-19 on food banks in the Trussell Trust network

19. Williamson, S et al. (2017) Deprivation and healthy food access, cost and availability: a cross-sectional study. Available from: doi.org/10.1111/jhn.12489

20. PHE (2013) – Research and Analysis gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets

21. PHE (2017) gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

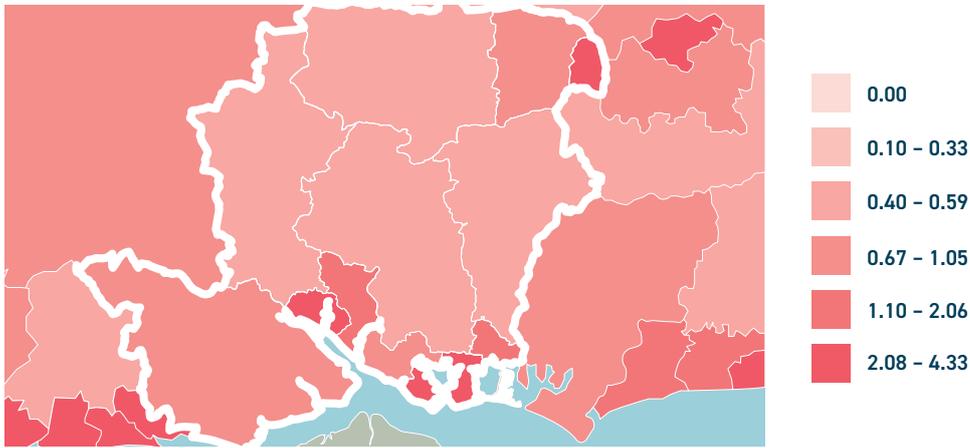


Figure six: Density of fast-food outlets across Hampshire

A link between unhealthy diets, low quality diets and mental ill health has been identified in young people.²² Results from Hampshire’s school health and wellbeing survey suggest the environments around schools may influence children’s food purchasing and food consumption. They are providing opportunities for, and perhaps cues to, purchase and consume food and drink of low nutritional value, creating poorer eating habits for the future.

However, earlier research indicates making healthier foods more accessible and increasing the provision of low cost, healthier food can be effective in promoting healthy eating and addressing weight.²³

22. Khalid,S, Williams, CM, Reynolds, SA (2017) Is there an association between diet and depression in children and adolescents? A systematic review

23. 7 Fuentes Pacheco A, Carrillo Balam G, Archibald D, et al Exploring the relationship between local food environments and obesity in UK, Ireland, Australia and New Zealand: a systematic review protocol. *BMJ Open* 2018;8:e018701. doi: 10.1136/bmjopen-2017-018701

Addressing social norms using advertising and marketing

Food choices are shaped and influenced by advertising and marketing and newer digital technologies have made it easier to target communications to adults and children. Nationally work is underway to counteract this with advertising restrictions, whilst locally campaigns have been deployed which have targeted those at higher risk from obesity or who are less engaged with support to lose weight.

Hampshire's 'Be sizewise' campaign used behavioural insight principles to help men recognise the excess weight they were carrying. An effective approach was employed using humour and bluntness to raise the sensitive subject of weight and then provide action-orientated solutions via a 'no nonsense' **online webpage**. Results were promising with good engagement via several social media channels and a number of men accessing Hampshire's weight management offer.

Hampshire also deployed a Better Health weight campaign during autumn 2020 targeting those most at risk from COVID-19 obesity related harms including black, Asian and ethnic communities. The digital marketing performed well with good engagement from those aged 45 to 64, as well as women. Offline advertising using pharmacy bags and supermarket media sites was also used to reach residents with long term conditions and those not digitally enabled.



How the environment shapes what we do and our weight: active environments and neighbourhood spaces

Our local environments can be health promoting through good design and the provision of infrastructure that encourage physical activity and access to green spaces and local community amenities.

Neighbourhoods and public spaces

'Neighbourhoods' can be defined as places where people live, work and play and have a sense of belonging.²⁴ Neighbourhoods and the public realm can encourage healthy lifestyles by increasing active travel and visits to green space.

The range of facilities and services vary between areas with some being health-promoting (such as health centres, leisure centres, cultural facilities and food shops that sell fresh produce) and some may be health-damaging (for instance, bars, fast food outlets, off-licences and betting shops). Negative environmental features are more predominant in areas of social disadvantage. Features such as high levels of traffic, vacant and derelict land, lack of quality green and public spaces and poor quality streetscapes and shops can all lead to reductions in walking and other forms of physical activity.²⁵

The Town and Country Planning Association have developed key themes and elements that need to be considered when planning healthy weight places, including key criteria to consider when developing neighbourhoods and settlements:

Key themes	Elements
Movement and access	Walking environment
	Cycling environment
	Local transport services
Open spaces, recreation and play	Open spaces
	Natural environment
	Leisure and recreation spaces
	Play spaces
Food	Food retail
	Food growing
Neighbourhood spaces	Community and social infrastructure
	Public spaces
Building design	Homes
	Other buildings
Local economy	Town centres and high streets
	Job opportunities and access

24. PHE (2017) Spatial Planning for Health: An evidence based resource for planning and designing healthier places

25. Glasgow Centre for Population Health (2013). The Built Environment and Health: An Evidence Review. Concepts Series 11 Briefing Paper.

Case study one: Whitehill and Bordon healthy new town – shaping the built environment to improve health and weight

Whitehill and Bordon is being transformed from a garrison to a green and healthy town. A complex, multi-partner, fifteen year programme will deliver 3,350 new homes, a new town centre with new leisure centre, secondary school, cinema and health hub and 80 hectares of suitable alternative natural greenspace. The regeneration partnership is committed to a green and healthy vision for the town which makes it easy for people to live healthy and active and independent lives, where it is easier to walk and cycle than travel by car and the town centre is a healthy food environment. The aspiration is that this will result in more active children and adults with healthier weights.

Examples of work already undertaken:

- 'Play for Health' plan for Hogmoor enclosure complete and natural play area opened
- Enhanced active travel around town
- A new community café with healthy menu options
- A town-wide wayfinding strategy, using landmarks and water features to make it easy and fun to navigate around town using active travel methods

Movement and active travel

Currently 51% of commuter trips that are less than 1.25 miles are made by car, compared with 39% by walking,²⁶ giving a lot of scope to encourage active travel for shorter journeys. There is variation across Hampshire with higher levels of walking in urban areas as illustrated in Figure seven. Evidence suggests that people walk more in places with mixed land use (such as retail and housing), higher population densities and highly connected street layouts. These urban forms are associated with between 25% and 100% greater likelihood of walking.²⁷

26. 2011 Census data – Hampshire Strategic Infrastructure Statement 2019

27. Sinnett, D et al. (2012) Creating built environments that promote walking and health: A review of international evidence. *Journal of Planning and Architecture* 2012: 38

Travel to work by walking

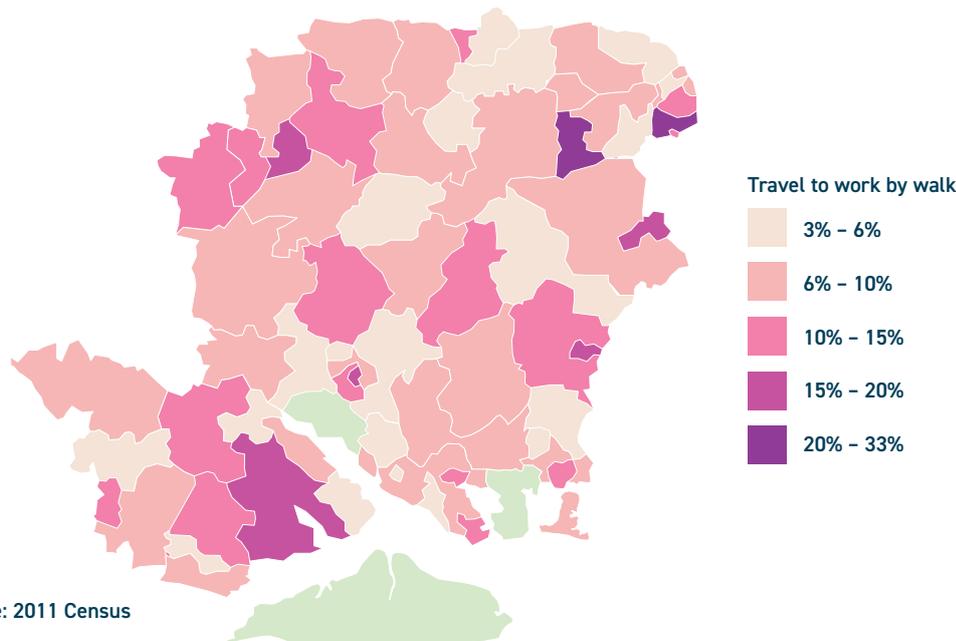


Figure seven: 2011 Census – Hampshire Strategic Infrastructure Study (April 2019)

The spatial factors positively associated with cycling include the presence of dedicated cycle routes or paths, separation of cycling from other traffic, high population density, short trip distance, proximity of a cycle path or green space and (for children) projects promoting 'safe routes to school'.^{28, 29} Rural areas, like much of Hampshire, have particular barriers to active travel such as fast roads and lack of pavements.³⁰

Transport, infrastructure and connectivity³¹

Hampshire's infrastructure and transport connectivity underpins how residents choose to travel and how easy it is to access workplaces, vital services and leisure environments including green and blue space. Good infrastructure, transport options and connectivity support active travel, which if built into our day, helps us to meet the Chief Medical Officer's physical activity guidelines and manage our weight.³²

Connectivity (travel times) between places in Hampshire, as elsewhere, is much better by car than public transport. South Hampshire has the lowest levels of car and public connectivity overall, reflecting higher levels of congestion and unique coastal geography. This connectivity is reflected in how we choose to travel, with the private car or van being the principal mode of travel to work (65%), despite the fact that 31% of commuting trips are less than 5 miles. Walking is the main mode of travel to school, although 30% of pupils are still taken to school by car.³³

28. NICE (2012) PH41 [nice.org.uk/guidance/ph41/chapter/1-recommendations#encouraging-people-to-walk-and-cycle](https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations#encouraging-people-to-walk-and-cycle)

29. Dept of Transport (2020) Gear Change

30. See the Hampshire Spatial Planning Joint Strategic Needs Assessment (2018)

31. Data in this section has been supplied by Transport Planners, HCC (2020)

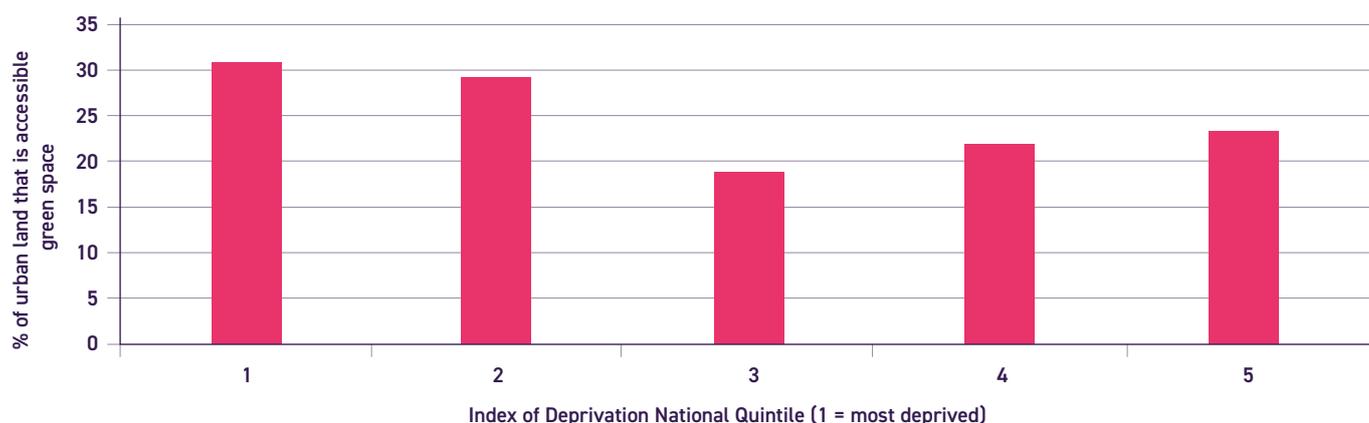
32. DHSC (2019) Physical activity guidelines: UK Chief Medical Officers' report

33. Excludes car sharing figure for these journeys.

Under COVID-19 restrictions many within the population have been working from home and physically moving less.³⁴ If travel to work has been required, national messaging has encouraged the use of the private car over public transport. In an ongoing local survey of nearly 3000 local respondents, over 25% of people who used public transport prior to COVID-19 stated that they would travel by car for the next few months.³⁵ The massive shift in the way people work may change transport requirements post pandemic.

