

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	24 November 2020
Title:	A Progress Report of The County Council's Response to the COVID-19 Crisis
Report From:	Chief Executive

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Purpose of this Report

1. This is the fourth in what is now a series of regular reports to Cabinet, summarising the County Council's continuing responses to and recovery from the COVID-19 pandemic.

Recommendations

It is recommended that Cabinet should:

- i. Note the contents of this report as a further summary of the exceptional events and responses by the County Council concerning the COVID-19 crisis, bearing in mind that this can only be a top-level assessment of what continues to be such a substantial and fast changing situation;
- ii. Note in particular the latest position with regard to the "second wave" of the pandemic in the UK as it affects the county, and support the steps being taken with regard to outbreak management, tracking and tracing and the application of controls to public events;
- iii. Acknowledge the initial impact of the second national lockdown which came into force at the end of the period covered by this report;
- iv. Also note the ongoing work in partnership with District Councils, MPs, regional and local NHS and other key stakeholders with regard to the decision-making process concerning the "Covid tier" for the county of Hampshire subject to national decision making following the anticipated end to the second lockdown;
- v. Continue to recognise the on-going exceptional commitment and flexibility of the staff of the County Council as the crisis has progressed.

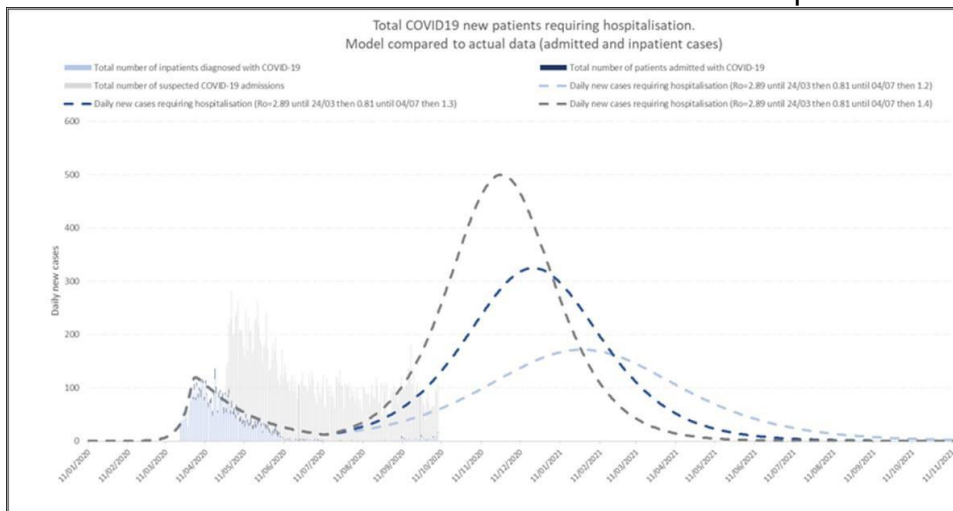
Executive Summary

2. 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. As the crisis continues, unlike previous reports, this latest update will not provide a complete assessment of all services and all relevant activities. Instead this report will offer an analysis of the progress of the pandemic in the county in its national context, including the responses led by colleagues in Public Health, together with a summary assessment of key issues across the departments of the County Council by exception.
3. As before, but particularly in the light of the rapid development nationally of the “second wave” of infection, together with the rapidly changing nature of government response and advice such as the second lockdown, inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Officers will ensure any such issues are highlighted in the presentation of the report at the Cabinet meeting. This will particularly apply to the latest data on the transmission of the virus and the latest position of national and local responses.
4. On 31 October 2020, the Prime Minister announced the implementation of a second national lockdown, covering England, and due to come into effect on 5 November. Whereas this second lockdown is a rapidly developing situation, and has been driven largely by data concerning the spread of the virus which is more concerning in other parts of the country, this report will also note the emerging implications of that step particularly with regard to the functions and responsibilities of the wider County Council.
5. The report will also focus upon the developing 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 an assessment of the progress of testing, tracking and tracing and the application of powers to prohibit certain activities. The report will note the close and effective working between partners including the NHS and district and borough councils. This particularly applies to the developing methodology which will help determine whether changes are required concerning the “Covid level” for the county of Hampshire which is a consideration for after the second lockdown.
6. The service specific issues which are addressed in the report include the crucial position in the care sector – namely the County Council’s directly provided care and the wider private, voluntary and independent sector. There will be a summary of the position with schools since this is the first report to be able to take a full perspective following the full reopening of schools in September.

