

Report title: The County Council's Response to Covid-19	
Report to: Full Council	
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1. Introduction

- 1.1 COVID-19 is a global pandemic which started in China in late 2019 and has now affected 188 countries with over 10 million reported cases and in excess of 500,000 deaths.
- 1.2 The first reported cases of COVID-19 in England appeared in York on 31 January 2020. The first case in Essex was reported on 28 February. The first death in Essex was on 5 March. Since then, and up to 1 July, there have been over 4,000 confirmed cases across Essex, Southend and Thurrock and more than 1,200 people have died in Essex Hospitals as a result of contracting the disease. They number amongst them from the County Council – Cllr Terry Cutmore and one member of our staff. First and foremost this is a human tragedy, a global crisis on a scale unseen since the Second World War, that has affected all of us and that has changed our way of life forever.
- 1.3 The purpose of this paper is to set out what we have done during the crisis and our current position and understanding of the implications. We set this out in the knowledge that we are still in the midst of the emergency and today's lessons may be different from those we derive with more perspective.
- 1.4 And we present this report to Council with deep humility and gratitude for the commitment of public servants across the county who have worked tirelessly to save lives; to our communities who have supported one another through the toughest of times; and to our businesses who have stepped up to the plate and made their resources available for the greater public good.

2. Recommendation

- 2.1 It is recommended that Council notes and discusses the Report.

3. Covid-19: The Context

3.1 Context: Health

- 3.1.1 The current Covid-19 outbreak is the result of a new coronavirus from animals. It first came to light in China in late 2019. The first cases appeared

in the UK in January 2020. In March 2020 the World Health Organisation declared a global pandemic. As of 1st July, there have been more than 280,000 lab-confirmed cases in the UK and over 43,000 deaths.

- 3.1.2 For most people the symptoms of coronavirus disease (COVID -19) will be mild, and people will recover in around two weeks. However, the individuals at highest risk for severe disease are those over 70 years and those with certain underlying health conditions where symptoms could require hospitalisation. It is difficult to accurately estimate the mortality rate because not all cases are identified. However, data from around the world suggests it is likely to be less than 1%.
- 3.1.3 Due to the lack of immunity in the population the disease can easily spread between people causing a large outbreak and 'peak' in cases. If allowed to spread without intervention the resulting level of disease risks overwhelming health and social care services due to the extreme volume of those requiring specialist care and support.
- 3.1.4 As the pandemic has developed and confidence has grown in the management of pressure on the health and social care system there has been a gradual relaxation of social distancing measures. However, in the absence of an effective vaccine, as long as there are cases of infection in the community, the likelihood of a resurgence of spread remains. As we have seen recently in Leicester, any subsequent waves of the disease will need to be managed in a similar way to the current measures.
- 3.1.5 In managing a return to 'normality' whilst the disease is still with us, greater emphasis is being placed on testing and tracing community cases. This involves tracing those who have been in contact with a case and supporting people to self-isolate with symptoms and NHS care where needed. Essex, with Southend, was one of the first places in the country to launch a local contact tracing system (in the week commencing 29th June). The local contact service is responsible for identifying, containing, and reducing the spread of COVID-19 at the local level. The service will also be responsible for 'complex cases' – supporting tracing in schools, care homes, work places and amongst vulnerable groups.
- 3.1.6 A vaccine is being researched which would enable society to gain population immunity, preventing the spread of disease and protecting the vulnerable from illness. However, there is no guarantee that an effective vaccine will be found and any such vaccine is unlikely to be available in whole population quantities before 2021.
- 3.2 *Government Context – Support to Communities, Social Distancing and Shielding*
- 3.2.1 From the end of January the Government began to develop a series of policy responses and announcements in respect of addressing the spread of COVID-19. Some of the key announcements are set out below. On 18th March, the Government announced that all schools would close from the

afternoon of Friday 20 March – except for the children of key workers and vulnerable children. On 20 March the closure of cafes, pubs, and restaurants was announced with nightclubs, theatres, gyms, cinemas, and leisure centres to follow. The same day, the Government tasked Councils with supporting 1.1 million Clinically Extremely Vulnerable (CEV) people as identified by NHS England, to stay at home and protect themselves ('Shield') from the high risk of severe illness from COVID-19.

3.2.2 On 23 March, the Government announced a UK-wide partial lockdown to contain the spread of the virus – the public was required to stay at home except for certain 'very limited purposes' such as shopping for basic necessities; for one form of exercise a day; for any medical need; and to travel to and from work when "absolutely necessary".