Green spaces

Access to, and engagement with, the natural environment is associated with positive health outcomes with evidence of a relationship between green space and weight.³⁶ The type of natural environment we access is also important – access to recreational infrastructure, such as parks and playgrounds, is associated with a reduced risk of obesity among adolescents.³⁷



Notes: Accessible green spaces are defined as publicly accessible recreational and leisure sites in OS Green Spaces data plus ancient woodlands, Open Access Land, nature reserves, Wildlife Trust sites and common land. Only those Lower Super Output Areas defined as urban in the ONS Rural-Urban Classification are used in the analysis. Index of Deprivation 2015 from gov.uk/government/statistics/english-indices-of-deprivation-2015

Figure eight: Accessible green space in urban land areas by deprivation quintile (Hampshire)

A research summary of green space and health in Hampshire³⁸ found that Hampshire’s urban areas with the highest levels of deprivation have some of the highest proportions of accessible green space (Figure eight). This is important because we know that people in the most deprived areas are more likely to be overweight or obese and therefore have much to gain from using green space.³⁹ Through spatial planning and new developments there is a real opportunity to create healthy neighbourhoods, improve connectivity and maximise the potential of green and blue space. However, for residents to use these their quality, safety and accessibility must be a prime consideration.⁴⁰

34. Update on the Impact of COVID-19 on Hampshire’s physical activity plans, development, and actions, paper to the Health and Wellbeing Board, 1/10/2020 accessed from: democracy.hants.gov.uk/documents/s57721/Item%208%20Physical%20Activity%20Strategy%20Report.pdf

35. Commonplace Tool Survey for Hampshire, Hampshire County Council 2020

36. K. Lachowycz and A. P. Jones (2010) Greenspace and obesity: a systematic review of the evidence

37. Sallis, JF et al (2012) The Role of Built Environments in Physical Activity, Obesity, and CVD

38. documents.hants.gov.uk/hampshire2050/evidence/theme-4-environment-and-quality-of-place/supporting-evidence-and-research-reports/Theme-4-Greenspace-and-Health.pdf

39. researchgate.net/profile/Chinmoy_Sarkar4/publication/317177855_Residential_greenness_and_adiposity_Findings_from_the_UK_Biobank_links/59dc7bcd0f7e9b1460037875/Residential-greenness-and-adiposity-Findings-from-the-UK-Biobank.pdf

40. uwe-repository.worktribe.com/output/880599/spatial-planning-for-health-an-evidence-resource-for-planning-and-designing-healthy-places

Case study two: The emergency infrastructure fund and local transport planning

In 2020 Hampshire County Council was awarded £863,000 of COVID-19 emergency infrastructure funding which it used to redesign roads and high streets to support social distancing, assist economic recovery and encourage walking and cycling. A further £3.45 million has been awarded to the Council to deliver a bolder range of schemes which will:

- transform high streets and local centres, including funding for Aldershot, Rushmoor
- encouraging cycling and walking for local journeys including in areas of deprivation
- innovative street measures to transform behaviours, such as school street closures, seating, greenery and bike racks
- ambitious proposals for strategic corridors such as the A27 – to encourage walking and cycling

This presents a fantastic opportunity to make meaningful changes to local environment and infrastructure to address obesity.

Environments play an important role in health and wellbeing. As with many of the wider determinants of health, there are inequalities related to transport, infrastructure and connectivity, food environments, availability of healthy/unhealthy foods and green space. Developing infrastructure and transport modes, improving air quality and addressing connectivity to support people choosing to travel by walking and cycling as part of everyday life, is an essential environmental component to tackle excess weight.

How home, learning and play environments shape what children and young people do and their weight

There is strong evidence that child eating behaviours can be inherited and are affected by the environment.⁴¹ Research into how genetic and environmental factors interact is ongoing. Creating healthy places where children and young people live, learn and play is vital to influencing their weight.

Home and the first thousand days

Major life events such as pregnancy and a child's early years provide an opportunity for parents to reset or form new habits and ensure a healthy start to their children's first thousand days.⁴² Breastfeeding for the first three months of life reduces the risk of obesity by 13% in later life and mothers who breastfeed also benefit from a faster return to pre-pregnancy weight.⁴³ From data available nationally we know that only half of babies born to mothers in the most deprived decile have a first feed of breastmilk, compared to over three quarters in the least deprived decile. Although nearly 75% of Hampshire babies have a first feed of breastmilk, the number of mothers still breastfeeding at six to eight weeks after birth drops to just below half.

Baby's first feed breastmilk (2018/19) – England LSOA11 deprivation deciles in England (IMD2019)



Figure nine: Comparison of breastfeeding rates between most and least deprived populations

41. Wood, AC (2018) Gene-Environment Interplay in Child Eating Behaviors: What the Role of "Nature" Means for the Effects of "Nurture"

42. House of Commons Health and Social Care Committee, First 1000 days of life (2019)

43. PHE, Early Years High Impact Area Three (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/754791/early_years_high_impact_area_3.pdf

To enable more mothers to begin, and breastfeed for longer, settings such as workplaces, nurseries and schools, hospitality, and family venues should become 'breastfeeding-friendly'.⁴⁴ Services supporting families should continue to implement evidence-based programmes such as the UNICEF Baby-Friendly to support the number of breastfed babies at 6 months in Hampshire and reinforce the importance of breastfeeding-friendly environments.

Early years and school environments

"Schools provide an important means of influencing many of the sociocultural factors that have a lasting impact on both food choices and exercise habits. They have a prominent role in the community, are a source of support for parents and families, and can produce community change in environments, knowledge, and behaviour."⁴⁵

Children's health behaviours are heavily influenced by their early years and school environments,^{46, 47} where they spend, on average, 190 days each year until the age of eighteen.⁴⁸ Time spent in educational settings can lay the foundations for a healthy, active lifestyle as an adult.

It has been shown that overweight or obese children are more likely to experience poorer health and lower educational attainment.⁴⁹ Around one third of adults who leave school with no qualifications are obese, compared with less than a fifth of adults with degree level qualifications.⁵⁰ Improved academic attainment and attention in class can be achieved by healthy school meals for school-age children and building more physical activity into the school day. The following case studies illustrate how these can be implemented within educational settings.

44. PHE, All Our Health, Healthy Beginnings (2019) gov.uk/government/publications/healthy-beginnings-applying-all-our-health/healthy-beginnings-applying-all-our-health

45. Nuffield Council on Bioethics, written evidence (Sept 2019) accessed at: committees.parliament.uk/writtenevidence/230/html/ for the Select Committee on Food, Poverty, Health and the Environment Hungry for change: fixing the failures in food report (July 2020) publications.parliament.uk/pa/ld5801/ldselect/ldfphe/85/8502.htm

46. Jamal, F., Fletcher, A., Harden, A. et al. The school environment and student health: a systematic review and meta-ethnography of qualitative research. *BMC Public Health* 13, 798 (2013). doi.org/10.1186/1471-2458-13-798

47. Bonell C, Beaumont E, Dodd M, et al. Effects of school environments on student risk-behaviours: evidence from a longitudinal study of secondary schools in England. *J Epidemiol Community Health* 2019;73:502-508. jech.bmj.com/content/73/6/502

48. Education and Skills Act (2008) legislation.gov.uk/ukpga/2008/25/contents

49. Caird, J et al., (2011), 'Childhood obesity and educational attainment: a systematic review', London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

50. Promoting healthy weight in children, young people, and families: A resource to support local authorities (2018) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750679/promoting_healthy_weight_in_children_young_people_and_families_resource.pdf

Case study three: Swanmore Primary active mile⁵¹

Working with University of Essex and the BBC's Inside Out documentary team, the Blaze a Trail daily running initiative was launched involving parents and children. Children who were struggling during PE sessions were especially encouraged to join in, as were those regularly late for school. It was reported that the majority of those targeted have attended regularly and that productivity in class has improved.

Case study four: Healthy eating in Park Community School, Havant

Park Community School, located in Leigh Park, Havant introduced changes to the school food offer to improve the health and wellbeing of its pupils. The school prides itself on being “much more than a school” and recognised that only by taking a whole school approach and engaging with families and the wider community would it be able to create a sustainable food environment to support healthy weights.

The school is situated in an area which is at greater risk of food poverty with 40% of pupils eligible for free school meals. This meant the food offer had to be affordable as well as meeting nutritional standards. To improve the quality of the food served the school brought its catering in house and gained the Soil Association's Food for Life Gold Award.⁵² It started a school market garden, where pupils help to grow fruit and vegetables and launched a community food project, MUNCH, to meet food poverty needs during school holidays.⁵³

Park Community School's Headteacher, Chris Anders explained: “We are really proud of our achievements to date. The type of food available now is completely different as it is made from scratch on site, nutritionally good but still tasting great. Catering is also available for community events such as birthday parties where healthy party food that the children like is provided at affordable prices.

To address food poverty during school holidays we have been able to use the funds raised for the MUNCH programme to offer free food to those most at risk of holiday hunger. With the COVID-19 pandemic the school was able to provide healthy ready meals, which are either stored in a community freezer for families to collect or distributed by the local foodbank to those shielding.”

The school has also made their physical activity facilities affordable so that local community groups, families and residents can access these to be more active.