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

National Context

- It is now evident that we have entered the “second wave” of the transmission of the virus at a national level. This general position is closely in line with the graph that has been used in previous versions of this report, considering the impact of the “R Number” on the scale of that second wave and is presented again below.



- However, our previous consideration of the second wave had not accounted for the substantial national or demographic variations in the rate of progress. It is these variations together with the legitimate cause for concern about the rates of infection generally that led to the Prime Minister’s introduction of a tiered approach to the management of outbreaks and versions of “lockdown” at a local and regional level. This approach was announced by the Prime Minister on 12 October 2020 and subsequently supported by Parliament.
- The “Local Covid Alert Levels” are well described in the table attached as Appendix 1. Clearly, to avoid any sense of local complacency, there is no “low” level of alert at this stage in the pandemic. Hampshire remains in the medium level at time of writing, Tier One, but that position will depend on the continuing rate of increase of infection, other relevant local factors such as NHS capacity, and the effectiveness and thresholds of the higher levels. This appendix also gives a clear explanation of the implications of various local restrictions.

Second National Lockdown

- On 31 October 2020, the Prime Minister announced his intention to introduce what amounts to a second national lockdown in England. This proposal was subsequently supported by Parliament on 4 November and introduced on 5 November. The initial intention is for the lockdown to conclude on 2 December 2020.

12. The rationale for this step was that the rate of increasing spread of the virus was continuing unabated in many authorities, despite those authorities having moved into the third and highest tier of intervention. Further, there was evidence that the geographical range of these areas was spreading inexorably across the country. Perhaps the most important factor that helped determine this decision was the growing evidence of increasing and exponential pressure on NHS capacity in receipt of Covid infected patients. In relation to that decision there has been public debate about the efficacy of the data that fed the decision, as well as about the economic impact of further steps, especially the restrictions on the retail and hospitality industries, which some argue may have a more severe social and economic impact than the problem that is being attacked by these measures.
13. It is not seen to be the role of this report to engage in that debate. There remains instead a fundamental responsibility for this major County Council and the local public health authority, to engage with the lockdown, adapt accordingly and provide community leadership in its implementation in the face of an undeniable and accelerating public health crisis.
14. The nature of this lockdown is markedly different from the first in its current time limit and in its scope. In particular, for the County Council as an education authority, as a children's services authority, and on behalf of staff who are parents, schools and early years settings are exempted. While these settings must obviously be managed with a strong emphasis on safety, this exemption resets the impact of the lockdown on a number of levels. The general impact on children and families in particular will not be as profound as during the first lockdown.
15. At time of writing, while there remain some areas which require further clarification, the following headlines will apply to the County Council's services and functions. As before, there is a renewed emphasis on the need for people to work from home where they can. This is being readily applied with some slight review of the newly introduced policies, for example where some exceptions may apply. HWRCs will continue to function through the now established booking system. Libraries will be closed for browsing but will remain open for other functions including "click and collect" borrowing, and public access to IT. Country parks will remain open but catering will close other than for specific take away services in some locations. The Lead member for ETE has been able to offer immediate reassurance to the operators that the County Council's "underwriting" of certain public transport costs will continue through this period in order to help sustain essential public transport services. This step has been especially well received by the operators. Perhaps a most telling example of the County Council's support to its community was that the Registration Service worked for fourteen hours on the Sunday immediately after the lockdown announcement to reschedule all of November's planned wedding ceremonies to take place where possible in the remaining three working days before the lockdown commenced.