3.2.3 On 16 April, the Government announced the extension of the social distancing and isolation measures introduced in March for a further three weeks. It set out the five requirements the Government would need to see satisfied before it would consider lifting any of the current measures:

- i. The NHS must be able to provide sufficient critical care and specialist treatment across the UK.
- ii. There must be a sustained and consistent fall in the daily death rates from COVID-19.
- iii. There must be reliable data to prove that the rate of infection is decreasing to manageable levels across the country.
- iv. There must be confidence in government that it can respond to any future operational challenges.
- v. There must be confidence that any future adjustments will not lead to a second peak of infections from COVID-19 and overwhelm the NHS.

3.2.4 On 10 May a new alert scale was announced ranging from Green (Level 1) to Red (Level 5). The initial risk level was set at 4. This announcement was accompanied by the publication of the Government's 50 page roadmap: [Our Plan to Rebuild: The UK Government's COVID-19 Recovery Strategy](#) setting out the approach to the progressive easing of the lockdown restrictions. On 28 May, the Prime Minister announced that the five tests had been met enabling the loosening of social distancing restrictions from 1 June, leading to the partial reopening of schools and signalling the reopening of non-essential shops from the 15 June and pubs and restaurants from 4 July.

3.3 *Government – Support to Businesses*

3.3.1 At the same time as the Government was introducing measures to safeguard the health of citizens through social distancing, it also introduced policies designed to protect businesses from the worst effects of what we now know

to be one of the most acute economic slowdowns in history – the worst for three hundred years, according to the Office of Budget Responsibility (OBR).

3.3.2 The main measure put in place by the Government to support the economy was the Coronavirus Job Retention Scheme. The scheme makes provision to enable employers to furlough staff on 80% of pay with businesses able to claim up to £2,500/month per employee towards these costs. The scheme went live on 20 April (backdated to 1 March 2020) and more than 140,000 companies, employing a total of about a million workers, applied for the scheme on the first day of operation. By 31 May 2020, 1.07m companies had used the scheme, furloughing 8.7m workers (9.1m at 14 June) at an estimated cost of £60bn.

3.3.3 Alongside the Coronavirus Job Retention Scheme, a number of other interventions have been put in place to support the self-employed and other parts of the economy. Coronavirus Business Interruption Loan Schemes were introduced to support viable businesses affected by the coronavirus pandemic and UK businesses driving innovation and development have been helped through the coronavirus outbreak with a £12.6 billion government support package (21 June 2020). The Government also introduced a £500m Future Fund to invest in high-growth start-up companies impacted by the crisis. The loans available range from £125,000 and £5 million, subject to at least equal match funding from private investors.

3.4 *Government – support to Councils*

3.4.1 In March, the Ministry of Housing, Communities and Local Government (MHCLG) announced that councils across England will receive an initial £1.6 billion of un-ringfenced COVID-19 funding. An additional allocation of £1.6bn was announced on 18 April. The funding will support local councils as they continue their efforts to support and deliver the Government’s shielding programme for vulnerable communities, assist the public health workforce and provide additional support across a range of vital services. In addition, on 2 July, the Secretary of State for MHCLG announced a further £500m of support to Councils – taking the total support package announced so far to £3.7bn.

4. Covid-19: The Essex Position

4.1. *Essex Overview*

4.1.1 The County Council operates as part of a larger emergency planning system through the Essex Local Resilience Forum (ERF) which incorporates Southend and Thurrock and a wide range of public service partners. The ERF began daily calls of the Strategic Co-ordination Group (SCG) - co-ordinating the multi-agency response to the crisis - on 5 March and declared a major incident on 19 March. The SCG was chaired on an alternate weekly basis by the Chief Constable and by the Deputy Chief Fire Officer.

- 4.1.2 The ERF has been supported by a number of Tactical Co-ordination Groups (TCG). Personnel from Essex County Council played a full role in supporting these groups - the following TCGs were chaired by ECC Officers: Shielding the Vulnerable; Excess Deaths Management; Volunteer Co-ordination; Social Care: Adults; Social Care: Children; Data and Logistics; Waste; Homelessness. The ERF was supported by the ECC Emergency Planning and Resilience Team.
- 4.1.3 In addition to playing a full part in the LRF emergency planning co-ordination efforts. ECC also stood up its business continuity response structure. This required each function to set up a Functional Response Group (FRG); and an Incident Management Team brought the FRG reporting together on a daily basis and reported upwards to the Corporate Leadership Team to ensure there was a mechanism for clear visibility of issues arising across the Council and a rapid means of escalating for resolution. A strategic risk register was maintained for the initial phases of the response.

