

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	13 July 2021
<b>Title:</b>	A Progress Report of The County Council's Response to the COVID-19 Crisis
<b>Report From:</b>	Chief Executive

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### **Purpose of this Report**

1. This is the seventh in the series of regular reports to Cabinet, summarising the County Council's continuing responses to the COVID-19 pandemic.

### **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. Note that the County Council's operational crisis management arrangements are finally being dismantled with a full return to ordinary operational governance arrangements.
  - v. Note the fuller analyses contained in this report of continued recovery work, through the Collective Wisdom project for internal recovery and the approach to economic recovery for the County externally.

- vi. 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 exceptional 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 what have been often extreme, if now more common place, conditions.
4. As before, 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. At the time of writing the country appears to be in what could be the last elements, for the time being at least, of substantial restrictions. The national "roadmap" which had signalled an end to restrictions by 21 June at the earliest, has seen that deadline extend now to 19 July. That is primarily because, while the data that will be outlined below is substantially promising, the delta variant of the virus appears to have triggered a third wave of infection nationally, but that wave of infection appears not to be as significant in pace or size as the second and especially appears not to be translating into serious illness, hospital admissions or deaths at any substantial scale. The Government elected to extend the restrictions in order to seek more evidence that the link between infection and serious illness may now be weakened if not broken, and to allow for further progress of vaccination for younger adults. When Cabinet sits it is likely this position will have been confirmed in either direction on 12 July
6. The national vaccination programme continues to progress strongly including in Hampshire. The programme is now extended to all adults over the age of 18. There is a determined drive to ensure that as many adults as possible have at least a first dose to secure stronger national protection. As will be seen the progress in Hampshire continues to be very encouraging with a strong service delivery led by NHS and strong take-up across most if not all communities. There are inevitable variations of take-up district by district and there are targeted campaigns for some communities and age groups, but the county-wide position is encouraging.
7. 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 continue to include now routine and effective communications channels set between those boards and the leadership of district and borough councils within Hampshire County. While the pandemic will undoubtedly continue, as the crisis elements to the pandemic abate, there will be future consideration about a proposal to merge the role of the LOEB with the Health and Wellbeing Board, to be determined.

8. By a similar token, this report will explain how the operations of the County Council are finally moving out of the Gold command crisis management mechanisms, and safely transferring oversight of the pandemic and our response and recovery into the business-as-usual managerial processes, with the Corporate Management Team overseeing these in the usual way.
9. This report now has the benefit of a much fuller analysis of the economic impact and longer-term implications of the pandemic. It outlines those issues in more detail and sets out a framework for how the County Council should go about using its scale and influence to contribute to the county's and the sub-region's economic recovery going forward.
10. Members are aware that CMT has initiated a project called "Collective Wisdom" to help steer the organisation's operating model as we progress out of the crisis. The title of this project is in recognition of the need for wholesale engagement and problem solving going forward. The report expands on that work so far, focussing necessarily on accommodation changes in the first instance but outlining the potential wider scope of the project. Finally, the report also summarises the communications work which has been so crucial to response and recovery to date.
11. 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.