51. PHE/Loughborough University (2020) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877164/Practice_examples.pdf (page 14-15)

52. foodforlife.org.uk/~/_media/files/criteria%20and%20guidance/894-00-ffl-criteria_silver-gold---final-artwork.pdf

53. Article from 2018 on Park catering pcs.hants.sch.uk/assets/schoolmeals/educatering.pdf

Whole school approach

Individual school-level actions are unlikely in themselves to make a significant difference to children's weight. By embedding the eight principles of a whole school approach into school life, illustrated in Figure ten, an environment will be created to tackle excess weight, which is likely to be more successful.⁵⁴



Figure ten: Eight principles promoting a whole school and college approach to emotional health and wellbeing, PHE 2015⁵⁵

Fundamental to this approach is:

- ensuring staff have the skills, knowledge, confidence, and resources to educate children about 'healthy living', embedding messages across curriculum subjects
- promoting school meals which are nutritionally balanced
- consistently applying healthy food, drink, and physical activity policies
- ensuring a range of safe active indoor and outdoor activities throughout every day
- offering appropriate outdoor space and promoting safe active travel routes
- everyone in the school team modelling healthy behaviours
- supporting families to make healthy choices and encouraging them to seek early support if required
- working effectively with support services and partner agencies who can provide targeted help to those most in need^{56, 57}

54. Obesity, healthy eating and physical activity in primary schools A thematic review into what actions schools are taking to reduce childhood obesity (2018) assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726114/Obesity__healthy_eating_and_physical_activity_in_primary_schools_170718.pdf

55. PHE (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach. Available at assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

56. OFSTED (2018) Obesity, healthy eating and physical activity in primary schools. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726114/Obesity__healthy_eating_and_physical_activity_in_primary_schools_170718.pdf

57. LGA (2017) Working with schools to improve the health of school-aged children available at local.gov.uk/sites/default/files/documents/15%204%20Working%20with%20schools%20to%20improve%20the%20health%20of%20school-aged%20children_%20%20.pdf

In Hampshire we encourage our partners to focus work with schools with the highest rates of excess weight, using data from the annual National Childhood Measurement Programme. In the latest data release 21.9% of children in Year R and 35.2% of children in Year 6 had excess weight. We know there is variation between schools, and this is often driven by deprivation.

Case study five: Hampshire Health in Education supporting the whole school approach

The Hampshire Health in Education⁵⁸ programme provides early years, schools and further education settings with the information, guidance, and links to resources to support a whole school approach to health and wellbeing, tackle excess weight and create active school environments. As a one-stop-shop for up-to-date, reliable resources it acts as an enabler for staff to confidently embed messages and actions into their work.

⁵⁸. hants.gov.uk/socialcareandhealth/publichealth/hampshirehealthineducation

How partnerships can shape places and environments to tackle excess weight

Whole-systems approach

A growing body of evidence suggests that a whole systems approach⁵⁹ can be used to tackle complex problems such as excess weight. Hampshire County Council, in collaboration with Rushmoor Borough Council and other local partners are piloting this approach in the Rushmoor area of Hampshire, with the ambition to roll it out to another District in late 2021.

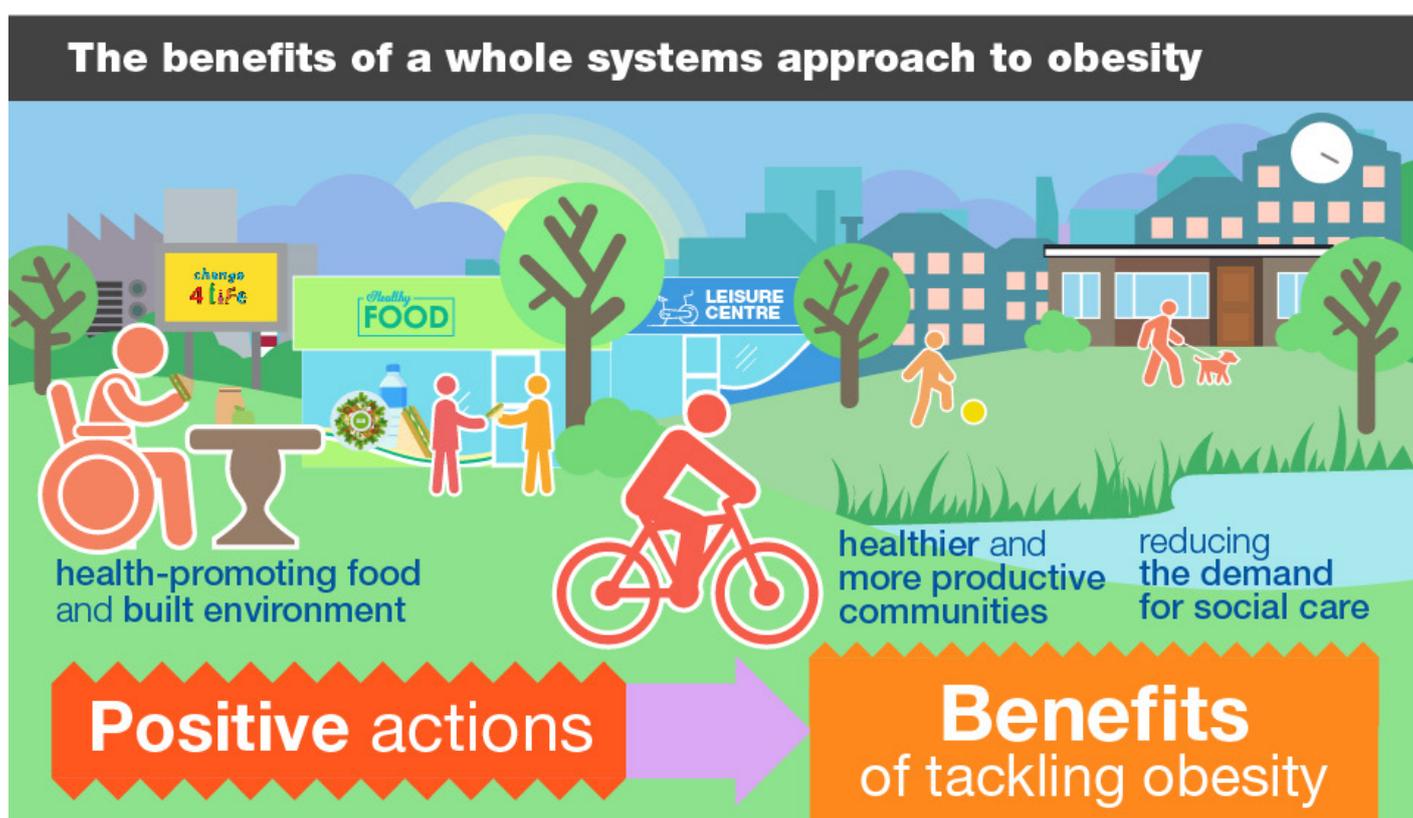


Figure eleven: The benefits of a whole systems approach to obesity

A whole systems approach provides the tools which enable partners to develop a shared vision and actions to address social and environmental factors, as well as individual behaviours. It can help to develop health promoting food and built environments which in turn will address obesity in the population and lead to healthier and more productive communities, reducing the demand for health and social care (Figure eleven).

59. PHE (2020) Whole systems approach to obesity

The importance of taking a whole systems approach has been recognised by the Hampshire Health and Wellbeing Board and is an integral component of the 'Living Well' workplan for the Health and Wellbeing Board Strategy. Taking a whole systems approach involves many functions of local government and other public sector partners who do not traditionally focus on health gain. In Hampshire we have been privileged to work with statutory and voluntary partners – too many to name individually, who share this vision.



Figure twelve: Common areas of activity identified as part of a whole systems approach to obesity

Case study six: Whole systems approach to tackling obesity in Rushmoor

Obesity rates for children and adults in Rushmoor are high, especially when compared to the Hampshire average. The area has marked inequalities with higher levels of deprivation and a health and demographic profile which means residents may be particularly vulnerable to COVID-19. This makes tackling obesity even more salient.

Previously Rushmoor Borough supported by Public Health invested in a review of social and environmental assets around local primary schools, with the results being used to determine how environments could be planned and shaped to address obesity.

The area has a wealth of community assets and committed partners making it an ideal location in which to develop, implement a whole systems approach (figure twelve). Vital to this has been the 'buy in' from senior leaderships and establishment of a core working group. Partners from Hampshire County Council, Rushmoor Borough Council, North East Hampshire and Farnham CCG and Energise Me have met regularly to determine priority actions. This group connects to wider stakeholders and local partners via the Local Obesity Action Group. Early work included:

- a development of an overarching campaign for the area to promote both environmental opportunities and weight management related services: Couch to 5k and 2k for adults and children, Park Run, Man v Fat and WW
- a pilot in five early years educational settings of the Healthy Early Years award, focusing on the healthy weight and healthy eating sections

Although this work has been impacted by the pandemic it has already galvanised partners to align aims, actions and resources. North East Hampshire and Farnham CCG noted: **“This work feels so much more outcome-focused and progressive than anything we’ve been doing previously”**

It is a priority for this work to be re-energised as we begin to recover from the effects of national restrictions.

Conclusion

Excess weight is influenced by wider environmental and social factors which includes the food environment, transport, infrastructure, green and blue spaces and the places in which we live and learn. Cutting calories alone will not shift the weight; we need to focus on how best to address these wider factors and move away from concentrating solely on individual behaviours.

Nationally the Government is working with business and industry to reduce and reformulate sugar and calories in our food as well as tackle advertising and marketing which shapes our food choices.⁶⁰ Locally we can create and develop healthier environments making it easier to access healthy food and be physically active every day, through district local planning and more widely with the Local Transport Plan for Hampshire. For children and young people, influencing the home, early years and school settings is vital to create environments and social norms that support lifelong healthy behaviours.

This report has highlighted some excellent work already underway in Hampshire: food policies and whole school approach in Park Community School, Havant, Swanmore Primary's Active Mile targeted to those most in need, the creation of the Whitehill and Bordon healthy town, and innovative transport and infrastructure developments.

However, we can go further by working collaboratively, with our residents on whole systems approaches, encouraging more partners to promote healthier places that enable healthy choices, especially in those areas where inequalities exist and where achieving a healthy weight is a particular challenge. With the impact of COVID-19 there is greater urgency to address obesity in Hampshire. The work already underway to tackle environmental and social factors must be nurtured and accelerated and new opportunities must be harnessed to improve the public's health in Hampshire.

⁶⁰ [gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives](https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives)

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HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker	Cabinet
Date:	16 March 2021
Title:	Public Health Strategy – annual update
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 0370 779 3256

Email: Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update Cabinet on the progress made in the third and fourth year (April 2019 – September 2020) of implementation of Hampshire County Council's Public Health Strategy: *Towards A Healthier Hampshire 2016-2021*.

Recommendation(s)

2. It is recommended that Cabinet:
 - a) Note the continued good progress delivering the Hampshire Public Health Strategy
 - b) Support continued implementation of the strategy by promoting working across all Council directorates, with our partners in health, across the wider economic system and with our communities.
 - c) Note that the future Public Health Strategy will provide us with an opportunity to ensure the public health issues, which have been starkly highlighted by COVID-19, are considered and included.

Executive Summary

3. This report sets out the progress that has been made during the third and fourth year of implementation of the Council's Public Health Strategy: *Towards A Healthier Hampshire 2016-2021* which was launched in November 2016. This strategy set out The Council's ambition for improving the health of the population.