4.2 *Essex Services: Adult Social Care*

- 4.2.1 Essex County Council provides support to 17,000 people, including those with physical support needs, adults with learning disabilities and autism, those living with mental health problems, and adults with physical and sensory impairments. In addition to the people we directly support, there are an estimated 25,000 people who fund their own care in the county and 61,000 people who fall within the government's 'shielding' criteria – many of whom were previously unknown to our services.
- 4.2.2 The priority from the outset was to keep these vulnerable people safe - death rates from COVID-19 are known to be highest among vulnerable groups such as the elderly and those with certain long-term conditions.
- 4.2.3 The fast spread of the disease posed particular challenges in settings such as care homes and to front-line social care staff. Our Adult Social Care Services had to work under unprecedented pressure and time urgency and in new ways not only to protect those people we needed to support but also in order to keep the workforce safe and support the Essex care market to cope. The sector as a whole employs about 35,000 people in Essex and there are about 400 care homes and 300 homecare providers registered in the county. Decisions in excess of £57m have been taken to address the challenges.
- 4.2.4 Our workforce was extremely flexible and self-less throughout. They adapted quickly to new working practices including how they approached the organisation and triage of cases and risk.
- 4.2.5 Adult social care is extremely grateful for the support it received from other parts of the council, from the Cabinet Member and from wider councillors. The crisis meant that we needed to secure support for urgent decisions from

councillors and we appreciate this was done quickly and with great understanding and empathy. We are particularly grateful for the leadership from our Cabinet Member who also took the time throughout the crisis to communicate with our workforce which was hugely valued.

4.3.6 There have been six areas where we have particularly focused:

- i. Protecting the most vulnerable from the virus and preventing its spread – we implemented new guidance to enforce social distancing. This included stopping non-urgent visits and looking for alternatives to face-to-face visits where necessary, including contacting people by phone or video call. Day centres for adults with learning disabilities and for older people were closed to prevent the spread of the virus in environments where there would be large gatherings. Daily communications to the care market were established to ensure they were aware of the raft of new policy guidance and had advice on infection control procedures. A weekly webinar where care providers could ask questions of social care, public health and NHS experts was introduced, as well as information and advice on the care provider portal.

A critical objective was to stop the spread of COVID-19 within care home settings. We developed five multi-agency local care home hubs across Essex (involving social care, NHS, public health, Care Quality Commission) to provide advice and support to care homes to assist them with infection control and the management of any outbreaks. Each home has a named contact. Local hubs identify the homes that need to be prioritised for testing of all staff and residents. All homes are currently risk assessed weekly and contacted regularly - with daily contact for those considered most at risk. When necessary, admissions into a care home have been suspended where there has been an outbreak.

We have developed clear protocols on discharges from hospital to ensure that no person should be discharged into a care home if their COVID-19 status is not known. Only care homes that can safely isolate a COVID+ patient would be able to accept a discharge. Failing this, the local authority has secured temporary and alternative accommodation where COVID+ patients can be isolated and looked after until they are no longer at risk of infecting others.

We have worked with NHS colleagues to develop an Infection Control Plan, in line with government requirements, to distribute £16.3m of funding from government to support providers on infection control. 75% of the funding is distributed directly to care providers and the remaining 25% is overseen by the council, where our intention is to use it to support home care and supported living providers.

This work has helped to successfully prevent the further spread of COVID in Essex care homes and these have significantly reduced since they peaked in mid-April and helped ensure that care homes in Essex have been less affected by outbreaks than in some neighbouring areas.

- ii. Supporting hospital discharges and moving to new 7 day working patterns - new hospital discharge guidance was issued on 19 March which necessitated an immediate change to discharge processes and a move to a new 7 day rota for social care. The service quickly restructured the bulk of our frontline social care teams (affecting around 6800 workers) into three “crews”, each working new 12 hour shifts to ensure 7 day coverage from 8am-8pm. We also moved the Equipment Service on to a 7 day basis so that anyone who needed equipment to facilitate their discharge from hospital could be supported.

The national target was to free-up about 30% of hospital beds by mid April – the equivalent of freeing-up over 1,000 beds across Essex hospitals within 3 to 4 weeks. We worked closely with all Essex hospitals to support them to discharge people to achieve this target. All Essex hospitals were able to lower their occupancy levels to around 50-60% by mid April. This was crucial because at the height of the crisis, Essex hospitals were operating at 3 to 4 times the normal level of people in intensive care as they struggled with rising COVID demand.