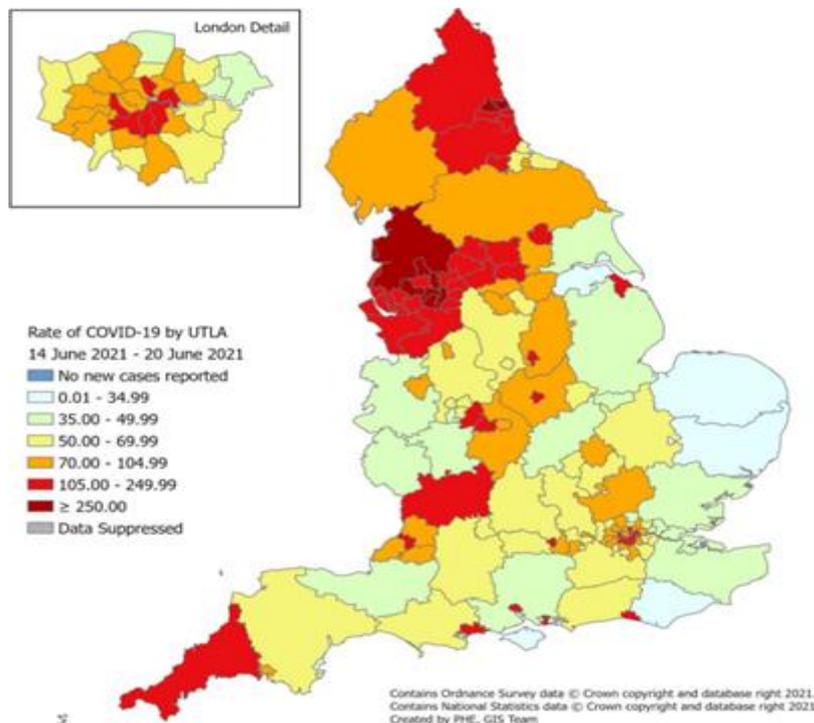
### **National Context**

12. Members are aware that the Government implemented a substantial period of national lockdown at the beginning of the calendar year in response to the severe second wave of Covid infection, which was devastating in its scale and impact. This was at a time though when the national vaccination programme was becoming established and accelerating. Therefore, the Government introduced a "Roadmap" for the gradual lifting of restrictions in parallel with the anticipated suppression of the infection rates, and the illness, hospital admissions and deaths that follow. That roadmap has been predicated on the take-up and effectiveness of an unprecedented vaccination programme. The Government has always been clear that the various milestone dates for the lifting of restrictions according to the roadmap were "at the earliest" and subject

to scientific advice and data. The aim has been to do the utmost to ensure that the country does not need to return to lockdown restrictions if at all possible, and a delay in lifting is preferable to a return.

13. As following sections in this report will indicate, the data nationally, and in Hampshire, does appear to show a substantial if not absolute weakening of the link between infection, hospitalisation and death. This is not least because the efficacy of the vaccine programme has meant that infection now is primarily between younger unvaccinated adults who are less likely to be severely affected. Nevertheless and in line with the stated aims of the roadmap, Government has delayed the final lifting of the majority of remaining restrictions in order both to better understand the spread of the virus, especially as it applies to the delta variant, and to allow for further extension of vaccination to all adults to further weaken the connection. The next sections elaborate on that analysis and the Hampshire position in more detail.

**The map below shows the current spread of the virus across England as at Week 24 of the year.**



### Local Position

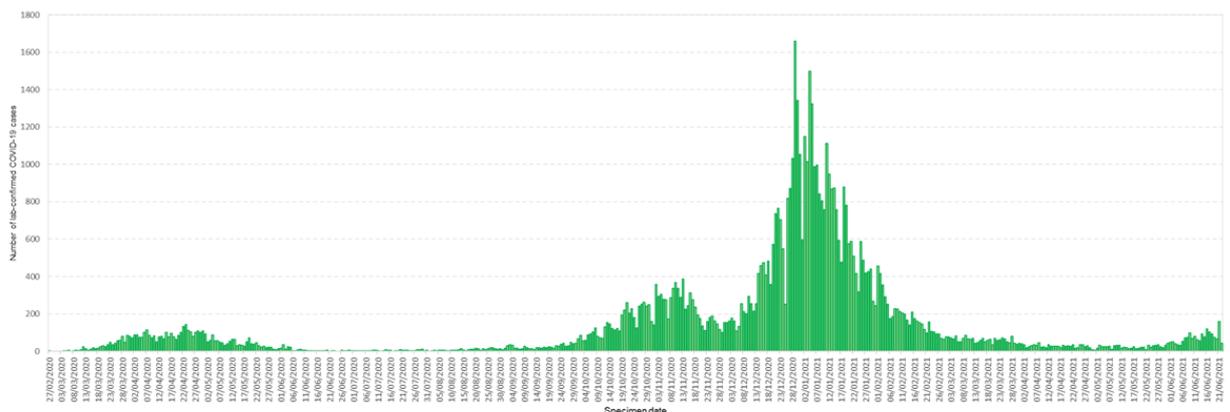
14. The following analysis gives more up to date detail in the rate of transmission in Hampshire County, the impact on the health and care sector and the mortality rates which now falling, though of course each death is a devastating event for the families concerned (see slide at paragraph 14). The pressures on the NHS have reduced significantly with only a small number of patients in acute and critical care (though it is recognised that NHS services, like local government,

will now be dealing with the backlog of pent up need that has been unmet during the crisis) .

15. 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 was caused by the alpha variant (first found in Kent) with its 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.