4. This report has been delayed due to the central role the public health team are playing in the pandemic response and therefore, it covers eighteen months of developments. In this period of implementing the strategy, good progress has been made against the agreed priority areas within a rapidly evolving landscape, reducing budgets and the impact of the COVID pandemic. This report does not focus on the COVID work per se as this has been reported elsewhere.
5. The focus of the strategy is on people having good health and wellbeing, developing resilient communities and making the places where we live and work healthy and safe places. It identifies five priority areas which are intended to support The Council to prioritise its resources, whilst also reflecting the breadth of its public health responsibilities:
 - a) Making a healthy lifestyle the norm
 - b) Good emotional wellbeing and mental health for all
 - c) Resilient and healthy children, young people and families
 - d) Making local places healthy and safe places
 - e) Protecting health from avoidable harms
6. The Director of Public Health leads delivery of the strategy with the Public Health team. However, successful implementation, resulting in a positive impact on the health of Hampshire citizens, requires collective action across all Council departments and complex multi-agency partnership working and this can be seen through the implementation to date.
7. The Public Health team has provided strategic and operational leadership across both the Council and wider health and social care system for all the five priority areas. Highlights include leading and launching the Mental Health Prevention Concordat, delivery of Hampshire's Mental Health and Wellbeing Plan and ensuring that suicide prevention is embedded and delivered across the wider Sustainable Transformation Partnership (STP).
8. Embracing innovation and digital technologies to support lifestyle changes and achieve transformation has been a key theme, which has been accelerated in some areas by our response to the pandemic. Examples of this include the digital support now provided by the new Public Health Nursing 0-19 Service which was re-commissioned and mobilised during 2020 and digital behaviour change interventions offered online and virtually such as Quit with Bella and the earlier digital alcohol service.
9. Transformation of our commissioned services to improve the public's health continues to be progressed. This has included the repositioning of NHS Health Checks to increase the focus on the 'at-risk' groups to improve overall effectiveness of the programme, re-engineering of Sexual Health services and recalibration of Domestic Abuse service referrals to ensure these meet the needs of the most vulnerable.

10. COVID-19 has highlighted the inequalities and vulnerabilities within our communities and will be a key focus for us going forward. To date ongoing work to address these has been delivered through: smoking cessation and weight management service delivery, embedding interventions addressing smoking in pregnancy within NHS Trusts, a Whole Systems Approach in Rushmoor district to tackle obesity, the substance misuse drug alert system and newer programmes to tackle violence reduction amongst young people and Adverse Childhood Experiences (ACEs).
11. Making public health everybody's business has been at the forefront of this work. Public Health is firmly integrated within much of the Council's work such as planning and transport and wider partnerships have been strengthened. Examples of this include Hampshire Domestic Abuse Partnership training, communication and engagement activity, the falls champions' prevention programme, support to Districts and Boroughs on planning to shape healthier environments, work to improve air quality for those most vulnerable in the County and support to early years and schools to improve the health and wellbeing of young people through the Health in Education Settings programme and the emotional health and mental wellbeing strategy with its six priority action areas.
12. '*Towards a Healthier Hampshire 2016-21*' ends this year and work is already underway to develop a refreshed and revised strategy to take us into the next five years. This presents us with an opportunity to ensure the public health issues which have been starkly highlighted by the current pandemic are considered and included. We know currently, and as we begin to recover from the impact of COVID-19, that we face real challenges, but must be ambitious in our thinking and our desire to improve and protect the health of local people and most importantly reduce inequalities. Good health and wellbeing continues to be essential for thriving, prosperous, resilient and safe communities across Hampshire.

Contextual information

13. In October 2016 the Executive Member for Health and Public Health endorsed '*Towards a Healthier Hampshire*' the new Public Health Strategy for the County of Hampshire setting out the Council's ambition for improving the health of the population. The strategy was launched in October 2016 at an event that also marked the formation of a new department in Hampshire County Council - Adults' Health and Care.
14. The strategy is available as online content [Towards a Healthier Hampshire](#).
15. The strategy has five priority areas, each supported by a detailed set of actions. The five priorities are intended to support the County Council to prioritise its resources, whilst also reflecting the breadth of its Public Health responsibilities.
16. The five priority areas are:

- a) Healthy – making a ‘healthy lifestyle’ the norm to help reduce the gap between life expectancy and healthy life expectancy
- b) Happy – promoting good emotional wellbeing and mental health for all through a range of actions including improving access to support for mental wellbeing across the County, reducing the rate of suicide and reducing the harm caused by substance misuse to individuals
- c) Resilient – enabling children and families to be resilient and to have more resources to look after themselves
- d) Thriving communities – making local places healthy and safe places
- e) Protect – protecting people from avoidable harms.

17. This paper does not cover the Isle of Wight partnership in detail. In summary the partnership has continued to develop well with both public health teams working closely together, now managed by one Senior team and the Director of Public Health. The teams are beginning to benefit through greater shared working, ensuring that opportunities to exploit joint activities, interventions and learning are taken, whilst maintaining the governance and integrity of both statutory entities.

Overview of progress in implementing Year Three and Four of the strategy

18. Successful delivery of the strategy depends on the collective efforts of all Council departments and partnership working with other sectors and agencies. Implementation is led by the Director of Public Health and the Public Health team via a robust delivery plan for the life of the strategy, which has been agreed with relevant partners.

19. The Public Health Team continues to drive forward the key public health priority areas for the Council. The following section sets out the key achievements against these five priority areas for year three and four. The department has further developed work on issues of wider and strategic importance taking a longer term view of the health of the population. These include transport, climate change and tackling impacts of childhood trauma.

20. The past year has been uniquely challenging for the health of the population with the implementation of national measures and restrictions to prevent the spread of COVID-19. Although these have helped to manage the pandemic and prevent the spread of the virus, they have impacted the health of population in other ways which our strategy, having been refreshed, will aim to address. The strategy achievements should be viewed in light of this.

Detailed achievements against the Public Health five priority areas

Priority one – Healthy

21. Lifestyle risk factors are an important contributor to the development of chronic illness. Lifestyle behaviours are not just the result of individual choices but are shaped by environmental, social and cultural contexts. Therefore, our approach is to support individuals who want to make lifestyles changes, especially those at highest risk of disease and influence the environmental factors that work against following a healthy lifestyle.
22. In terms of **Physical Activity**, the Hampshire percentage of inactive adults is 18.7% compared with England average of 21.4%, and in certain parts of Hampshire, figures are higher than the County average, e.g. Gosport 24.7% and Havant 21.4%. Prior to COVID-19 a reduction in the inactive adults driven in part by work directed at women such as 'This Girl Can' and a mystery shopper exercise with leisure providers.
23. Continued focus on inactive populations including specific parts of Hampshire e.g. Andover with establishment of active lives steering group and commissioning of insight research to understand barriers to being active, for families and those with a long term condition. A final report and recommended areas for action was delivered in late 2020.
24. The 'Moving professionals' programme, key to achieving change has included encouraging leisure providers to focus on the barriers to activity and progressing with the clinical champion programme ensuring clinicians become champions for physical activity and that this is embedded this into clinical interactions.
25. Prior to the COVID-19 pandemic we had also supported the scaling up of park runs, junior park runs and a new pilot testing a Couch to 2k Programme in Rushmoor with children and families focused on target schools in Farnborough. A focus on schools/families has been enabling young people and families to make the switch to active travel to school and work. Public Health has also promoted scooter and bike balance skills training and resources for early years.
26. The Director of Public Health was one of the keynote speakers at the 2020 PE Conference supporting the embedding of physical activity into education (over and above PE). A strong partnership of those working to increase physical activity in schools and early years is now in place to further deliver school-based initiatives.
27. Our work on **Healthy Weight** is cross cutting, and we work closely with colleagues commissioning services such as 0-19 public health nursing and working in relevant areas such as planning.
28. We have focussed our weight management service on key target groups including residents living in the most deprived deciles, people with long term conditions and people from black, Asian and minority ethnic groups. From October 2016 - September 2020, 20,020 residents made contact with the service, of these 16,234 (81%) attended the first session. At the end of the weight management programme 11,653 people (72%) had lost at least 3% of their initial bodyweight.

29. In late 2019 we commenced work with partners in Rushmoor including Rushmoor Borough Council, the Clinical Commissioning Group and the voluntary sector on a whole system approach to childhood obesity. A whole system approach provides the tools which enable partners to develop a shared vision to address social and environmental factors as well as individual behaviours. We hope to restart this approach once the pandemic is over.
30. **Smoking** is the number one cause of preventable death in England and presents a significant public health challenge. The Hampshire Tobacco Control Strategy 2018 to 2021 seeks to reduce the inequality gap caused by smoking, setting targets to reduce overall smoking prevalence in Hampshire with a specific focus on young smokers and pregnant women where smoking can have a longer-term impact.
31. In Hampshire, the estimated smoking prevalence in adults is 10%. However, rates in some priority groups continue to be higher than in the general population. These groups include people in routine and manual occupations and adults with a long-term mental health condition. Also of concern are our rates of smoking amongst pregnant women at the time of delivery, currently at 9.3%.
32. Key to tackling smoking prevalence in Hampshire is the Smokefree Hampshire service, which supports smokers to quit. The current service has been running since October 2019. During the first year of this contract, the service supported more than 3,000 people to stop smoking (four-week quits). More than three quarters (77%) of these quits were amongst priority groups: People in routine and manual occupations, pregnant smokers and those with long-term mental health conditions.
33. The Public Health team is working closely with NHS Trusts and Smokefree Hampshire to embed smoking cessation in hospitals and across midwifery services. In December, a social media campaign was launched to encourage pregnant smokers to seek support from their midwives to quit.
34. As part of the national “Quit4Covid” campaign, Public Health and Smokefree Hampshire ran a campaign with Hampshire Clinical Commissioning Groups and Primary Care to encourage current smokers to self-refer to the Smokefree Hampshire Service. Patients registered as current smokers received a text message from their GP practice, encouraging them to “Quit4Covid”. The first round of text messages sent resulted in over 700 contacts to the Smokefree Hampshire service, with approximately half signing up to stop smoking.
35. We will continue to work closely with Clinical Commissioning Groups and Primary care to encourage referrals to stop smoking services. We are also pursuing opportunities to enhance “Smokefree hospitals” by improving referral pathways.

36. The **NHS Health Check** is a health check-up for adults in England aged 40 to 74, without pre-existing health conditions. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible adults are invited for an NHS Health Check once every five years.
37. NHS Health Check activity has paused during the COVID-19 pandemic in order to prioritise other aspects of primary care. In the 18 months prior to March 2020, extensive work had been carried out to develop and embed a new model for Health Checks locally, with a focus on higher-risk patients.
38. Under this new model, GP practices are paid different rates for providing NHS Health Checks to higher and lower-risk patients. For patients that are classified as being at higher risk of developing cardiovascular disease, a practice is paid £33 per health check completed. For patients defined as “lower-risk” practices are paid £26 per health check completed.
39. In 2019-20, 84,380 people in Hampshire were invited to an NHS Health Check. This met the mandated requirement to invite 100% of the eligible population across the 5-year cycle. Of those invited to an NHS Health Check in Hampshire, 35,021 Health Checks were completed. This represents a 43% uptake, which is similar to the national uptake rate of 42%. Whilst NHS Health Check activity in Primary Care is currently paused due to the pandemic, we are working to achieve a re-start as soon as possible.
40. To complement the work to reduce lifestyle risks there has also been considerable activity with others **to influence environmental factors** including planning and transport. We have a well-established relationship with the County Council’s Planning Team, our Planning Position Statement sets out our relationship with District Planning Authorities and we are a consultee for plans which have public health implications. This has included providing initial public health input to new developments including Manydown and Wellbourne.
41. We continue to work in partnership with colleagues in ETE on school travel, transport policy and air quality. Most recently, support has been provided to developing new walking and cycling criteria for planning and infrastructure developments, and in the delivery of the virtual Active Travel Summit which took place last autumn. This work is vital to creating environments which will support positive health behaviours and we are looking forward to continuing to support the School Streets initiative when circumstances allow.
42. **Embracing and exploiting digital technologies** has been a key activity for the public health team. To steer our work a Public Health Digital Behaviour Change Strategy was developed and implemented in early 2019. This includes employing digital solutions to improve commissioned services for residents such as the Quit with Bella app which supports smokers to quit as well as a digital weight management option as part of our Tier 2 weight management offer and a digital diet offer for referred pregnant women.