To facilitate discharges we took an early urgent decision to secure extra capacity by block purchasing (within 48 hours) an extra 600 residential beds to help meet the expected surge of discharges from hospital, while also pursuing other options to secure extra market capacity if needed - we worked with NHS partners to re-open a former care home (Howe Green, just outside Chelmsford). This 76 bed facility has been operated by Essex Cares Limited and we worked quickly during a 4 week period to secure the site, install beds and equipment, establish staffing and operating protocols, and open the facility.

- iii. Supporting the Essex care market - as soon as the crisis broke we quickly took urgent decisions to provide financial support to care providers. These included giving homecare providers extra flexibilities to vary care packages by 25% without our agreement so they could free capacity from low-level need service users to support those with higher level needs.

We guaranteed payments for 12 months for the current 4,300 care home capacity that ECC purchases, meaning that even if the bed becomes empty that the payment/income is secure until 31 March 2021. This has become crucial to supporting the sustainability of care homes as the number of people in care homes has fallen by 10% as a result of COVID due to increased death rates and increased reluctance of families for their loved ones to go into care home settings.

We have created a COVID-19 Response Fund, worth £12m to help providers access funding to reimburse up to 10% of certain costs (additional staffing, personal protective equipment etc) incurred as a result of the COVID crisis.

We have worked closely with the Essex Care Association to seek their views on the support needs of the market and to test ideas/proposals out.

We also established ECL as the provider of last resort in the event of any provider failure.

- iv. Supporting the vulnerable - we worked with Provide (a community interest company) to launch Essex Welfare Service to help vulnerable people in our community who are staying at home and in need of support during the coronavirus period. This service provides a single point of contact for residents who are unable to get the help they need to keep safe. So far over 7,000 people have been supported by Essex Welfare Service (this is covered in more detail in the section headed 'Operation Shield').

We also worked with Sports for Confidence (who provide sports activities for those with physical disabilities and learning disabilities) to introduce a new Stay Connected Service, ensuring that people can still access these services remotely. And we took an urgent decision to work with Alcove and ReThink Partners to roll-out up to 2,000 care tech phones to vulnerable people to give them new means of staying connected to their care support and to their loved ones. Since this was launched at the beginning of May, we have so far distributed around 600 devices.

Following the necessary closure of day centres, we worked closely with day opportunities' providers to help them to support 1,594 people at home in different ways, for example outreach, technology and providing checks and welfare calls. Specialist health Learning Disability nurses have been supporting their most at risk clients, including 171 people in the shielded cohort.

Demand for assessments under the Mental Health Act have increased as a result of COVID. We are still working on data but believe this could be a 15 – 20% increase from this time last year. We moved the mental health assessment service on to a 7 day footing which has worked well.

- v. Personal Protective Equipment (PPE) - one of the biggest and enduring challenges during the first 6-8 weeks of the crisis was access to personal protective equipment (PPE) and the changing advice from Government as to what was required. This impacted on NHS, care providers and ECC workers alike. National supply chains were extremely stretched and international demand for PPE meant that supply was difficult to secure and prices rose considerably. We worked with the Essex Resilience Forum to distribute PPE supplies provided by Government to care providers and workers, following strict prioritisation criteria due to the need to ensure that limited supplies could be prioritised to support those where COVID-19 was present. To facilitate this we set up a purchasing and distribution system for PPE from scratch. To date we have supplied over 1 million items of PPE to 361 providers across Essex. Local

businesses also donated PPE and supported its distribution – we are grateful for this business response at a time of critical need.

We took an urgent decision to commit £2m to purchase extra stocks of PPE as quickly as possible to meet ECC's needs and to help support care providers. In order to maximise resilience we sought to diversify our supply base. The International Trade team supported this effort by securing supplies from international sources and we made this new source of PPE available to 22 other local authorities struggling to access supplies. The PPE situation has now improved which means that we are able to support those that need access to it but it remains an ongoing priority for being able to deal with further outbreaks.