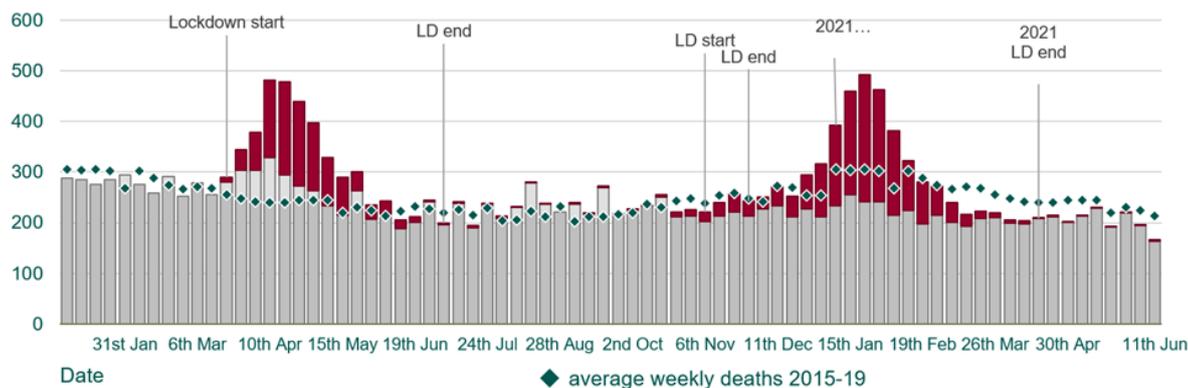
The current 7-day rate (20.06.21) for Hampshire is 43.8 per 100,000 compared to an England rate of 98.4 per 100,000 which is rising due to the easing of restrictions and the rapid spread of the delta variant. It is also essential that the community, with the County Council's leadership, does not relax or assume the battle is won. It is not. There are a number of factors that will influence the spread of infection and any future surge in case numbers. This includes the impact of new variants including the Alpha and Delta.

## 16. Daily Confirmed Cases and Weekly Numbers of Deaths in Hampshire



**XXXXWE SHOULD BE SHOWING LATEST HOSPITAL DATA HEREXXX**

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.

### Hospitalisations across the South East of England are low



17. The modelling prediction for the virus indicates a surge in cases in the late summer. However due to the high vaccine coverage it is likely that this will be lower than the first wave. It is also likely to have far less severe implications for the health of the population in terms of those with severe disease and for the capacity of the NHS system generally, and the acute sector in particular. It is now clear that one of the challenges of the COVID virus is the variants and the impact they have on the spread of infection. Some of the most significant have been the Beta and Delta variants first found in in South African and India. Whilst these don't appear to cause more severe disease or escape the vaccine, they do spread more easily than the original variant and the alpha variant (first located in Kent). The Delta variant is the current dominant variant. The Council works with Public Health England to take appropriate action to identify any further cases and manage outbreaks.
18. These separate graphs show both the severity and pace of the virus in Hampshire over time, and the sad implications for the subsequent rates of death, particularly during the winter. The relationship between hospital admissions and death rates has thankfully changed as treatments for severe Covid illnesses have improved alongside the impacts of lockdown and the vaccination programme. At the time of writing the rate of infection is low and that is having a subsequent impact upon hospital admissions and upon rates of death. The programme of vaccination has impacted significantly on the rate of infection and impact on hospitalisations and serious illness or death.
19. 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 use of this facility was certainly required but 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 again thank that community on behalf of the County Council and the LRF partnership for their support and consideration.

20. The Grayson suite has now been effectively decommissioned, slightly ahead of schedule having provided essential additional capacity. The need for that capacity thankfully began to reduce through the spring months as the impacts of the pandemic changed in the ways described above. In February, the leasehold arrangements required an early decision on the longer-term planning for the site. Subsequently a risk-based decision was taken not to extend the current lease which meant the facility ceased 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. It is worth noting here for future reference, that the longer-term need for additional mortuary capacity across the strategic geography of the LRF will remain an issue outside of the terms of this crisis. That will be for partner agencies to consider carefully over time. That consideration will be able to determine the best strategic location for any such facility in due course, but it should also be noted that while necessarily suitable for this temporary facility, this location would not be suitable for a longer-term provision.

### **Health Protection Board and Local Outbreak Engagement Board**

21. 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 which now meets on at least a fortnightly basis supported by a number of working groups including a 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.
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.

23. 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.
24. As described below, work is now taking place within the council's operational structures to stand down the emergency planning arrangements. In line with that work there will be a case for reviewing the continuing need for and nature of the Health Protection Board and the LOEB. There is especially a good argument for merging the latter with the established and more generic Health and Wellbeing Board. However, the view has been taken that it would not be wise at this stage to stand down these arrangements too rapidly, especially in view of the quality of the district and county engagement they have fostered. Any such merger, while probably appropriate, should await the early autumn.

### **Testing**

25. 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 has the lead role in the organisation and oversight locally. 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.
26. 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, workplaces, and a number of other public sector organisations.
27. In 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. The aim of the programme is to identify more people with the virus and to break the chain of transmission through targeted case finding.

28. Since this programme started it has been opened up to the whole population through different routes. This also now includes a Community Collect model where people can collect tests kits from community pharmacies for home testing. Locally this collect model has been enhanced by a supervised testing model in pharmacies enabling the closure of the community testing sites.
29. With the emergence of variants the County in conjunction with Public Health England takes forward testing actions where there are variants without a clear link to another case or travel. 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. Further specific programmes are carried out to understand the spread of the variant cases.