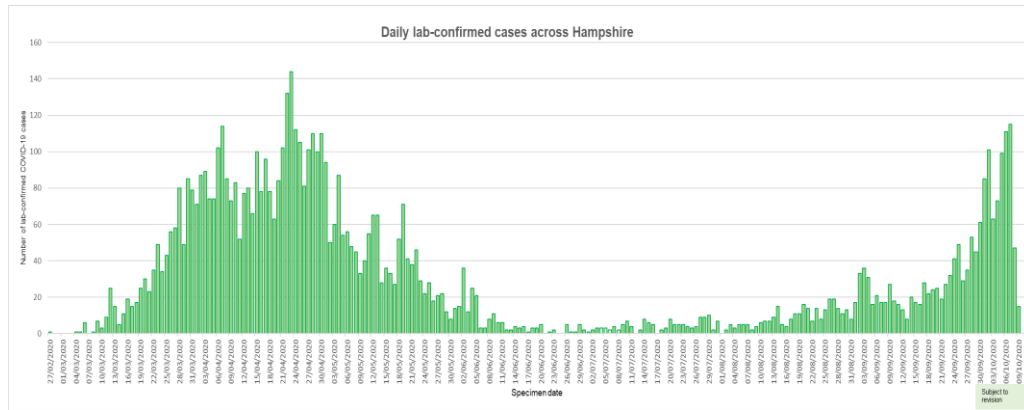
16. Adults' Health and Care remains the department with the most direct engagement with local health services and the most likely impact from the spread of the virus, especially with regard to services for older adults. Two particular impacts of the new measures are: work has moved rapidly to confirm "Covid secure" beds in older people's residential and nursing homes, largely in discharge to assess facilities, to ensure a small number of formally designated beds which will be able to safely receive and care for those patients leaving hospital who require a specific bed-based programme of support and who are COVID-19 positive at the point of hospital discharge; also, work is progressing to ensure that this department will take the lead for the supervision in the community of the former shielded group, now deemed "clinically vulnerable" or "clinically extremely vulnerable", to ensure adequate levels of community supervision for these individuals. Overall, some 52,000 Hampshire residents are expected to receive letters identifying their clinical vulnerability / clinical extreme vulnerability and to adopt measures that reduce their risk of COVID-19. Whilst the intended restrictions are reduced from the Spring of this year, the need to self-isolate and benefit from community-based support and access to priority supermarket shopping slots will remain. This is requiring the application of newly established procedures to redesignate staff from elsewhere in the council to support the tasks and the Council is fully making use of different technologies to ensure contact can be made with residents receiving letters from Department of Health and Social Care / NHS England.
17. As stated, it is the intention of the Government to review the application of the lockdown with a view to it being possibly lifted on 2 December 2020 subject to its impact on both the spread of the virus and the admissions to hospitals. Clearly, the better communities and organisations like HCC can implement the lockdown, the better the chances of the progress of the second wave being halted and that deadline being met. It must be assumed however that if the deadline is met and the full lockdown is then withdrawn, the country is likely to return to a method of local restrictions based on tiers, similar to if not the same as those discussed below in this report.

Local Position

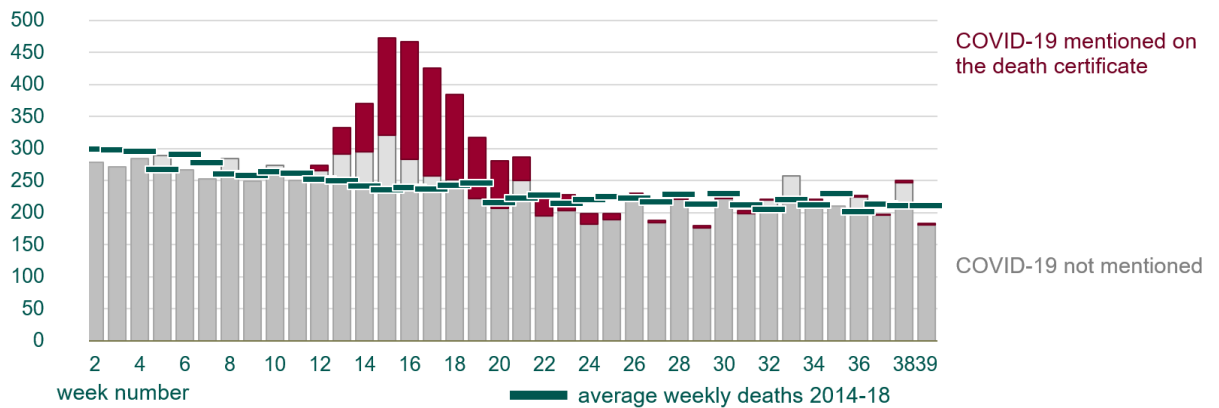
18. The following analysis gives more up to date detail in the rate of transmission in the county, the impact on the health and care sector and the mortality rates which remain generally lower than the first wave but continue to rise.
19. At the time of writing the scale of the variance was stark. Using 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. Even within the county the rate of variance was between the low teens and high 50s. 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 and geography. It is also clear that while the average Hampshire rates are well below the national equivalents this is almost certainly only due to a time lag and the rates of increase in the