43. The use of digital marketing methods to communicate and engage with residents has continued, using the Mosaic (Experian consumer database) to enable effective targeting to most at risk populations. This has included successful procurement related digital engagements to inform smoking and weight service design.
44. We are keen to continue to exploit the digital space to enable our residents to access good quality support and interventions via digital means, which COVID-19 has accelerated. This will also include public health support to the digital enablement programme aimed at reducing digital inequalities.

Priority two - Happy

45. The effect of COVID-19 on **Mental Health and Emotional Wellbeing** will be significant and far reaching across all ages and sections of society. Hampshire's Mental Health and Wellbeing plan addresses this by taking an evidence-based approach and developing interventions targeted at those most at risk, who need additional support. It follows a whole system, population wide and life-course approach building on existing mental health partnerships.
46. A particular success has been the implementation of weekly mental health social media communications to residents throughout the pandemic as well as targeted digital campaigns aimed at young people and parents. A multi-agency Mental Health Communications Group has been established to build on this work and achieve greater reach.
47. Public Health has also developed a range of mental health resources including a comprehensive training offer to increase awareness, confidence, and capability within the wider workforce, including front-line staff. Working with Workforce Development a workforce offer for HCC staff has been developed with specific guidance for staff and managers, active promotion of mental health and wellbeing messages, a dedicated intranet site and signposting to further support and training.
48. The Mental Health Prevention Concordat led by Hampshire County Council was signed in October 2019 and launched at the Better Mental Health for Hampshire event. Hampshire County Council pledged to work across the system to deliver a comprehensive and coordinated plan to improving mental health and wellbeing which is being overseen by the multi-agency Hampshire Mental Health Partnership Board.
49. Although the suicide rate in Hampshire is lower than that of England, work to reduce this rate has continued. Notably Hampshire was awarded £468,000 to support **Suicide Prevention** across the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP). These focus on primary care, self-harm, workplaces and financial anxiety, and bereavement support.

Already at an STP level, access to crisis support pathways and age-appropriate, specialist bereavement support is being promoted. Further work to support people experiencing financial anxiety, unemployment and social isolation is in development. An innovation fund is providing small grants for grassroots and community led initiatives targeting at-risk groups.

50. The **Substance Misuse** service continues to perform above national expectations supporting over 3200 adult clients in formal treatment and providing 2800 adults with shorter term support (2019-20). During the pandemic the service rapidly adapted to deliver virtual/on-line support and treatment, worked closely with pharmacies and hostels to ensure a continuation of substance misuse treatment to those most vulnerable.
51. Of particular success has been the development of the Children and Young Peoples Service with the introduction of a specialist offer for families, support for children where there is parental substance misuse and a discrete drug/alcohol service for those up to the age of 25 years – the latter has seen an increase in young adults accessing this.
52. The Substance Misuse Strategic Drug & Alcohol Partnership review workshop held in March 2020 agreed future priorities including: prevention, early intervention and behaviour change; collaborating to keep communities safe; and improved recovery. Public Health provided leadership across the STP to introduce a multi-agency Drug Alerts system. Launched in December 2019 this has enabled rapid information sharing regarding the circulation of illicit drugs of extreme risk to the population. Launched in December 2019, this has already been utilised eleven times to mitigate harm.
53. Transformational changes to the Council's **Sexual Health** services have delivered savings whilst ensuring services remain accessible and effective, including during the pandemic. This includes more telephone and online appointments, non-complex treatments provided via post and with the Local Pharmaceutical Committee continued access to free Emergency Hormonal Contraception (EHC) from most community pharmacies.
54. Following a successful trial, the Council also received an additional grant from Department of Health and Social Care (DHSC) to commission an HIV Pre-Exposure Prophylaxis (PrEP) service for residents who are at increased risk of contracting HIV, which commenced in October 2020.
55. Public Health, together with the Hampshire Inspection and Advisory Service (HIAS), has supported schools to get ready for the introduction of statutory Relationships, Sex and Health Education (RSHE). Work has included briefings for primary and secondary schools and updating the PDL (Personal Development & Learning) guidelines which were made available to Primary

schools in Summer 2020 as well as online resources and training to support curriculum delivery.

Priority three - Resilient

56. The **Health in Education Settings** (HIES) programme delivered the 2019 school survey and disseminated results to a wide range of partners for collaborative action. The surveys completed by pupils, staff and settings had identified priorities for action: the launch of the Healthy Early Years Award and a procurement to develop a suite of eLearning modules supporting educational settings. Further schools have signed up to be involved in piloting programmes under the Emotional Wellbeing and Mental Health strategy. The extensive HIES online resource has also been supplemented with information for Further Education settings.
57. The new **Public Health Nursing Service** (0-19) launched on 1 August 2020. The underlying principles of the new service include: empowering people to take responsibility for their own health, safeguarding, keeping the child and family at the centre, prevention, early intervention and demand management, realising efficiencies and transformation across the system in order to improve outcomes, whilst achieving savings, and system wide commitment to cultural change.
58. A range of digital support services for children and families have been provided including ChatHealth, Health for under 5s, Health for kids, Health for teens and Channel Mum. The new service incorporates five levels of service: Community, Universal, Universal Plus, Universal Partnership Plus (including safeguarding and STEP) and Family Nurse Partnership.
59. The service was required to redeploy a small number of nurses to support COVID-19 testing services in wave one but all staff have since returned and the service has responded providing an adapted model where face to face visits are prioritised for those most vulnerable and others are offered video or telephone appointments. Providing these new opportunities has ensured uptake of the mandated checks from new birth to 2 years has remained positive.
60. In 2019 the Starting Well; **Emotional Wellbeing and Mental Health Strategy** for Children and Young People in Hampshire 2019-2024 was launched focusing on six priority areas including making children and young people's emotional wellbeing and mental health everybody's business; support for good mental health of parents; whole school/educational settings approach to mental health; supporting mental health of vulnerable children and young people; and reducing rates of self-harm.
61. A managing self-harm Toolkit has been produced through a multi-agency Task and Finish Group, this was expediated with concerns for children and young people's emotional health and wellbeing through COVID-19.

62. Action has been taken to prevent and reduce the impact of **Adverse Childhood Experiences (ACEs)** and to create more trauma informed and responsive public services across Hampshire, Isle of Wight, Portsmouth and Southampton. With the aim of preventing and reducing the impact of adverse childhood experiences a Trauma Informed Executive Board has been established to embed trauma-informed and restorative practice and encourage agencies to work together, alongside vulnerable people, families and communities.
63. A Trauma Informed Public Services Maturity Model Benchmarking Assessment has been completed with results feeding into the Trauma Informed Public Services Strategic Action Plan. Strong links have been developed with local Violence Reduction work and an 'ABC of Trauma' awareness training has commenced, led by the Office of Police and Crime Commissioner. A HIOW Trauma Informed Workforce Development Group has also been established by Public Health to develop a trauma informed workforce development plan. Funding of £10k has been secured to develop and commission a COVID-19, Trauma and Resilience Training programme.

Priority four – Thriving Communities

64. With regard to **Domestic Abuse Services**, the five-fold increase in police referrals to the domestic abuse victims' support service (Stop Domestic Abuse) seen since October 2019 was addressed through improvements in the assessments and referrals process. Medium risk referrals rose by a fifth and high-risk referrals by a half between February and July 2020, which may be related to increased reporting once lockdown measures eased.
65. Since April 2020 Stop Domestic Abuse (victim service) provided a virtual drop-in service through Facebook Messenger and their advice line extended their opening hours to accommodate the surge in demand. This increase in demand and pausing of face-to-face services resulted in reduced throughput both in victim's and in perpetrator's services. However, the acceleration of services offered digitally e.g. remote perpetrator assessment and remote victim support groupwork has continued.
66. The Hampshire Domestic Abuse Partnership (HDAP) chaired by the Director of Public Health has provided system leadership through the pandemic with a new Executive Board and strategic plan, working across boundaries with Southampton, Portsmouth and IOW. A multi-agency communications campaign ran throughout pandemic promoting how to access help to those most at-risk. The HDAP partnership secured Home Office funding to deliver three developmental areas of perpetrator focused work aimed at improving local response whilst contributing to a national body of evidence of good practice.

67. A Rapid Review of safe accommodation has been completed for people affected by domestic abuse with recommendations made to adopt a *Whole Housing Approach* to improve access to safe and stable housing across all housing tenure types so that victims can more easily escape violence in the home.
68. The Home Office funded Violence Reduction Units (VRUs) in late 2019. The VRU Response Strategy was signed off by the Hampshire Community Safety Strategy Group in February 2020. Informed by the Problem Profile (December 2019) and Response Strategy (2020) the VRU has invested in three youth crime prevention workers (reaching to date over 30 boys and young men aged 13 -17 many with social, emotional and behavioural difficulties) as well as providing small diversionary activity grants in the five violence hotspot areas.
69. The VRU has also linked with ACE work among Childrens Social Care staff and Stop Domestic Abuse services staff, provided intensive family support for 33 families identified from referrals to the Early Help Hub, offered diversionary activities to 448 children and young people identified as at risk of involvement with violence and targeted interventions for young men in probation.
70. The **falls prevention work** has introduced a new Falls Friends programme and trained an additional 23 people as Falls Friends Champions, bringing the total to just under 100 Champions. The county now has over 1,200 falls friends recruited by the champions aimed at further preventing falls in the elderly and reducing demand on services.
71. More focused work with the Wessex Academic Health Science Network has led to the development of the Hydrate Programme to improve older adults' health and reduce falls. The evaluation reports for the 'Improving hydration in Hampshire Care Homes' and 'Improving hydration in Domiciliary Care' projects have been published. On the back of these, Hampshire County Council and the Wessex Academic Health Science Network (AHSN) launched a Hydration e-learning in September. The training aims to increase knowledge and confidence when assessing an older person's hydration needs and has been targeted at paid and unpaid carers, family members and volunteers.
72. Prior to the COVID-19 outbreak, training was procured for Steady and Strong instructors on the exercise considerations for people with osteoporosis. A service to support Steady and Strong instructors' continuous improvement and adherence to the evidence base was also implemented.
73. Due to COVID-19 falls classes have closed, although many have reopened following COVID-secure guidance, as and when permitted. During the pandemic a website and a communications plan and resources were deployed to support Hampshire's older population to stay active at home. Work is on-going to support some instructors to deliver their classes virtually online.