### **Tracking and Tracing**

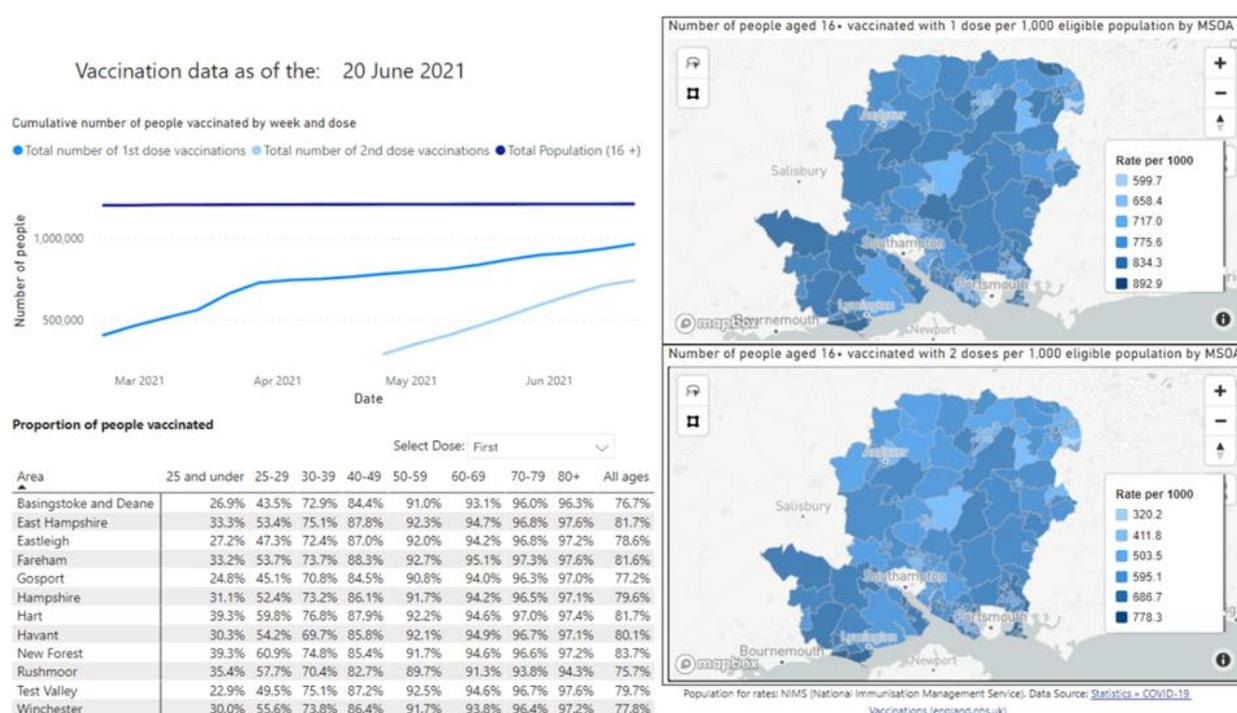
30. Case testing investigation and contact tracing are fundamental public health activities in the management of all infectious diseases. This involves working with an individual (patient or resident) who is either symptomatic or asymptomatic and has been diagnosed with an infectious disease. The aim 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.
31. 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.
32. 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.

33. For Hampshire County this programme started in the Rushmoor Borough area with the final areas of Hampshire being part of the local service from 26 January 2021. As of 21<sup>st</sup> June 2021, 88% of HCC cases and 92% of HCC contacts have been successfully contacted and followed up by CTAS with 84% of cases and 96% 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.
34. 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.
35. Further aspects of the programme include home visits in specific circumstances. The County leads this for local variant cases unable to be contacted. For those returning from amber countries abroad this is undertaken by national government.
36. The Government is considering if a different approach for contacts of cases would be supportive of public health outcomes with daily testing in place of isolation in certain circumstances.

### **Vaccination**

37. 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 four 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. Janssen will be available later in the year.
38. The JCVI state that the purpose 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.
39. 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 most likely to spread in an occupational setting.

40. The programme has seen a number of changes including those under 40 being given vaccines other than Astra Zeneca due the risks benefit potentially outweighing the use of this vaccine.
41. 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 75% of the Hampshire over-18 population has received first vaccination. With 58% having had two doses
42. The Hampshire experience has therefore matched national 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. There is some variation in uptake across Hampshire, unsurprising given the size and complexity of the county, due to a number of factors including demographics, with the younger populations only more recently eligible for the vaccination and some communities being more hesitant to taking up the vaccination.



At this point in time, we are awaiting guidance from the Joint Committee of Vaccinations and Immunisation on any future vaccination programme for school aged children.