Hampshire give tremendous cause for concern, as will doubtless be evidenced in the verbal update to this Cabinet meeting. By the 13 November, the Hampshire county rate had reached 131.1 cases per 100,000 (insert after Cabinet briefing). This represents a continuing increasing figure, but still not at a rate of increase experienced elsewhere. By comparison on the same date the South East average was 141 and the England average was 252 (per 100,000).

20. Daily Confirmed Cases



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



ONS - Deaths registered weekly in England and Wales, provisional

Health Protection Board and Local Outbreak Engagement Board

21. The new 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. 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.
22. 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.

Testing

23. Testing remains a priority for management of the pandemic locally, although responsibility for the organisation and delivery of the majority of the testing programme remains at a national level. 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, which for some weeks had been a major impediment to maximising local testing capacity, is now increasing on a weekly basis to further catch up with local demand.

Tracking and Tracing

24. Case testing investigation and contact tracing are fundamental public health activities that involve 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.
25. The National Contact Tracing Advisory Service (CTAS) started in May 2020. It has three parts to it which rely on individuals playing their part in order to contain the spread of the virus. As of the 7th October 2020, 73% of HCC cases and 85% of HCC contacts have been successfully contacted and followed up by CTAS. Evidence shows that at least 80% of contacts of an index case would need to be contacted for a system to be effective.
26. The first Local Contact Tracing System LCTS was set up in Leicestershire during an outbreak, to help that authority contact positive cases and trace their contacts. The feedback from the Leicestershire experience (and subsequently from many other local authorities who have since gone live with their own local systems), is that residents respond positively to a call from a local number and a call handler with a local voice.
27. The CTAS have since made an offer to remaining Local Authorities to support them in setting up their own LCTS. The Hampshire County Council Local Contact Tracing system had a planned go live date for the week commencing the 2 November.
28. 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 with 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 none, 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.

29. 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.
30. At the time of writing it is difficult to determine the precise model of tiered restrictions that may apply. There is a general consensus that if lockdown measures are withdrawn as planned on 2 December, then areas will return at least to the level of restrictions they were experiencing at the point of lockdown. IN Hampshire that was the lowest “medium” tier. It is possible the area could move to a higher tier which would still represent some reduction in restrictions (such as the re-opening of non-essential retail). It is also conceivable that the tiering approach could be operated at a wider regional level. These decisions will be driven centrally depending on the effectiveness of the lockdown arrangements at that time.
31. Finally, in public health terms, at time of writing, news of the likely arrival of an effective vaccine has been widely received. This is extremely positive in itself but our increasing understanding of the logistical and related challenges of any vaccination programme indicate that the measures required to control the spread of infection will remain essential for months to come.

Adults’ Health and Care

32. The department has continued to maintain critical functions and restore support suspended or amended in light of the initial responses to Covid-19, including the reinstatement, subject to appropriate measures subject to guidance, of day opportunity services for service users – both younger adults and older people. Key business functions across the department have remained in place throughout this year, working within amended working and business practices. It is important to note that in the period April to August 2020 we have seen an increase in safeguarding concerns for vulnerable adults being reported, in comparison to the same period in 2019. It is reasonable to speculate that the impacts of lockdown and suspension of usual pre-Covid routines have had a significant impact upon a number of individuals across our communities.
33. Support to the whole care system, in light of Government grant funding for Infection Prevention and Control, has been successfully delivered and achieved the requirements of the first grant allocation of £18.4m to Hampshire County Council received in May and July. Support has been provided across all care settings and all providers in receipt of this funding have confirmed their use of the grant. This in turn enabled our return to be made to Government at the end of September. We now have had the next round of Infection Prevention and Control grant funding confirmed as being £15.6m - and this is being paid to

providers in two tranches; one has already been paid at the end of October and a second is due to be paid in mid-December.