- vi. Partnership working - at the start of the crisis, we immediately established a new Intelligence Hub to bring together data and insights on pressures in hospitals, the care market and our workforce so that we could see each day where pressures and blockages might be occurring. This enabled us to see, for example, where workforce pressures (due to absences caused by the need to self-isolate) were occurring, and where there were any care capacity problems or delays. We have worked closely with NHS colleagues and with Southend and Thurrock to develop a new capacity tracker and we now have better visibility than we have had before on occupancy levels and pressures across the health and care system in Essex. We have also established a new Tactical Co-ordination Group with the NHS, public health, and with Southend and Thurrock councils, to oversee community care capacity planning. This group is overseeing future forecasting of demand for services (NHS, residential, homecare etc), as well as supporting mutual aid approaches between the councils.

Through our role as Regional Chair of the Association of Directors of Adults Social Services (ADASS) we ensured a regional network was established with weekly review and best practice, NHS England calls and a direct input into the national planning process.

4.4 *Essex Services – Children's Services*

4.4.1 The Children & Families service delivers the authority's statutory duties with respect to safeguarding and promoting the welfare of children and young people. On any given day, Children and Families provides a service to over 6500 children, and over 13,000 each year. It also commissions early help and preventative services, to improve outcomes and avoid the higher costs of statutory interventions, and entry into the care system. These services affect change and improve outcomes for young people, by building positive, challenging relationships with children and their families, and rely on face-to-face contacts to be most effective.

4.4.2 The COVID-19 pandemic affected the service in several ways. In particular, since lockdown, children have been less visible to the service, and referrals have decreased consequentially, with reports from schools down 97%, and

reports of domestic abuse to Essex Police reduced by 50%. This has led to an expectation of 'pent-up demand' as a result, and we expect to see a spike in activity, once all children return to school in September.

4.4.3 We are also concerned about the longer term impact, with increased demand for children's services likely to be a consequence of the economic downturn. In terms of practice, the nature of the virus and social distancing measures have meant that visiting families in their own homes has presented a greater challenge and likewise office-based working, which is important for the way in which the service functions, has been difficult to maintain over the last few months. Alongside this, there have been reductions in capacity, due to illness, self-isolation and shielding measures for our own staff and care placements have incurred higher costs due to staffing difficulties and additional costs from the use of PPE. There are also understandable concerns from foster- and residential-carers about their vulnerability to COVID-19, resulting in fewer placements being available in a context where placements were already in short supply.

4.4.4 Family courts have continued operating throughout this period, initially using remote hearings via video conferencing. ECC received praise from the Judiciary for how its staff supported an immediate change to remote hearings. In June 'face to face' socially distanced hearings were commenced, although the number of people permitted in the court room is limited. Courts are currently operating at around 50% capacity and we envisage this to be the case for the foreseeable future. This is delaying proceedings which over time will increase the court workload for social workers as new cases enter proceedings.

4.4.5 The actions we took to address the crisis fall into five key areas:

- i. It was essential that we retained good communications and remote access to critical systems for staff - anticipating the impact of lockdown, a *Working at Home Wednesday* was held to test system capacity. It found that staff could not access the Mosaic case recording system, or good quality video conferencing via Skype, unless there were fewer than 3,000 people remotely accessing the County Hall server. We worked with Technical Services, who were able to rapidly deliver an alternative route to access Mosaic, and to bring forward the roll-out of the MS Teams video conferencing software, which has been more stable, supporting good internal and external communications.
- ii. We put in place a new operating model to maintain the provision of critical services– we set up duty teams in hub buildings to deal with visitors while the remainder of staff worked from home (except in the Children and Families Hub at Essex House where all staff remained office-based). Visiting face-to-face was risk-assessed and maintained for the most vulnerable children and young people, who were the subject of Child in Need or Child Protection Plans; children

in care, whose placements were at risk of breakdown; and young people at risk of criminal and sexual exploitation.

Family centres hosted face-to-face contact for children in care and their families, in the most pressing circumstances, such as the last contact, before adoption. They also provided a base for the delivery of food parcels, and children's activity packs (Boredom Boxes).

Some families have expressed a preference for face-to-face child protection conferences. Where this is the case, hybrid meetings are being offered, as lockdown arrangements are eased. These hybrid meetings have the family, conference chair, and social worker in the room, with other professionals and participants joining online. Statutory reviews for children in care, and child in need case reviews have been held virtually.