### Gold Command and Crisis Management Arrangements

43. In March 2020, at the start of the pandemic and the first lockdown, in line with most statutory agencies, the County Council triggered its crisis management procedures. Among other steps this included the institution of a Gold command structure to oversee crisis related decision making in a formal and accountable

manner in line with civil contingencies legislation. Gold was chaired by the Chief Executive, Silver by the now Deputy Director of CCBS, and Bronze groups were integrated within departments and chaired by directors, or their deputies as required. The business-as-usual operational managerial arrangements have stayed in place under the continued auspices of the Corporate Management Team. In time a Recovery Group was established, chaired by the Director of ETE.

44. In most crises these arrangements would remain in place for a matter of days, perhaps weeks at most. These arrangements for Covid have now been in place for some fifteen months as a matter of necessity. They have tested the organisation's capacity and ordinary governance structures but have been hugely effective. The support work of Emergency Planning staff has been key to this. With the imminent end to the lockdown restrictions and the clear changing profile to the pandemic it is now safer to plan for the withdrawal from these emergency arrangements, which have certainly served their purposes but were never designed for this length of intervention. It is therefore now planned for the Gold structure to be wound down to coincide with the anticipated end of major restrictions. CMT will resume full responsibility for overseeing any issues with regard to the continuing response by the County Council to the pandemic. The recovery group will be retained as an operational economic recovery arrangement reporting into CMT and its political oversight arrangements, including the sub-committee of this Cabinet (see below).
45. These changes present an opportunity to acknowledge the exceptional work of colleagues in Emergency Planning who have serviced these command arrangements alongside the LRF equivalents. Under the leadership of the Head of Emergency Planning they have brought great skill and expertise to guide and support the decision making through the most prolonged and dangerous crisis.

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

46. Adults' Health and Care, through HCC's adult social care services, have continued to respond to the needs of their clients and the NHS. During the progress of the Government's roadmap this has included working 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 managing 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.
47. Whilst requirements to support people shielding ceased in late March 2021 formal mechanisms, with district and borough council and voluntary community sector partners remain available. However, positively, as restrictions and community transmission has decreased, there has been an inevitable reduction in contacts being made and support being required. Officers will continue to

maintain an architecture with partners to ensure that support remains available should it be required.

48. Direct care teams remain extraordinarily busy – particularly in HCC Care operations. It has been possible to stand-down specific resources created to respond to challenges caused by the pandemic, such as Designated Settings – specific bed-based capacity capable of supporting people discharged from hospital settings who tested positive for COVID-19, but requiring acute healthcare. However, working closely with NHS partners we have continued the exemplary performance in supporting people to leave hospital, either to return to their own homes with additional support or specific bed-based Discharge to Assess capacity. This capacity and overall approach, Discharge to Assess, as part of the wider system approach, will continue into the future. Additionally, it is important to identify the excellent Shared Lives carers – some 126 carers providing 24-hour support to adults within ‘home’ settings.
49. While Adults’ Health and Care has maintained a focus on the key aspects of its recovery throughout the pandemic, the decelerating pace of the emergency in recent months has led to the Department’s formal transition in late March 2021 from a response phase to one of recovery. All teams remain exceptionally busy and some by their nature are further along the recovery journey than others. Agile arrangements have been put in place to support senior managers to plan and lead the steady recovery of their services, with cross-service strategic decisions taken by the Departmental Management Team. This model also enables the design and delivery of the recovery programme in parallel with transformation and ‘business as usual’ objectives, and continued information flow between the Department and other County Council or partnership forums.
50. Through this 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 across the Hampshire area. More than £35m has been allocated by financial year-end in accordance with the strict grant conditions through an exceptional and rapid system of financial administration that has been a lifeline to the sector. Relationships and arrangements put in place through the initial lockdown in 2020, with Hampshire Care Association, Hampshire CCGs, HealthWatch Hampshire and local CQC colleagues, continue and will become a key element as we collectively maintain safe and sustainable services over the coming period.

### **Schools and Children’s Services**

51. The pandemic continues to have a significant impact on children and families albeit not always in a direct way. The most obvious issue that has re-emerged over the current school term is the number of children being required to self-isolate. Schools continue to organize their pupils into ‘bubbles’ as required. Children should self-test at least twice per week using a lateral flow test. When a child has a positive test the rest of the bubble is required to self-isolate for ten days (even if their own tests are negative as it can take time for the virus to emerge). Using the most recent data we can see that on Monday 28 June 570

pupils were asked to self-isolate from that day. Extrapolating that number across ten days gives a confident figure of almost 6000 pupils, over 3% of the Hampshire school population, self-isolating on any one day in this phase in the pandemic. The government have now said that they will look at the requirements to self-isolate in preparation for schools' return in September although there is no detail available on this yet.

52. Secondary age schools have organized summer schools sessions for pupils in the summer holidays and this will complement the County Council's extensive Holiday Activity and Food programme which is being rolled out across the summer – see Executive Member for Children Services decision day on 8 June. Nationally, funding has been made available to schools for additional tuition and further detail is awaited on a more comprehensive catch-up programme.
53. It should also be noted that children's social care services remain extremely busy with the average number of referrals into the service consistently reaching 1100 per week, about 20% up on the pre-Covid period. Those referrals include increasingly complex and difficult casework at least some of which has been masked during the crisis if not caused by it.

