

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

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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.

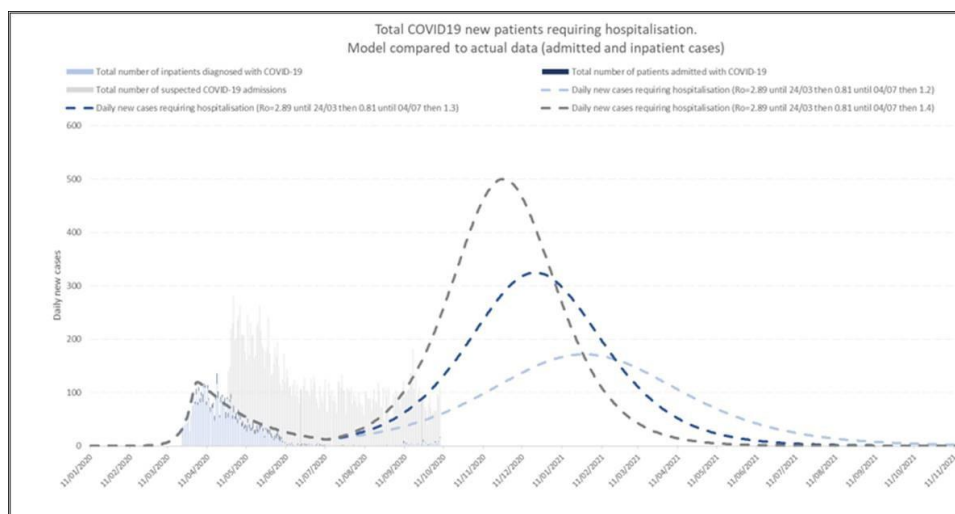
Executive Summary

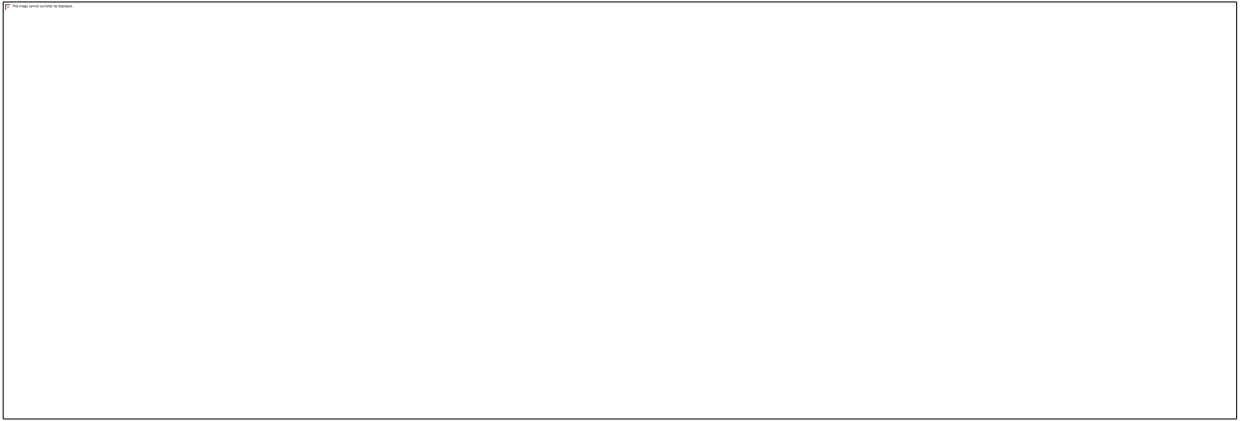
3. This report, as its predecessor reports, attempts to provide Cabinet with a general update on the Covid crisis as it is affecting the County Council, as an organisation and for the residents of the county. The construct of these reports no longer involves a detailed service by service analysis of 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.