34. Additionally, the department has undertaken work to confirm all elements of the Social Care Winter Plan, as set out by the Department of Health and Social Care (DHSC) on 18 September, are in place. A response was forwarded to DHSC confirming the actions that we, working with NHS partners and the wider care sector, are undertaking. Alongside this a market stability self-assessment has been undertaken, submitted to DHSC on 21st October.
35. Working with NHS partners we have secured and have in place Discharge to Assess bed-based capacity, provided through our own HCC Care directly provided provision to support each acute system. This includes the implementation of a new facility in Gosport (Woodcot Lodge) supporting people in south east Hampshire. We have also re-purposed some of our existing capacity to support residents in mid/north Hampshire and also south west Hampshire. The provision is Covid-19 safe and is operating to ensure that hospital discharge pathways can be safely maintained, even for those people who may test positive at the point of a hospital discharge. Positively, of those people being received through this provision some 70% are able to return home, rather than enter long term care home provision. There can be no question that these substantial efforts by Hampshire County Council, at a strategic and operational level, have made a significant difference to the capacity of the NHS in its handling of the pandemic, as well as a significant difference to the wellbeing of individuals receiving these services at a time of great personal distress. Furthermore, an issue of particular concern to care home residents and families during the lockdown experienced in Spring and Summer were the necessary restrictions on care home visiting. Across the county in recent months we have seen care home Registered Managers continuing to undertake appropriate risk assessments and, in line with local circumstances, seeking to appropriately facilitate the resumption of visits by family members, albeit outside and safely socially distanced. New care home visiting guidance was issued by DHSC and support is being provided across the sector to continue to operate safely, whilst balancing the needs of residents, families and staff from the risks of outbreaks. Hampshire County Council's care homes, in common with many care homes across the sector, have also maintained visits, wherever possible, for residents in an 'end of life' phase. Subsequently, Hampshire has been announced as one of four authorities to pilot a testing programme aimed at enabling relative visits to care homes – a project which will make a substantial difference to relatives and cared for alike.
36. The department also continues to work closely with Public Health colleagues on sector specific outbreak management planning and also with district/borough councils, community/voluntary sector partners and the NHS. This is to ensure that access to appropriate support remains in place for vulnerable residents and those needing support through self-isolating. These actions, in-line with measures initiated earlier this year in response to lockdown measures for our most vulnerable residents, continue to be available and follow the same routes of access and contact / support as for the clinically vulnerable / clinically extremely vulnerable outlined in paragraph 15, above.

Children's Services

37. With regards to the County Council's critical children's social care services, these services continue to operate well, meaning essentially doing 'business as usual but doing it differently'. All statutory timescales for safeguarding and children in care visits and meetings remain the same (and are being met) but with enhanced use of technology to ensure officers see children and families through digital means if necessary. Over 80% of home visits were being undertaken in person by September. Guidance has been issued for staff in the use of PPE when it is necessary to use it and this has recently been reiterated.
38. Since July referrals into service via the Multi Agency Safeguarding Hub (MASH) have been consistently 10-15% above the average for the time of year (although there was one exceptionally busy week in early September as the schools fully returned). This increase in referrals has fed through into all areas of social care activity, including additional children needing to come into care. The increase in workload has also been seen nationally and reflects pressures on families coming to the fore during Covid and leading, in some cases, to family breakdown. Additional resources are being redeployed within the service to address this increased demand.
39. Schools are now reporting a high number of children attending on a daily basis, with recent data (8 October) showing 97% of pupils attending in the Primary phase and 93% in secondary. Similarly, high proportions of pupils with an Education Health and Care plan and those open to our social care services are also attending.
40. The School Improvement Team has worked with school leaders to ensure that all schools opened in September whilst reducing the risks of COVID-19 transmission. An enormous amount of preparation has taken place with schools and the Children's Services have worked collaboratively with school leaders to ensure that schools are as well prepared as they can be for dealing with the full return of children into education. Since September, the service has worked closely with colleagues in Public Health (local and national) to respond when schools have positive Covid19 results amongst their pupils or staff. Our joint work then ensures that school responses are proportionate and in line with public health advice. Where a school has had a positive case this is reported on the Council's website:
<https://www.hants.gov.uk/socialcareandhealth/coronavirus/education/school-case-data>
41. One of the areas we are continuing to focus on is access to remote education. Schools have to be ready to move swiftly to a system of remote learning, in the event of a local lockdown or when children are asked to self-isolate at home for up to two weeks. We have made that clear to all school leaders and held webinar briefings, attended by 130 school leaders, to offer guidance on the preparation and management of such events. The School Improvement Team has produced curriculum packs and clear guidance for "emergency" lesson plans for each primary aged year group, based upon the national curriculum, to cover the first two days for children that have been asked to self-isolate whilst schools switch