### **Economic Impact and Recovery**

54. By the end of last year, GDP economic growth had cliff-fallen 9.8% and unemployment had increased to over 6%. The unemployment rate is now expected to peak at the end of this year to 6.5% in the "central" OBR scenario, less than forecast in November 2020. In its spring outlook the OBR notes unemployment could reach 11% in the "downside" scenario, before starting to decline but this is now less likely given the strength of the recovery. The independent OBR forecast central scenario signals that by 2024/25 the economy is likely to be 3% smaller than it would otherwise have been due to the economic scarring effect of the pandemic. This reflects lower investment, lower productivity and lower labour supply. This provides a good overall sense of the magnitude of this economic shock and associated implications, but also signals the economy's deeper resilience and potential for a fast recovery.
55. Locally, across both Hampshire and pan-Hampshire, the initial impact has been greater thanks to above average concentration of consumer facing services, but the recovery has been faster. In relative terms the impact has most likely been greater than 10% of GDP which translates to between circa £6-7b in money terms. This is an enormous welfare loss to local economies across the area and a massive hit to local competitiveness. Business activity over the period of the pandemic has been a major concern, especially with the ebb and flow of lockdown measures. The impact on the labour market has been significant but relatively muted when compared to the massive impact of the pandemic on output. In 2020 there were some 8,700 fewer residents in employment Pan Hampshire than in the previous year. The employment effect to date on Hampshire has been slightly smaller than the South East average but larger than nationally.

56. The impact continues to be highly sector specific with workers in hospitality, leisure, transport and non-supermarket retail much more likely to be out of work. Pan Hampshire employment in the broad distribution, hotels & restaurants sector decreased by over 10% or 17,000 people in 2020 compared to the previous year. Resident employment in the broad transport sector decreased by 12% or about 12,000 on the year. Young and older workers have been hit the hardest and recruitment demand has only just started to return with shortfalls now being witnessed in these hardest hit sectors. The furlough scheme supported about 120,000 resident jobs in Hampshire in March 2021 or some 14% of eligible employees. The two job support schemes in Hampshire continue to support around 184,000 residents in employment. The furlough scheme has been extended until September 2021 and throughout has successfully prevented mass unemployment, though there is still uncertainty around further unemployment as the support is removed.
57. Whilst accommodation, food, leisure, entertainment, education, transport, retail (non-food), and construction are at the centre of our immediate concern and response to maximise business survival and a return to stability, the knowledge intensive economy and broader public sector has proved more resilient, where we are seeing the acceleration of existing trends towards digitalisation, automation and decarbonisation. Occupational data points to a strong demand in several higher skilled and technical occupations in Hampshire. Resident employment in associate professional & technical occupations increased by 13,000 or about 9% in 2020 followed by professional occupations (over 9,000 or +4.3%). Hampshire saw growth in demand for skilled trades occupations with resident employment increasing by 3,300 on the year. Whilst tourism and hospitality has been hit hardest, cruise and aviation markets are starting to return with a small boost arising from pent-up demand. Ports seem to still be stagnant with difficulties associated with post-Brexit operations and issues to do with broken supply chains arising from the pandemic impact in other parts of the world, as well as trends towards re-shoring.
58. Throughout the pandemic there has been major intervention by Government to support people and businesses impacted, resulting in UK public spending increasing by £246bn, a public sector deficit of 14.5% (£303bn) in 2020/21 (a peacetime record) and Government debt reaching 97.7%+ of GDP in the same year.
59. As the Government's route map out of Lockdown is implemented, it is important to get the timing right locally to be able to bridge the support for both people and businesses as support is increasingly reduced and re-opening and trade increases, albeit in a safe and different operating environment. A responsive recovery action plan is under constant monitoring and review that takes account of the significant change: increases in the prevalence of working from home; acceleration of on-line commerce; hospitality, travel and international tourism seeing low growth; and acceleration of digital, automation and decarbonisation processes also putting pressure on existing jobs and requirements for upskilling.
60. The proposed County Council high level approach to economic recovery is set out below.