- iii. PPE was procured and supplied to staff - using existing suppliers and supplies received from central government, and used in accordance with advice provided by Public Health. The use of PPE on visits was minimised, by maintaining social distance during the visit, for example meeting a family in their garden, or talking to children, while taking them to the park.
- iv. Creative use of technology - virtual visits were conducted using social media and other digital platforms, such as WhatsApp, or Zoom. Virtual visiting is the only relaxation of the regulatory framework we have needed to use. Staff adapted well to these changes (according to a staff survey), and children and young people, especially care leavers, felt supported and liked the easy, accessible access to workers via technology they recognised and would like to use this to keep in touch with their social workers in the future, too. However, we also recognise the need to balance that against the importance of face to face visits for children who are at risk.
- v. We protected the viability of companies providing care placements – by making available £200,000 – to maintain the supply of care placements sufficient to meet needs. Where carers were reluctant to provide placements, due to anxiety about the young person transmitting the virus, Public Health professionals provided the appropriate guidance and re-assurance.

4.5 *Essex Services – Schools*

- 4.5.1 There are 555 schools and colleges in Essex, and 1,829 early years settings (day nurseries, pre-schools and childminders). Initially, following closures on 20 March to all but vulnerable children and the children of critical workers, attendance in schools reduced to approximately 2,500

compared to a total of 208,000 (1.2% of all pupils). Between 400 and 450 schools were supported to remain open to eligible children on a daily basis. The number of children in attendance gradually increased to approx. 4,400 by the end of May. In line with Government ambitions, we supported schools to offer in-school provision to 1,200 vulnerable children a day by the end of May, up from approx. 450 at the beginning of closures.

- 4.5.2 Since 1 June, schools and settings have been able to open to more year groups. We have supported this process, and the data we have up to 16 June suggests that 81% of primary / special schools have responded by opening to more pupils in some form, with 1/3 of Reception, Year 1 and Year 6 pupils attending schools. Years 10 and 12 have been able to return to secondary schools and colleges since 15 June. Early data suggest over two thirds of settings have opened to at least one of these year groups, and we expect a large majority to be open to both year groups from w/b 22 June. Over 27,000 children attended Essex schools and colleges in total on 16 June.
- 4.5.3 Early years settings daily opening and attendance has increased from 20% during the week beginning 18 May to 34% in the week beginning 15 June (these figures are likely to slightly underestimate the real numbers).
- 4.5.4 Throughout this period we took the lead in supporting all schools and settings in Essex through the initial crisis - interpreting national guidance into the Essex context and responding to literally thousands of requests for information and support. We issued new guidance to all settings via daily email communications and through the relevant websites.
- 4.5.5 We acted as a single point of contact for all schools and settings – and engaged in daily strategy conversations with the Teaching unions, the professional co-ordinating groups and associations including ASHE/EPHA and ESSET.
- 4.5.6 We also worked closely with other education functions across the region and in particular with Southend and Thurrock to ensure there was some co-ordination of messaging; and we held twice weekly strategy conversations with the DfE and the Regional Schools Commissioner
- 4.5.7 Throughout this period we have been conducting weekly surveys with all Essex Schools and settings ascertaining key issues and monitoring the number of children attending school. To help support that activity we redeployed Ofsted Inspectors to support the dialogue with head teachers. A key part of our activity has been focused on developing safeguarding guidance and risk assessments for schools and settings to ensure all vulnerable children are being supported.

4.6 *Essex Services – Operation Shield*

4.6.1 Operation Shield was a new service established from scratch in response to the government's request on 20th March for upper tier authorities to support the 1.1 million people identified across the country as Clinically Extremely Vulnerable (CEV) to stay at home and protect themselves from the high risk of severe illness from COVID-19.

4.6.2 The Emergency Resilience Forum (ERF) mobilised the 'Shielding the Vulnerable' Tactical Co-ordination Group (TCG) on 27 March to coordinate a pan-Essex, multi-agency approach to shield an initial cohort of 26,000 clinically extremely vulnerable Essex residents, plus an additional cohort of circa 400,000 residents at greater risk of severe illness from COVID-19 (known locally as Category B).

4.6.3 The Essex Welfare Service (EWS) was formally established to facilitate the provision of shopping and medicines to shield those unable to access direct support from central government, family, friends or local community groups. This was achieved through community pharmacies, the Red Cross and a new bank of shield volunteers, attached to a county-wide network of community hubs that were mobilised through District, Borough, and City councils.

4.6.4 Under the umbrella of 'Operation Shield', Essex Clinical Commissioning Groups worked with GP practices to identify and commence a phased contact plan to provide advice and guidance and signpost Category B residents to the EWS shielding service. Design of a new telephone welfare service also began to be developed (Care Navigator Plus) to enable EWS call handlers to refer requests for additional types of support to an extended service, offering specialist provision for mental health and well-being, basic care, legal and financial advice and support.