to remote learning. Guidance has been sent out to primary, secondary and special schools setting out the DfE's expectations.

42. With regard to home to school transport, the Children's Services Department communicated the complexity of the home to school transport challenges, and the need for timely guidance to be issued to support a full return to school, to the DfE in May 2020. Throughout June, July and August, these requests were repeated but unfortunately guidance was not issued until late in the day on 11 August. Organising home to school transport (HtST) for 13,000 pupils across 1,300 routes for the September school return has been particularly challenging given the late guidance, and a number of families received late notification of transport arrangements as a result which is regrettable but was unavoidable. However, as expected, arrangements are now settling down albeit subject to change as and when a school experiences an outbreak.
43. The start of the new academic year has seen 99% of group Early Years settings open. There are a small number of providers who continue to operate reduced capacity, but such capacity is meeting demand. Out of school childcare (i.e. breakfast and after school clubs) remain a challenge, not least because of the potential logistical issues of accommodating children from different 'bubbles'. Some schools have set up to deliver direct provision or make temporary offers to third party providers.

Economy, Transport and Environment

44. The main ETE service areas of Highways Maintenance, Waste and Recycling and passenger transport have maintained services in line with previous update reports. The HWRC booking system continues to function well, and there has been a lot of positive feedback following the introduction of this system, particularly since we were also able to expand the number of available slots at most HWRCs, as use patterns settled and we gained more experience of site operations with social distancing and safe working restrictions. A significant amount of highway maintenance and improvement works have been undertaken, albeit with some disruption to planned works by the unusually severe storms experienced in the late summer, which also caused some local flooding in Winchester for example. The ETE passenger transport team also closely supported colleagues in Home to school transport to ensure that transport arrangements were in place for the return to school in September.
45. Whilst traffic has gradually returned to closer to pre-Covid levels, the main area of development and focus of new activity has been the transport 'pop-up' schemes to support social distancing in and around town centres and to encourage active travel by re-assigning road space and other measures to encourage walking and cycling. Funded through the Government's national Emergency Active Travel Fund some 42 schemes were delivered within the initial 8 week deadline using the tranche one funding allocation of £863,000, alongside adjusting some 160 crossings to increase time for pedestrians and various messaging and awareness raising work to support social distancing.

A further bid for tranche two funding of £3,450,000 is currently awaiting a final decision by the Secretary of State for Transport.

46. The fragility of the economic recovery remains a significant issue in Hampshire, as in the rest of the country, with falling levels of business and consumer confidence, rising unemployment and the likelihood of further significant business closures and job losses as the Government's initial job retention measures come to the end in October (across HIOW the peak of residents supported was around 352,000 between the job retention and self-employed schemes). These challenges are bound to be heightened in the event of any increased restrictions that may be brought about by any change in the areas Covid level of alert. Whilst the Hampshire economy has performed slightly better than the UK average in the recovery since lockdown measures were eased, and we have seen successive months of growth, the overall level of economic activity or output is around 9% below the pre-lockdown position in February, following the sharp contraction in March and particularly April, following the lockdown.
47. Whilst the LEPs are utilising whatever resources they have available, the primary source of financial support for businesses and their employees continues to be central Government, including additional business grants to cover the second national lockdown period, the job retention scheme now extended until March 2021, an extension to the self-employed income support scheme until the end of April 2021, and the repayment term for various business loans schemes extended from 6 to 10 years.