<b>Respond</b>	Where required, continue to take immediate actions to support businesses, workers and the economy as we have done since lockdown in March 2020.
<b>Reset and Renew</b>	Ensure we understand the challenges and opportunities that we face in economic recovery and that we have a clear focus and direction on the interventions, projects and partnerships that will address them.
<b>Build Resilience</b>	Maintain a long-term view of our aspirations for our economy that delivers rising living standards for all, addresses the climate emergency and improves the health and wellbeing of all our communities.
<b>Short term</b>	
<p>Keeping all aspects of the economy open and functioning, encouraging innovation, digitalisation and decarbonisation across all aspects of economic growth and prosperity.</p> <ul style="list-style-type: none"> <li>• Improving digital and physical connectivity and provide a public transport system that can run safely, efficiently and effectively and connect areas of need with opportunity.</li> <li>• Building confidence with businesses and communities.</li> <li>• Prioritising the hardest hit sectors that continue to struggle to survive</li> <li>• Re-stimulating our town centres and high streets as priorities.</li> <li>• Delivering targeted business and employment and skills support.</li> </ul>	
<b>Long Term</b>	
<p>Our ambition remains to create a strong new economy set within a compassionate County and we will shortly produce a new and dynamic economic growth strategy for Hampshire now the timing is right given the immediate crisis has lifted.</p> <ul style="list-style-type: none"> <li>• Improving people's health and wealth - building on the existing momentum across the County.</li> <li>• Leading the way towards becoming a net zero County and becoming an innovative, world class test bed for the UK.</li> <li>• Building more resilience into our broad-based economy.</li> <li>• Levelling up our most vulnerable, and tackling inequality across, our left behind communities.</li> <li>• Building on our strongest sectors, developing our new economy, knowledge-intensive, digital and green sectors</li> <li>• Adapting to accelerating trends in our working and travel patterns, digitisation changing town centres and use of our public spaces.</li> <li>• Delivering transformational projects across the County.</li> <li>• Promoting investment opportunities, economic identity, creative and cultural assets.</li> </ul>	

61. Hampshire County Council is stepping up to take a more active role to steer and support our economy, particularly given the uplifting of uncertainties arising post-Brexit and pandemic. This includes reinvigorating our strategic authority leadership role, setting and leading economic strategy; taking on the new asks from central Government to act as a lead authority for the Community Renewal Fund as the precursor to the Shared Prosperity Fund; working collaboratively across the Levelling Up Fund, coordinating and supporting bids; exploiting the success of the Freeport bid as part of Government's flagship policy; development of our international gateway role for the UK, and its levelling up aspects given the strategic importance to the Midlands and the North; and, continuing to provide a strong economic development support service. The County will also be seeking to collaborate at scale and to play a role at the national level.
62. Work has been commissioned from the New Economics Foundation on helping to shape a Green Economic Recovery, which will have a particular emphasis on skills for the future and on improving standards of living, rather than simply increasing GVA. This commission will help to inform the work on climate change and the Hampshire 2050 programme, as well as the economic recovery work. The initial report will be received in the early summer. In addition, work on the longer-term Hampshire Economic Strategy is anticipated to be complete by the winter and will be brought back to Cabinet for consideration at that time.

### **Collective Wisdom**

63. 'Collective Wisdom' is the name that CMT has given to a project that has the potential for a broad focus on the organisation's longer term, post-pandemic 'operating model', but which has, out of necessity, been prioritising 'ways of working' in its initial phases. The project was born out of a shared understanding that several factors make paying deliberate attention to the way in which we work essential at this time. Those factors include:

#### **The global pandemic:**

- Over the past 15 months the organisation has without exception adapted well to the many and varied challenges it has faced and what began as short-term emergency arrangements have now embedded into medium-term changes to the work we do and how we do it.
- As our attention begins to turn from 'response' in to 'recovery' it is clear that some of the 'temporary' changes in the way in which we work are serving us well, in terms of delivery to our service users, the experience of our staff and the efficiency of the organisation. It goes without saying that we would want to hold on to these beneficial changes.

#### **Long-term finances:**

- Covid-19 has had a considerable impact on our finances. On top of the pre-existing need for a Savings Programme over the next two years now necessary to generate £80m across the whole organisation (SP23), there is a lack of certainty related to one off COVID costs estimated at £210m over the

three-year period plus against future income and demand levels. It is therefore essential that we seek to embed changes over the longer term if the benefits and financial implications are fully understood and addressed.

### **Ambitions as a learning organisation:**

- Over the past year we have paid further attention to the established frameworks of HCC developing as a 'learning organisation'. Our work in this space is centred around our belief that our collective wisdom is far greater than the wisdom of any one person or individual department.

### **Need for a diverse and inclusive organisation:**

- An issue that has been important to us for many years, but which took on new meaning following the international responses to the killing of George Floyd in America has high-lighted issues, both from a service user and workforce perspective. As we have continued to engage with our workforce over the past 15 months it is clear that many of the changes to our ways of working have had positive impacts on our inclusiveness that we cannot and will not ignore.

### **The drive to support a more sustainable future for Hampshire:**

- Like many organisations we are increasingly aware, and committed to, improving the sustainability of our environment for future generations. This commitment is not separate to 'the day job' rather embedded in our thinking about the future services we offer and the ways in which we deliver them.