Priority five – Protect

74. Assurance that immunisation and screening programmes are in place has continued, with additional work to support colleagues navigate the operational challenges of delivering the programmes in the context of COVID-19 and re-starting those which had been paused. A targeted advertising campaign to increase uptake of the MMR second dose was successfully launched in 2019-2020 aimed at parents in areas of lower uptake. Further campaigns have been deployed aimed at students and their families to address measles outbreaks previously reported in different parts of the country.
75. Each autumn Public Health has supported HCC front line health and social care workers and those in business-critical positions to access the flu vaccine either via primary care or the HCC voucher scheme. This work is backed up by an extensive communication campaign in partnership with the NHS and Public Health England. The communication campaign was intensified in the 2020/21 Flu season given the importance of Influenza vaccination for an extended list of priority groups in the context of COVID-19.
76. **Health Protection and Public Health Emergency Planning** responsibilities have been central to the Council's response to COVID 19, including through oversight of the management of outbreaks/incidents across Hampshire and the strategic work in developing and delivering the Hampshire County Council COVID-19 Incident and Outbreak Control Plan with partners across a variety of sectors.
77. Over and above this we have provided Public Health support and contributed to the Council's response to **Air Quality** working with Council teams, districts and boroughs, as well as inputting to the Council's **Climate Change** work. The heatwave plan was updated with supporting communication assets, a mosquito preparedness standard operating procedure has been developed and the cold weather plan was reviewed ahead of 2020/21 winter season.

Finance

78. The funding required to discharge these responsibilities is paid directly to local authorities through a ring-fenced grant from the Department of Health. The current budget is ring fenced for public health activity.
79. The annual level of the public health grant has varied significantly since 2013. In each of the first two years the County Council received a 10% increase from the base level of spend made previously by the PCTs in 2012/13.
80. However, since 2015/16 there has been a reduction in the national allocation for Public Health which in turn has been passed on to all local authorities through year on year grant reductions. In 2015/16 there was an in year cut of 6.2% and in each subsequent year through to 2017/18 there has been a reduction of

between 2.3% and 2.6%. This has limited the ability of the County Council to maximise opportunities for prevention initiatives to reduce poor health.

Table: Public Health grant changes, 2013-14 to 2020-21

	Base allocation	0-5 Funding	Grant Reduction	Total
	£000	£000	£000	£000
13/14	36,753			36,753
14/15	40,428			40,428
15/16*	40,363	8,843	(3,046)	46,160
16/17	40,363	17,686	(4,559)	53,490
17/18	40,363	17,686	(5,879)	52,170
18/19	40,363	17,686	(7,219)	50,830
19/20	40,363	17,686	(8,559)	49,490
20/21	40,363	17,686	(8,559)	49,490

81. The delivery of the Strategy over its lifetime, and the outcomes it is striving to achieve, will need to be met from within the reducing budget envelope and by leveraging existing resources within the local health and care and wider system to deliver public health outcomes. From 2021 the Public Health budget will be required to deliver the same level of savings that have been allocated to all Council departments. The detailed plans for further implementation of the strategy will be developed in line with the need to meet this challenge and to maximise opportunities to work with others to ensure that public resources deliver the maximum health benefit. This presents both a challenge of maintaining clinical services and outcomes and opportunity to further the influence of public health around the council.

Governance

82. Implementation of the strategy is overseen by the Public Health Senior Management team – delivery of each priority is led by a Consultant in Public Health and involves Public Health team members and colleagues from the appropriate Council departments.

83. The impact of the strategy on key public health outcomes is routinely monitored through a combination of priority outcome indicators and ‘bell-weather’ indicators, which measure progress towards the outcome. A wider range of outcomes are monitored through the national Public Health Outcomes Framework (PHOF). Progress against the delivery plan and the impact on public health outcomes is monitored by the Public Health senior management team through quarterly reports and the Adults’ Health and Care (AHC) Department Management Team (DMT).

84. Delivery of the strategy is dependent on collaborative working across the Council and partnership working with key stakeholders and on continued investment in financial and human resources in Public Health and public health commissioned services.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> 2016-10-17 Executive Member for Health and Public Health - Towards a Healthier Hampshire - a Strategy for improving the Public's Health 2016-2021	<u>Date</u> 17 October 2016
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

2.1. Good health and wellbeing is a positive asset and something we all aspire to for ourselves, families, carers, friends and communities. It is essential for thriving, prosperous, resilient and safe communities and vital for the success of future generations. Hampshire is a healthy place to live and people generally have good life expectancy, educational achievement, housing and living environments and employment. Fewer children live in poverty, infant mortality is low and fewer people die from avoidable health conditions. However, we know that we can do better for the people who live in Hampshire – the gap between how long people live and how long they live in good health is widening, there is significant variation in health outcomes between the most and least deprived communities and too many of our most vulnerable citizens have poor health outcomes.

2.2. The strategy has been informed by the Hampshire Joint Strategic Needs Assessment (JSNA) and brings together work carried out by the Hampshire Public Health team with other Directorates and partners over the last two years.

The JSNA includes the data that identifies the groups that will be impacted by the strategy.

- 2.3. A wide and complex range of factors influence and determine population and individual health. The strategy has been developed to have a positive impact on these factors and to improve outcomes for the most vulnerable citizens and communities in Hampshire. It aims to have a positive impact on outcomes for people across all the protected characteristics and to impact on poverty and will take account of the impact of where people live, in rural or urban areas.
- 2.4. An equalities impact assessment has been carried out. The final impact of the strategy will be dependent on the success of implementation and there could be a bigger and more positive impact on certain groups. A detailed action plan will be drawn up to implement the strategy and Equality Impact Assessments will be undertaken for the individual programmes of work as these are progressed. This will ensure that the specific impacts of individual services and interventions are understood and steps can be taken to mitigate any negative impacts if they are identified.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 March 2021
Title:	Waterside Transport Strategy Update
Report From:	Director of Economy, Transport and Environment

Contact name: Keith Willcox

Tel: 0370 779 3281

Email: keith.willcox@hants.gov.uk

Purpose of this Report

1. This report provides a progress update on the Waterside Multi-Modal Transport Strategy and follows the Waterside Transport Update reported to the Executive Member for Economy, Transport and Environment in November 2020, under the over-arching umbrella of the Waterside Vision Document reported to Cabinet in September 2020. Within the context of the Waterside Transport Strategy several workstreams are being progressed to develop various aligned potential transport infrastructure improvements, including the A326 Large Local Major Scheme (LLMS), Waterside Rail, and measures for bus, cycling and walking aligned to the Transforming Cities Fund and emerging Local Cycling and Walking Infrastructure Plans. The proposed improvements are growing in significance in light of the emerging proposals for Freeport status.
2. The report: notes progress on the strategy, provides a short status report on the A326 LLMS; seeks approval for the County Council to conditionally support re-introducing passenger rail services on the Waterside railway line to align with business case submission; and seeks the addition of £970,000 to the Capital Programme for 2021/22 to improve east-west connectivity for cyclists and pedestrians, aligned to the mitigation for the Fawley Waterside Development on the southern section of the A326. The report notes the successful bid to DfT Major Road Network Fund for funding towards the further improvements to maintain structures on the eastbound carriageway of Redbridge Causeway and the aligned pedestrian and cycle scheme and seeks the addition of £1.98million to the Capital Programme for 2021/22 to enable the progression of the scheme development for pedestrians and cycles. The report also highlights the financial challenges being faced by the Hythe ferry.

Recommendations

3. That the enhanced significance of the Waterside Multi-Modal Transport Strategy and the associated combined transport improvements for the Waterside area be noted in light of the emerging proposals for Freeport status.
4. That approval be given for the Director of Economy, Transport and Environment to continue to work with the Department for Transport and Network Rail to

explore the potential for the re-introduction of passenger services on the Waterside rail line, through the continuing scheme development and business case processes.

5. That the County Council conditionally supports the re-introduction of passenger services on the Waterside rail line between Totton and a point south of Hythe in the vicinity of the original Hardley Halt subject to further work being undertaken at the next stages of scheme and business case development to fully consider feedback from the planned public consultation in Spring/Summer 2021, and to further consider the impacts of re-opening the railway on local buses, the Hythe ferry, level crossings, and the environment, together with potential mitigation.
6. That the Waterside East-West connectivity scheme be entered into the 2021/22 Economy, Transport and Environment capital programme at a value of £0.97million to be funded from Section 106 contributions, underwritten by Local Transport Plan (LTP) integrated transport capital funds.
7. That Cabinet approves the entry of Redbridge Causeway Phase 4 - Improvements to the Approaches for Pedestrians and Cycles into the 2021/22 Economy, Transport and Environment capital programme at a value of £1.98m to be funded from the DfT's Major Road Network (MRN) allocation of funding for Redbridge Causeway.
8. That the County Council makes further monthly payments for the current national lockdown period, to both the Hythe Ferry (£7,500) and the Gosport Ferry (£15,000), subject to agreement of matched funding of equal contributions from other affected Local Authorities.

Executive Summary

9. This paper seeks to:
 - provide an overview of progress on the Waterside Strategy;
 - provide an overview of emerging proposals for Freeport status;
 - provide a short update on the A326 Large Local Major Scheme;
 - set out the background for the previous County Council position on rail services in the Waterside area and to summarise the work to date in developing the business case for re-introducing passenger services on the Waterside railway line, including the likely benefits, disbenefits and risks;
 - provide the rationale for the County Council to conditionally support the re-introduction of passenger services on the Waterside railway line;
 - provide a rationale for enhanced mitigation for the Fawley Waterside Development to better reflect recent guidance contained within Local Transport Note 120 regarding the provision of measures for cycling and also in light of comments received;
 - outline the funding opportunity that will help facilitate enhanced access for pedestrians and cyclists on the approaches to Redbridge Causeway; and
 - summarise the plight of the Hythe-Southampton ferry.

Waterside Transport Strategy Overview

10. The emerging Draft Waterside Transport Strategy covers the period up to 2036 which aligns with the New Forest District Local Plan period. The strategy follows on from and updates the Waterside Transport Study Phase 1 and associated Interim Policy Position, which was completed in 2017. The strategy takes account of the updated policy position in the recently approved Waterside Vision document, which was jointly prepared by Hampshire County Council, New Forest District Council and New Forest National Park and which was reported to Cabinet in September 2020. The Vision document outlines key transport objectives within the broader context of an overarching plan for the area to support growth in a way that enhances the sensitive environment. The strategy complements the emerging Local Transport Plan 4 (LTP4) and draft vision which seeks to develop a carbon neutral and resilient transport system designed around people which: supports health wellbeing and quality of life for all; connects thriving places; and 'respects Hampshire's unique environment'. The strategy reflects the evolving position on the Climate Change agenda. The strategy will consider current and future network issues and challenges, including recent changes that reflect the revised planned and anticipated development position and the emerging proposals for Freeport status. It will identify appropriate mitigation in the form of interventions that will shape the approach to planning and delivering transport infrastructure going forward. The Strategy recognises the Waterside's relationship with surrounding areas particularly Southampton city and takes account of potential future major development and infrastructure plans which would affect the area, particularly along the A326.
11. The Strategy is evidence based and defines current and future transport issues to set out an agreed list of priorities and transport improvements. An implementation plan and overarching programme will form part of the Strategy. Public Consultation will be undertaken on the Draft Strategy in Spring/Summer 2021, following which time revisions will be made to reflect appropriate feedback. Approval will be sought on a Final Waterside Strategy in late 2021, in order to update the County Council's Policy position.
12. Ultimately the purpose of the multi-modal Transport Strategy is to determine the optimum mix of interventions that will help alleviate the transport issues faced in the Waterside area, both currently and forecast in the future.
13. This report provides updates below in relation to the key ongoing workstreams associated with Transport Strategy, where things have progressed for reporting purposes following the previous report in November 2020, including on the A326 LLMS, the potential re-opening of the Waterside Railway line, the Fawley Waterside development, the Hythe ferry and Redbridge Causeway.