Culture Community and Business-Related Services (CCBS)

46. To the great credit of the property services client officers and the main contractors, both the primary schools (Stoneham in Eastleigh and Barton Farm, Winchester) that were in build stage as Covid-19 hit were completed to time and opened to pupils in September as planned.
47. Hillier's Gardens applied to the National Lottery Cultural Recovery Fund and has received a grant that should cover most of its loss of income due to Covid for the 2020/21 financial year.
48. HC3S has seen steady increases in meal uptake since September, running higher than the national average, although still not fully recovered to pre-Covid levels. It is also noteworthy that in several instances HC3S has been able to offer immediate support in the provision of school meals for some schools whose independent providers were disrupted by Covid.
49. Registration services, particularly marriages, remain under tremendous pressure as a result of couples wishing to rearrange or cancel their ceremonies, particularly following the '15 guests only' regulation.

Corporate Resources

50. The majority of services across Corporate Resources continue to be delivered to a high performance through working from home with a small number of staff rotating attendance in the office to deal with necessary 'paperwork' which cannot be dealt with remotely and also provide for necessary IT specialist support. A small number of staff are also supporting essential face-to-face activity such as HR casework, Occupational Health activity across our Police and Fire partners and some training and development activities across our schools.
51. Our phone lines taking urgent enquiries have remained fully open throughout the pandemic, including for vital social care for children and adults, and Registrations. In addition, the County Council launched a phone booking service to ensure the safe and successful re-opening of our Household Waste Recycling Centres, as well as a specific phone service, **Hampshire Coronavirus Support and Helpline** (Tel: 0333 370 4000), for those who have been isolated and vulnerable during lockdown, and throughout the ongoing pandemic.
52. During the pandemic, our on-site office capacity has been significantly restricted, and we have mandated that colleagues across our workforce need to work remotely where they can. This ensures we are complying with Public Health England guidance and minimising the unnecessary risk to our colleagues and members of the public.
53. Our contact centre technology has previously required a physical presence within a County Council office, and therefore our less urgent phone lines (e.g. library book renewals, highways enquiries) have been closed to minimise our office presence. In these instances, residents are directed to the County Council's webpages to resolve their enquiries or, if they have further questions, to make contact via an online form. This is available to anyone with access to the internet (or a suitable friend, family member or carer), and can be responded to by our customer service teams working remotely.
54. Over the past 6 months a significant overhaul of our telephony infrastructure has been implemented and this programme has recently replaced our contact centre infrastructure therefore all remaining public facing phone lines are now operating remotely.

Human Resources – Our People

55. Following the depth and breadth of impact from our staff survey in June Communications and Engagement colleagues have now launched another survey.
56. We are using the survey to focus on staff who have previously worked in our office buildings and who are now either working from home (the majority), working in the office due to business necessity or working in the office due to specific personal circumstances. We know when this part of workforce

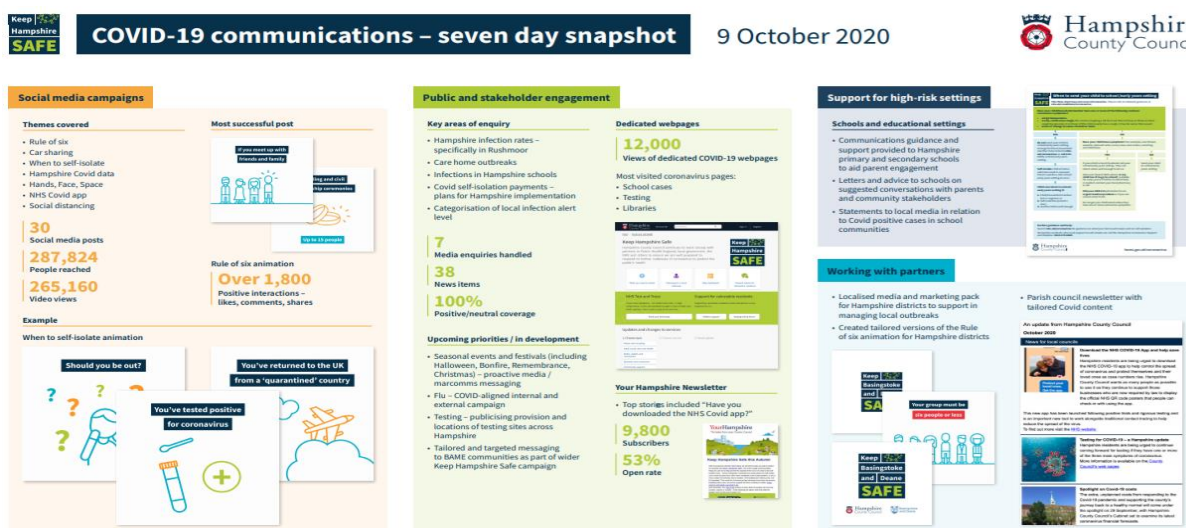
responded in June, they were largely positive about their ability to continue to work effectively and efficiently. The survey did emphasise a number of practical and emotional needs that we were able to support and address, for example through the roll-out of IT equipment and through guidance on our well-being pages and through Departmental and managerial engagement and support to individuals and teams.