4.6.5 There were four key areas for the Operation Shield work.

- i. The establishment of the Essex Welfare Service – a referral and failsafe service that ensured the provision of shopping, medicines and additional support services for those recommended to shield. Estimates of the number of people that would require support to shield were hard to determine in the initial phases of the emergency response and the Essex Welfare Service needed to quickly ramp up capacity to ensure sufficient call centre staff were available to handle calls (over 16,000 to date), appropriate volunteers were onboarded to fulfil shielding tasks and a digital system was in place to match, record and refer tasks to the appropriate receiver.

To this end, the Essex Lifestyle Service that had previously been commissioned from Provide CIC was repurposed to provide a proven and cost-effective Customer Relationship Management

solution (CRM) and staff from ECC and Virgin Care were re-deployed to support Provide staff with contact centre operations. Media releases were swiftly issued across Essex to recruit volunteers and signpost shielding residents to the most appropriate support.

The Public Health team set up the Essex Coronavirus Facebook group and website to provide COVID-19 advice and guidance, a digital route for Essex residents to register for support or to put themselves forward as volunteers. To date there have been around 85,000 visits to the webpages and an incredible 7,000 people have put themselves forward as volunteers.

We also worked closely with local supermarkets across the county to provide a directory of 'EWS Friendly' stores that would allow multiple visits and the purchase of an unlimited number of items to facilitate the work of the volunteer shoppers

- ii. District & Community Hubs established a local offer – providing shielding services via 12 county-wide community hubs established and resourced by District, Borough and City councils and through existing Community and Voluntary Sector (CVS) partnerships. EWS referred requests for support onward to the community hubs who then assigned these tasks to be fulfilled by their local bank of DBS-checked volunteers. From April, the hubs have also been tasked to contact over 60,000 additional CAT A residents as identified by NHS England, to confirm their shielding needs and carry out welfare checks.

This has been a considerable undertaking by the local teams with limited resource and has been a testament to effective partnership working. Whilst different hubs have experienced different levels and types of demand, the number of volunteers has generally been more than sufficient to address the demand for support. However, as district staff begin to be redeployed and volunteers return to work, the hubs are currently developing minimum operating standards to ensure that there is sufficient capacity to provide shielding support for an extended period if required.

- iii. A safe and professional service to deliver medicines from dispensing surgeries and community pharmacies to shielding residents was established - initially, community pharmacies were unsure if they would have sufficient capacity to extend their local prescription delivery services to the many residents now requiring shielding support and there was a lack of clarity for many weeks as to how volunteers from the national NHS Good Samaritan initiative could be accessed and deployed by local authorities. EWS responded by ensuring that safe medicine delivery processes were developed and agreed with the pharmacy network, appropriate DBS-checked volunteer capacity was available locally to support these tasks if

need be and in addition, the Red Cross offered to support urgent requests where residents were especially vulnerable, required controlled or refrigerated drugs or where there were safeguarding concerns

- iv. We managed the data flows of new, sensitive data– we were the data controller for receiving, managing and sharing sensitive personal data from MHCLG, which required a complex data sharing protocol to be developed for ECC, District, Borough and City Councils and MHCLG at very short notice.

Ongoing support was provided to analyse and cross match waves of shielding data sets against known cohorts of service users for social care, education, and mental health to ensure a joined-up approach across services. Understanding the cohorts also helped EWS to direct residents to the appropriate service for food delivery support. Analysis of the sources and eligibility of this demand, coupled with refinements to the referral process with the EWS call centre has now reduced demand from approximately 40 requests to an average of 5 requests per day.

4.7 *Essex Services – Homelessness*

- 4.7.1 On 26 March 2020 Central Government tasked Local Authorities to accommodate all rough sleepers as part of the public health response to COVID-19.
- 4.7.2 The COVID-19 Emergency Resilience Forum (ERF) mobilised the ‘Homelessness’ Tactical Coordination Group (TCG) to coordinate a pan-Greater Essex, multi-agency approach to accommodating and supporting all rough sleepers. The TCG was chaired by ECC and included representatives from Local Housing Authorities (LHAs), Public Health (responsible for the provision of support services), Clinical Commissioning Groups and Essex Police.
- 4.7.3 There were 87 known rough sleepers across Greater Essex as of Autumn 2019, although the scale of the challenge quickly increased to over 400 – with previously unknown rough sleepers being identified and individuals without a duty to be housed starting to present as rough sleepers.
- 4.7.4 Local Housing Authorities in Greater Essex responded at pace to move rough sleepers into accommodation working in close collaboration with partners, including ECC, Police and voluntary sectors. New sources of emergency accommodation were sourced where existing provision was insufficient, utilising vacant hotels and B&Bs, and provision of food was arranged. We put support in place for accommodated individuals by flexing our commissioned floating support services and substance misuse services. Our commissioned floating support services arranged for each rough sleeper to be registered at a GP and apply for benefits. A Police Protocol was