Freeports Application

14. Since the commencement of work on the Waterside Transport Strategy and aligned transport proposals, the Solent Local Enterprise Partnership (LEP) has recently submitted an outline proposal for a Freeport status for the Solent area as a joint Expression of Interest (to which the County Council is aligned) to MHCLG. Hampshire has all the attributes that closely align with the Government's priorities for trade, regeneration and innovation, along with an

established coalition of private and public sector organisations, that share a common vision to deliver significant economic benefits for Hampshire and the UK economy, within the context of the green recovery and levelling up agendas which are also at the heart of the joint proposition.

15. The Waterside area is likely to be at the forefront of the proposed Freeport as a result of a significant clustering of major ports, and strategic road, rail and pipeline links to key industries.
16. In light of the emerging Freeports proposals it is even more critical that there is focus upon and over-arching government support for improving the connectivity of the area through the raft of transport proposals currently being developed, to ensure that future infrastructure can support the potential future demand created by the planned investments as proposed.

A326 Large Local Major Scheme

17. The A326 is a critical strategic link serving existing essential national infrastructure assets and the LLMS improvement scheme for the more northerly part of the A326 forms a fundamental part of the emerging proposals aligned to Freeports status and growth of existing port operations on the Waterside. Improvements to the A326 will also provide the catalyst for a raft of aligned transport improvements for the Waterside, which will be drawn together by the Waterside Strategy.
18. Further to the update provided in the November 2020 report to the Executive Member for Economy, Transport and Environment, development work has continued to progress on this scheme, including a detailed assessment of scheme options and undertaking initial survey work to inform the preferred way forward. Following the submission of an initial pre-Strategic Outline Business Case (SOBC) to the Department of Transport (DfT) in September 2019, via Transport for South East, work has been progressing on the full SOBC, in dialogue with DfT. The SOBC will inform the assessment of preferred scheme options, alongside feedback from stakeholder and public consultation planned for Spring/Summer 2021 (as part of the Waterside Strategy consultation). The SOBC will be submitted to DfT in Spring/Summer 2021.

Waterside Rail

19. In November 2017 the Interim Waterside Transport Policy Position was reported to the Executive Member for Environment and Transport. The report set out the emerging view on transport infrastructure requirements for the Waterside area of the New Forest in light of potential future growth aspirations, and to support the Local Planning Authorities in the New Forest in developing their Local Plans. It followed the production of the Waterside Transport Study, which provided a comprehensive review of the existing and forecast future transport issues in the Waterside. This study referenced previous assessment of the case for passenger rail which concluded that although relatively modest capital investment was required to develop passenger rail services, at that time there was insufficient demand in the area to support the service, resulting in a relatively poor Benefit Cost Ratio. The recommendation at that time was that further work should only be undertaken if there were significant changes in either future funding arrangements for rail projects or local circumstances.

20. Since 2017 there have been a number of changes in local circumstances including allocations in the new Forest District Local Plan for a number of new major development proposals. In addition the District Council, in partnership with others including Hampshire County Council, has developed a Waterside Vision document identifying significant employment growth potential in the area and this document was approved by Cabinet in September 2020. Emerging proposals for a potential Freeport in the area may also add to a change in local circumstances. Taking these into account it was considered timely to reassess the business case for the re-introduction of passenger services along the Waterside railway line.
21. In 2019 Hampshire County Council commissioned consultants to carry out a feasibility study that reviewed the evidence base for re-opening the railway line. The study would investigate if it was operationally feasible, and set out the costs and benefits to transport users of re-introducing passenger services on the Waterside railway line. This work is now largely complete and is showing an improved business case. It indicates that it would be operationally feasible (in rail terms) to re-introduce passenger services, and there is now a more robust economic and strategic case for further development of this scheme, alongside broader work to understand mitigation that would be required. The improved business case needs to be balanced against other local issues and concerns and further work will be needed going forward to consider the wider case.
22. As a result of the changing local population, economic and funding circumstances in the Waterside area, and therefore in accordance with the County Council's policy in November 2020, authority was given by the Executive Member for Economy, Transport and Environment to review and develop the business case for re-introducing passenger rail services on the Waterside Line.
23. Approval was also given to submit a SOBC to the DfT for its further consideration as part of the 'Restoring your Railway' Ideas Fund, subject to consideration of a number of potential risks that will need to be assessed and addressed, as outlined within the 19 November 2020 Decision Day report.
24. The potential scheme involves the re-introduction of passenger rail services on the existing freight-only Fawley branch line. The scheme is likely to extend from Totton to a point south of Hythe in the vicinity of the original Hardley Halt. The scheme will not extend as far south as Fawley Waterside development. At present the line is used by a small number of freight services going to Marchwood Military Port on an ad-hoc basis. Commercial services to the refinery ceased in 2016. Passenger services on the line ceased in 1966.
25. The options assessed involve potential new stations at Hythe Town, and a Hythe and Fawley Parkway, with the former station at Marchwood upgraded. The work identified a number of different options to either extend existing services that currently terminate at Southampton Central or introduce a new shuttle service between Southampton Central and Waterside. In all cases provision for existing and future freight services have been included. The table below summarises three shortlisted options which were developed to assess a range of services.

Option* ¹	2036 Demand (Passengers/year)	Capital Cost* ²	Benefit/Cost Ratio (BCR)	BCR Range (sensitivities)
Low Cost Option: 1 train per hour (tph) Romsey via Eastleigh – Hythe & Fawley Parkway	541,000	£43m	0.8	0.5-0.8
High Connectivity Option: 1tph Romsey via Eastleigh – Hythe & Fawley Parkway + 1tph Victoria – Hythe & Fawley Parkway	820,000	£64m	1.3	0.8-1.5
High Frequency Option: 3tph Southampton – Hythe & Fawley Parkway shuttle	991,000	£50m	1.7	1.1-2.2

*¹ tph = trains per hour

*² Q2 20/21 prices, undiscounted, excluding Optimism Bias

26. The potential scheme has a number of benefits for residents, workers and visitors to the Waterside area:

- **supports economic development:** supports planned development including 2,500 new homes in Marchwood and Fawley, 2,000 new jobs at Fawley Waterside with a focus on marine and high-tech companies, expansion of Fawley Refinery, new development at Solent Gateway and potential port expansion on ABP Strategic Land Reserve. Improved access to the Waterside area will help improve productivity by providing a journey time saving for business travel and enabling people living in the Waterside to access employment opportunities across a wider area;
- **will help deliver a sustainable modal shift from car to public transport** with an improved transport choice and offering an attractive alternative to the car. Forecasts suggest that in 2036, the rail service would result in a reduction in car trips between 312,000 and 735,000 trips per year. Waterside Rail services would also significantly improve journey times, for example between Marchwood and Southampton City centre, it currently takes 37 minutes by bus or 17-26 minutes by car while a rail service would have a 15 minute journey time. Totton would also benefit from increased train frequency as it currently has only one stopping train per hour in each direction, this could be increased to four. Whilst the aim of improved modal choice is not to switch passengers from bus to rail, it is anticipated that a large proportion of the new rail demand is forecast to be abstracted from bus and ferry potentially impacting the viability of running bus and ferry services at their existing frequencies. However, it is expected that bus services could adapt to provide more local connectivity and links to rail stations thus improving options for local people;
- **enhances connectivity** for residents in the Waterside area to employment, education and training, and between local towns and communities. Due to the geography of the area and local highway congestion the Waterside area

has relatively poor connectivity to employment opportunities. By providing an improved public transport offer and quicker journey times to employment in Southampton, and education in Southampton, Totton and Winchester this will help to improve social inclusion for those without access to a car; and

- **contributes to the climate change agenda by reducing carbon emissions:** carbon benefits will be achieved from the lower carbon emissions per passenger km for rail services (diesel and electric) compared to bus and from switching people from the car. Air quality benefits will also be achieved by encouraging mode shift away from the private car. Network Rail has identified the Waterside line as an option for electrification which would further reduce carbon emissions.

27. In light of the significant potential economic, social and de-carbonisation benefits identified above, it is now considered appropriate for the County Council to revisit and amend its previously neutral position regarding this scheme and to move to a position of offering conditional support for the re-introduction of passenger services on the Waterside railway line. This conditional support will require the following issues and concerns highlighted in the initial feasibility and business case work to be resolved satisfactorily:

- the impact on local buses and the Hythe Ferry services would need to be more fully understood and will inevitably be determined by the identification of a preferred scheme in the next stages of development. However, it should be noted that transport modelling to date indicates that a large proportion of the new rail demand is forecast to be abstracted from bus and ferry. This is likely to have an impact on the viability of running bus/ferry services at their present service frequency, including during evenings and weekends. Condition of support: The County Council would like to see the local bus and ferry operators involved in future development work as this progresses into the next more detailed business case stages which will potentially be managed by Network Rail;
- the equalities impact upon people living in Waterside area who use concessionary passes to undertake journeys by bus could see their travel opportunities reduced through knock on impacts from service changes or services being made more costly. This is because national rail does not accept concessionary pass users. It is also important to note that the majority of the journeys within the Waterside, particularly those undertaken by older members of the population are local to the Waterside. In general, these are short journeys with multiple origins and destination points. Condition of support: The County Council would like to engage the DfT in dialogue regarding the use of concessionary passes on rail journeys within the Waterside area;
- the impact of rail infrastructure civil engineering work particularly along the part of the route that passes through the New Forest National Park would need to be carefully managed. Condition of support: Network Rail as potential scheme promoter should engage with the New Forest National Park Authority and prepare full environmental mitigation proposals for the proposed engineering works along the whole route, including where measures are proposed for upgrading or replacing existing level crossings;

- the impact of re-introducing passenger services on local residents and the environment backing onto the route, need to be fully understood and mitigated where appropriate. Condition of support: Network Rail as potential scheme promoter should engage with the local communities to understand concerns and issues and make necessary improvements to mitigate the impact of increased frequency of rail services and changes to access arrangements, such as removing or upgrading level crossings, and improving lineside fencing where necessary; and
- the potential adverse impacts on journey times, congestion, air quality and community severance arising from the likely increased downtime of level crossings, including Junction Road in Totton and Marchwood, would need to be fully understood and mitigated. Preliminary assessment at Totton suggests 'down-time' of the level crossing could increase by 1 to 3 ½ minutes per hour, if the preferred option provided two trains per hour. However, the potential for running up and down train services at the same time and other adjustments may provide opportunities to reduce these impacts. Condition of support: Network Rail as potential scheme promoter should undertake a detailed assessment of the impact at Totton and at all the smaller level crossings along the route and mitigate the impacts, including increased severance or traffic delays as well as safety, where possible.