64. The name 'collective wisdom' reflects the fact that no one individual or one department has all the answers. Senior managers have long been engaging across the organisation, amongst leaders, members and across our workforce, but never more so that over the past 15 months. The insight and wisdom gained from this engagement has been critical to our success.
65. CMT are clear that whilst much of the 'way we work' is specific to the work and circumstances of individual departments, it is essential that we take account of the fact that we are a large, complex, and multi-faceted organisation that requires every part of the system to be operating effectively in order to deliver maximum value to our service users and residents. In light of anticipated changes to Government Guidance, the early collective wisdom work has focused on 'accommodation' and what any 'return' to pre-pandemic practices might look like. This also links to the Open Workplace Policy which was recently approved by EHCC and essentially introduces the notion of 'hybrid working' whereby staff are able to work both from an HCC location and from an alternative suitable location such as their home.
66. Departments are all at slightly different stages of their thinking and have begun, or have plans to begin, staff and service user engagement to build their understanding and support decision making for the short and medium-term future.

67. Ultimately work will be required to make necessary changes to office locations to support the shift to permanent 'hybrid' working arrangements in the longer term but for now we are focussed on enabling people to work in this 'hybrid' way from 19 July with the equipment and accommodation we already have.
68. Colleagues in Property Services are working alongside Directors and their DMTs to understand their short and medium-term needs, make low cost or cost neutral changes to our current accommodation layout and configuration to ensure that any staff either needing (by management requirement) or wanting (by personal choice) to return to the office are able to do so as soon as the Government Roadmap allows.
69. CMT are coming together regularly to share examples, update and challenge each other and ultimately to ensure that our previously referred to principles remain at the heart of what each Department is intending to do.
70. It is recognised that this will be a dynamic and iterative process. Just as every other large organisation in the UK is doing, HCC will need to continuously monitor performance and seek to understand staff and service user experiences as we progress on this organisational journey.

### **Communications and community engagement**

71. The most recent communications and engagement activity has focused on the path towards COVID recovery. This has involved promoting the Government's four-step roadmap out of lockdown and supporting Hampshire residents to continue to follow the rules, to help suppress COVID-19, and look to the future positively. This dimension of HCC's handling of the crisis has been praised locally and with partners as the quality and speed of communication across so many levels has made such a difference to the speed and quality of responses and the engagement of the community. Examples of the work are outlined below:
  - Encouraging residents to take up their COVID-19 vaccination, when it is offered, aligned with the Joint Committee on Vaccination and Immunisation's (JCVI) advice on priority groups. Activities included the launch of the *Hampshire County Council Vaccine Champions Programme*, with bespoke materials, (including translated versions), webpages, targeted digital advertising and weekly communications broadcasts. Additionally, campaigns were targeted to unpaid carers and Gypsy, Roma and Traveller communities, and specific minority ethnic communities, in response to insight on vaccine hesitancy.
  - Reminding people of the importance of regular asymptomatic testing and continued adherence with symptomatic testing and self-isolation. Social media postings promoted '*isolate, test, trace*' advice, along with dedicated news media and social media campaigns to encourage regular testing without symptoms, '*Test-Record-Repeat*'. These initiatives also urged use of Community Testing, Pharmacy Test and Collect and workplace testing.

- Promoting a safe exit from lockdown as the Government's four steps progress with targeted and focused messages related to specific changes. This advice included the impact of events and celebrations including Easter and Ramadan, as well as public and school holidays.
- Undertaking specific research using the *Hampshire Perspectives* online residents' forum with residents to aid understanding of barriers to recovery, to inform and improve the effectiveness of campaigns and local communications priorities. This incorporated a series of focus groups to identify specific worries people have around self-isolation and the concerns of those considered to be 'vaccine hesitant'.

## **Conclusion**

72. It is possible that this may be the last such Covid report to Cabinet in its current form. As this report has outlined, the pandemic is certainly moving into a new if not final phase. It is likely restrictions will be largely lifted or lifting through the summer and the County Council's crisis management mechanisms are being wound down accordingly. The combined factors of the effective restrictions to date and the exceptional roll-out of vaccination have significantly subdued hospital activity and mortality rates, if not infection. While the phases of the pandemic may be changing now in welcome ways, the impact, on the community and on HCC, will remain profound for years to come. The Collective Wisdom project is preparing the organisation for new ways of post-pandemic working and the work on economic recovery will be core to the way forward for the community as well as the economy. All of these points noted, there will remain a strong emphasis on constant vigilance, subject to whatever roadmap decision is taken by Government in the very near future.

## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

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

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

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

Document

Location

None

## EQUALITIES IMPACT ASSESSMENT:

### 1. Equality Duty

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

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

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

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

### 2. Equalities Impact Assessment:

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

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

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