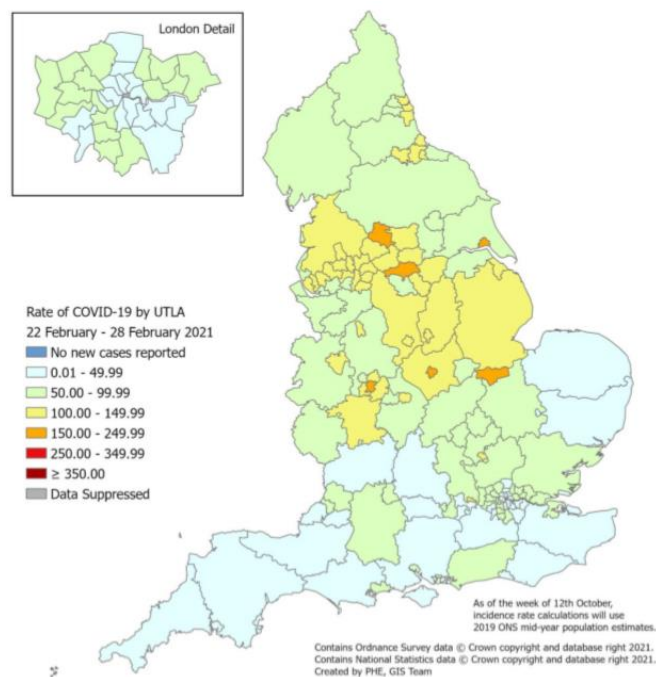
National Context

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.

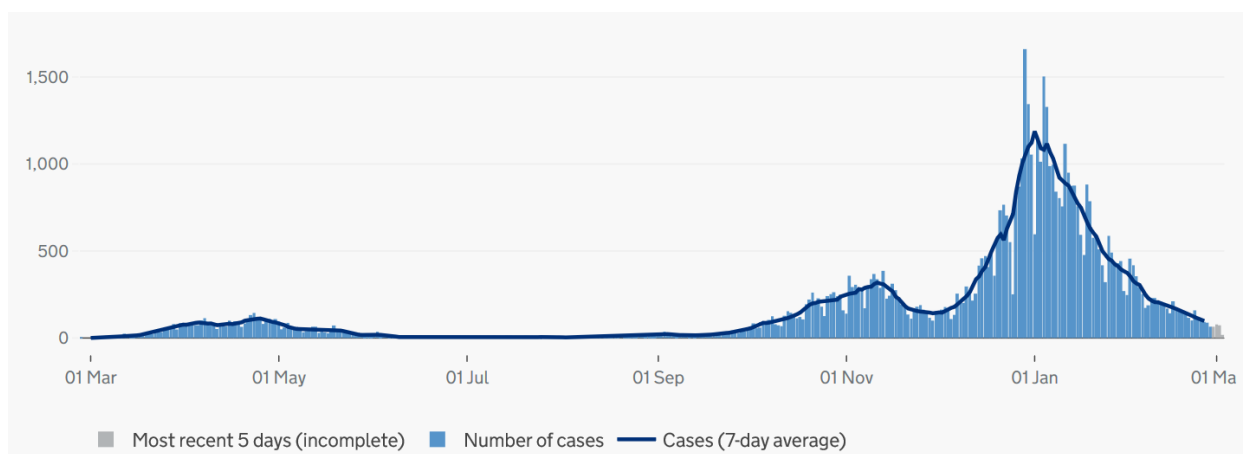
(29 March) – six people or two households to meet outdoors, outdoor sports facilities to reopen, possible to travel beyond local. The ‘Stay at Home’ order will end. Weddings will still be able to proceed with six attendees but will no longer be limited to exceptional circumstances.

- **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.

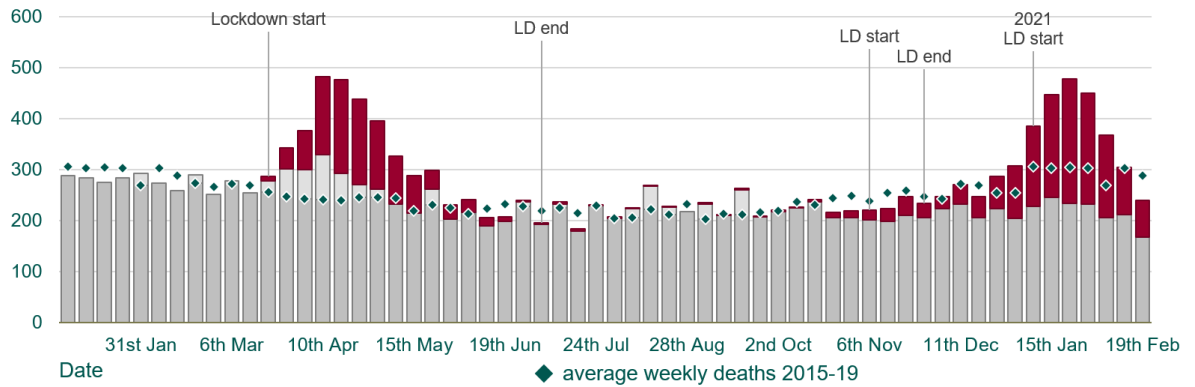
Local Position

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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*