28. Acceptance of the SOBC by the DfT will allow Network Rail and DfT to prepare the Decision to Develop to support the next stage of the Railway Network Enhancement Pipeline (RNEP) process, the preparation of the Outline Business Case. Moving forward, it is proposed that Network Rail becomes scheme promotor and takes the lead in preparation of an Outline Business Case, with DfT as project client and Hampshire County Council represented on the Project Board. The exact timing and decision making process on the SOBC is still unknown but feedback to date from the DfT and Network Rail has been positive.

Fawley Waterside - East/West Connectivity

29. The County Council is progressing the delivery of a package of eight junction improvements on the southern part of the A326 between Main Road (north of Dibden) and Church Lane (Fawley) on behalf of the Fawley Waterside Developers and based upon a design prepared by Markides on behalf of the Fawley Waterside Developers. The improvements are required by Planning Condition as mitigation for the approved Fawley Waterside development. The junction schemes are being accelerated to provide improved public benefit by early implementation, and are funded through a combination of Solent LEP grant and developer contributions.

30. A Project Appraisal for the A326 South scheme was approved by the Executive Member for Economy, Transport and Environment in March 2020. The likely start of Phase 1 works is now May 2021, with an advance package of works for utility upgrades from February/March 2021, with completion likely in Autumn 2022.

31. Since the Business Case for funding was approved by the LEP, there have been a number of issues that have arisen that have changed some of the

design assumptions and requirements for the junctions and the corridor as a whole. These include:

- changes to Technical Guidance relating to the requirements for and provision of measures for cyclists and pedestrians. The publication of LTN 1/20 in summer 2020 (Government cycling guidance) has significantly changed the expectations for cycling/walking infrastructure;
- approved funding for the Transforming Cities Fund that will deliver improved walking and cycling facilities on a north-south route adjacent to the A326;
- upcoming consultations on the Local Cycling and Walking Infrastructure Plans (LCWIPs) for the Waterside and New Forest, which will confirm public and stakeholder aspirations for all walking and cycling routes in the area;
- a change in programme for the A326 Improvement Scheme as a result of COVID related delays to programme; and
- continuing feedback from local interest groups regarding issues related to east-west connectivity for walking and cycling.

32. Whilst some minor adjustments can be made within the constraints of the current budget, it is considered that an additional package of east - west cycling and pedestrian connectivity is required to fully realise the potential benefits and mitigate the impact on cycling and walking of traffic flow improvements planned for the junctions. This additional package of measures will cost £970,000 and proposed funding details are covered in the Finance section below. Efficiencies have been identified in scheme delivery by making the most of opportunities to deliver improvements along with existing schemes of work to reduce disruption to travellers and to minimise costs, which is the reason for seeking Cabinet approval for the additional scheme at this juncture.

Hythe Ferry

33. The Covid-19 situation has had a major impact upon the viability of Hythe-Southampton ferry. As with all public transport operators, patronage levels dropped significantly when the first lockdown started (by over 90% at its lowest point). In an attempt to protect its business at the end of 2020, the ferry company ceased to provide the service for an undefined period until the situation returns to some degree of normality.

34. Local ferries have unfortunately not been able to benefit from the same level of public sector financial support as the bus industry, which has benefitted from several sources of funding to keep their businesses viable, e.g. Concessionary fares re-imburement at pre-Covid levels; local bus contracts paid at 100% of their value despite a significantly reduced service operating over recent months; and lost revenue on commercial and subsidised services has been paid by the DfT. Local ferries were not included in any of these support schemes, which has created particular financial difficulties for the sector.

35. The County Council no longer pays a revenue subsidy to the Hythe-Southampton ferry, the annual support was withdrawn in 2018/19 after two years of increased payments to help the new owner invest in the business and make it more commercially viable. The business has already received a one-off financial package of support from the County Council, Southampton City Council and New Forest District Council (£15,000 from each Authority) to keep

the ferry service going through this difficult time up to Spring 2021 when patronage was expected to return to somewhere near pre-Covid 19 levels.

36. With the current lockdown in place the operator is now requesting further financial support. In the absence of a new support package there is a strong likelihood that the service could cease to operate. The impact of this would be that those still seeking to make the journey would either not make the journey, journey by car or make use of the local bus network. Whilst there is recognition that the ferry companies have not received the level of support from Central Government that other public transport providers have received, even with financial support it is unlikely that patronage levels on the ferry will return to pre-Covid 19 levels in the foreseeable future, and consequently any decision to further support the ferry would need to be on an interim basis, based on the established formula and in the same order of magnitude as the previous support package. In the absence of Government recognition of the need to support such ferry services, the Hythe ferry operation may become unsustainable going forward.
37. Similarly, the Gosport ferry is facing a difficult financial situation as a result of the latest national lockdown and the operator has requested further financial assistance from local authorities to keep the ferry in operation. Again, any funding package would need to be of a similar nature to the assistance provided in 2020, with support from the County Council being matched by Portsmouth City Council and Gosport Borough Council.

Redbridge Causeway Pedestrian and Cycle Improvements

38. On 30 January 2021 DfT announced that Redbridge Causeway had been successful in its bid for £13.4million of Major Road Network (MRN) capital funding to enable upgrades to the structures on the eastbound carriageway of the Causeway bridge over the River Test which provide access for local businesses and hauliers to Southampton docks, and link the city to the New Forest. The DfT funding announcement follows ministers' agreement to speed up delivery of the proposed maintenance work. The funding is for the third and final phase of repairs to the causeway, with the County Council making up the remainder of the costs of this phase of £2.4million up to £15.8million total scheme value. Around £25million worth of repairs will have been made to the causeway once all the works are complete. The maintenance works for the Causeway are covered under separate reporting processes.
39. The successful funding bid included an allowance of £1.98million for pedestrian and cycle infrastructure improvements to the approaches to Redbridge Causeway as Phase 4 of the overarching works programme aligned to the bridge repairs. This scheme is linked to the Transforming Cities Funding (TCF) for Tranche 1 schemes. The TCF Tranche 1 scheme for pedestrian and cycle provision on this part of the network has an allocation of £750,000, but this amount is not sufficient to deliver significant change, hence an additional £1.98million was allowed for in the MRN bid. The precise nature of the pedestrian and cycle enhancements need to be determined following additional design, development and aligned consultation work, but is likely to include improvements for pedestrians and cycles on the approaches to the Causeway,

where there is most scope to make improvements. This report seeks approval to more fully define the scope of and to commence with the progression of this development and design work.

Finance

40. In relation to Waterside Rail, following prior approval from the Executive Member for Economy, Transport and Environment, £70,000 revenue funding has been spent on the preparation of a feasibility study and business case for the scheme from the Major Schemes Development Budget. This funding helped lever in a further £50,000 revenue funding from the DfT from its Restoring Your Railway Fund to provide a total scheme feasibility budget of £120,000, which has now been spent. If the scheme is supported, and consequently Network Rail become the scheme promoter, it is not expected that the County Council will have to make any further financial contribution to the scheme development or delivery.
41. In relation to the Fawley Waterside east/west connectivity improvements, it is recommended that £0.97million be added to the Capital Programme for 2021/22. The package of measures will be funded by LTP resources, with the expectation that sufficient Section 106 contributions will be received to cover the cost of this work, though the timing of these contributions remains uncertain at the current time.
42. In relation to pedestrian and cycle improvements aligned to the successful Redbridge Causeway bid it is recommended that £1.98million be added to the Capital Programme for 2021/22 to cover this scheme development and subsequent delivery. This funding is from part of the DfT Major Roads Network allocation for Redbridge Causeway.

Consultation and Equalities

43. The various workstreams cover a variety of different modes of transport and provide potential enhancements for all. Public Consultation is currently planned to take place on the Waterside Transport Strategy and aligned workstreams in late Spring/Summer 2021, where the local community and wider stakeholders will have the opportunity to comment and influence the way forward. All of the workstreams covered in this report will be presented at the consultation and views will be sought to enable appropriate adjustments to be made going forward. The timescales for the consultation will be dependent upon the prevailing situation at the time, in respect of the pandemic or other constraints.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Waterside Interim Transport Policy Position Waterside Vision Waterside Transport Update	<u>Date</u> November 2017 September 2020 November 2020
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

There is a potential impact on the commercial viability of the existing bus and ferry services if the Waterside Passenger Rail scheme goes ahead, depending on the more detailed operational arrangements for the various services. In the event that there is a reduction or changes to bus services, this could potentially have an impact on the elderly and in particular those that use a freedom pass. The County Council will work with Network Rail, train operators and bus operators to mitigate this impact. Overall, the introduction of rail services will have a positive impact on public transport choice in the Waterside area, which will benefit those without access to a private car. The east-west connectivity improvements and pedestrian and cycle improvements on the Redbridge Causeway will provide better facilities for all users but will particularly assist the elderly and those with mobility impairments. For the majority of people with protected characteristics the impact is assessed as neutral, as the Transport Strategy will promote improvements across a range of transport modes and will provide benefits to all users, regardless of protected characteristics.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 March 2021
Title:	Update on Salix Grant
Report From:	Director of Culture, Communities and Business Services

Contact name: Felicity Roe, Director of CCBS

Tel: 01962 847876

Email: felicity.roe@hants.gov.uk

Purpose of this Report

1. To update Cabinet on minor changes to the Public Sector Decarbonisation Scheme grant for glazing replacement to County Council Buildings.

Recommendations

2. It is recommended that Cabinet should:
 - i. Note the variation to the Salix grant for double glazing replacement from £20.2m to £16.94m
 - ii. Approve an underwrite of up to £3.27m from the government's Schools Condition Allocation grant funding to ensure that the carbon reduction glazing replacement programme can be delivered in full.

Background

3. In December 2020 Salix, the organisation responsible for managing the governments Public Sector Decarbonisation Scheme grant, awarded the County Council £20.2m to replace single to double glazing across a significant amount of the school estate in order to achieve significant carbon reductions and energy savings together with investing in the local construction economy during the pandemic. Salix recently contacted us for further discussions relating to a highly technical issue concerning the measurement of building size and glazing area and the associated carbon savings reduction.
4. As a result of due diligence by Salix on this issue and consideration of its impact on their funding model and our application, it has been necessary for them to reduce their grant slightly, to £16.94m, to ensure it still meets the criteria for carbon reduction per pound of spend. The condition of this funding is that the

County Council must still deliver the full programme as initially set out in our grant submission.

5. It is possible that with effective procurement and programme management that we will be able to achieve this within the £16.94m grant funding envelope. However, the original estimates of cost did equate to the £20.2m that was initially awarded. It will therefore be prudent to ensure that sufficient alternative funding is identified to underwrite any gap that may emerge in the course of the programme.
6. The government allocated the County Council an additional £8m of Schools Condition Allocation funding in 2020. A proportion of that funding has not yet been allocated to any specific project and it is therefore proposed to earmark up to £3.27m to underwrite the glazing replacement on the school buildings. This is very much in line with the planning for that grant funding anyway – with the ongoing upgrade of SCOLA buildings being a high priority. It will address condition, thermal performance and health and safety issues.

Conclusion

7. This change of approach and funding model will require a minor adaptation to the capital programme and its financing but will have no impact on the delivery of the glazing replacement programme for the County Council school estate.

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

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Document

Location

None

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1. Equality Duty

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- 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:

The proposed decision relates to minor changes to the Salix Grant for double glazing replacement and has no implications for individuals or groups of people with protected characteristics.