57. As in June, when the October survey is collected, the data will be distilled in such a way that we can seek to understand the differing experiences of these staff based on any particular characteristics that they share. For example, we were able to see the impact more specifically on staff who identify themselves as disabled or from a Black or Asian Minority background which has enabled us to provide additional support to these staff, specifically in relation to their fears around Covid-19.
58. Despite the anecdotal evidence remaining largely positive from our workforce who are largely now working from home, we know that in some areas there are now early signs of emerging concerns about the lack of team connectivity. We know too, from professional bodies such as the Chartered Institute for Personnel and Development (CIPD), and indeed research from the wider social sciences, that the impact on our people of working from home and increased virtual connectivity is likely to change over time and it is therefore important that we continue to seek feedback and to learn from what we are hearing.
59. The Corporate Management Team is satisfied that at a Department level we have remained connected and engaged with our workforces who are employed in critical public facing roles and who have continued to serve their users throughout the duration of the pandemic. That said we are considering ways in which we can create a shared understanding to ensure that we are listening and reacting appropriately to the experiences of these staff corporately as well as Departmentally.
60. More can of course be shared on the outcomes of the engagement activity along with the experiences of our public facing colleagues in future updates.

Communications and community engagement

61. The Authority continues to prioritise effective communications and engagement which is targeted across external and internal audiences to ensure the delivery of proactive, planned, and consistent information. This is in support of the County Council's Local Outbreak Strategy, government guidance and shared priorities with partners - together seeking and securing the best outcomes for Hampshire residents. Through this period the Authority has been:
 - i. **Keeping Hampshire residents informed** through timely and targeted communications. A new [COVID-19 communications seven day snapshot](#) has been introduced, which highlights relevant social media campaigns, public and stakeholder engagement, support for high risk settings and the County Council's work with partners. The snapshot is shared with Cabinet, Hampshire MPs, Local Outbreak Engagement Board Members and Chief

Officers. Content is also shared through the regular Covid-19 briefings which are circulated to a wider range of stakeholders. In addition, a [monthly overview of activity](#) is produced for the Local Outbreak Engagement Board.



ii. **Engaging with residents** through a new online resident engagement forum - [Hampshire Perspectives](#). Currently, a diverse group of over 1000 residents have signed up. Short, focused online surveys will be conducted on a regular basis to gather views on council services and the local area. In addition, the County Council continues to work closely, shape and share key messaging with District/Borough Councils, Town and Parish Councils and our partners through the HIOW LRF. Targeted engagement has continued, for example the County Council has recently conducted a webinar with several representatives from Hampshire's faith communities and remains committed to maintain ongoing dialogue with faith leaders to help support and improve community messaging.

iii. **Proactively supporting partners** and in particular, high risk settings including schools and care homes, to ensure that they have the information required and receive support and guidance to manage a variety of situations. The Authority is continually monitoring the national and local situation to ensure that it is **effectively prepared** for changes to guidance and likely issues. 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.

Conclusion

62. Even while focussing on exceptions reporting, this paper reflects the continuing scale and depth of the challenges being taken on routinely now by the County Council. It remains the case that the County Council is on an on-going "crisis" footing, overseen by the Gold Command Structure and working in partnership with the multi-agency Local Resilience Forum. Regrettably, these arrangements

remain essential while the pandemic remains and especially as infection rates grow.

63. At time of writing, the Hampshire rates remain below the worst areas of the country and the Medium Alert Level applies. But escalating infection rates demand the highest levels of attention and the continued drive of our Public Health services. The nature of the crisis continues to demand the best of the organisation and especially its staff and managers, who continue to deliver admirably.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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

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