developed to reduce COVID-19 transmission, anti-social behaviour and offending within rough sleeper accommodation and a testing procedure was also developed for the rough sleeper COVID-19 emergency accommodation.

- 4.7.5 348 rough sleepers were safely accommodated by local authorities across Greater Essex in accordance with COVID-19 'Everyone-in' guidance as at 26 May (201 in Essex, 31 in Thurrock and 116 in Southend). Feedback from clients and support providers is that the time in accommodation with support has resulted in transformative health and well-being improvements.
- 4.7.6 There were 21 individuals who refused or were unable to take up accommodation, 48 chose to leave the accommodation they were placed in or were evicted for breaking accommodation rules, 11 remanded in custody/prison and 2 in hospital or care units (as of 02 July 2020). Existing commissioned support services were flexed and continue, to enable these individuals to be supported.
- 4.7.7 Local Housing Authorities have faced significant financial pressures due to sourcing new emergency accommodation and food for rough sleepers. The cost exceeded the monies allocated by government.
- 4.7.8 On 28 May 2020, the Minister for Rough Sleeping and Housing wrote to all Local Authorities advising that no-one placed in emergency accommodation under COVID-19 should be asked to leave without an offer of accommodation and support to end their rough sleeping.
- 4.7.9 LHAs and ECC commissioned providers particularly the Housing Related Floating support services (run by Peabody) and Horizons (Full circle) are now working together to enable individuals in emergency accommodation to move on to other forms of accommodation with the support required.
- 4.7.10 As of 02 July 2020 across Greater Essex, 142 individuals are now within move on accommodation, 55 individuals within temporary accommodation and 13 are staying with family or friends instead of sleeping rough on the streets. A further 260 individuals across Greater Essex remain in emergency COVID-19 accommodation whilst alternative arrangements are made.

4.8 *Other Essex Services*

- 4.8.1 The paper has foregrounded some of the most critical services but all parts of the organisation made a significant contribution and continue to make a significant contribution to our ability to respond to this emergency.
 - i. Emergency Planning and Resilience - The Emergency Planning and Resilience Service (EP&R) is part of Legal and Assurance. It plans for emergencies and supports the organisation to respond, particularly with respect to delivery of the internal response structure and arrangements. Although we already had a pandemic influenza

plan in place, the characteristics of COVID-19 resulted in very different public health advice being given to that anticipated in the influenza plan – this was a national issue. We had to very quickly develop an infectious disease plan to respond to COVID-19. EP&R advised and supported with the implementation of a virtual emergency and business continuity response structure; that included the setting-up of a new management structure to respond to the incident with an Incident Management Team reporting to CLT and asking each ECC function to set up a Functional Resilience Group (FRG). This structure had only been proposed in January 2020. The new business continuity (BC) System provided a mechanism for texting staff members outside of business hours.

- ii. Legal and Assurance – All significant decisions on services need proper legal advice to ensure risks are minimised. The legal and assurance team had to support the organisation to take robust decisions at significant pace – many of the decisions that were taken are reflected in the content of this paper. In total 25 urgent decisions were taken by the end of June. 20 new contracts or contract variations were drafted. 14 urgent Data Protection Impact Assessments were drafted and approved. In addition we provided the means to ensure formal hearings and meetings could proceed – clocking up 160,000 Zoom minutes between April and June.
- iii. Waste – we are the statutory Waste Disposal Authority (WDA) for Essex, responsible for arranging the logistics, treatment and disposal of over 500,000 tonnes of waste p.a, whilst providing publicly accessible waste facilities handling over 2.5 million visits a year. The WDA works closely with the 12 Borough, City and District councils in their capacity as Waste Collection Authorities (WCA) to ensure the various operational interfaces are managed to deliver efficient services.

COVID-19's impact on waste resources and infrastructure resilience has placed the service under significant strain. This has required us to work in a coordinating role with the WCAs to provide advice and support, and enable resources to be targeted appropriately.

A strategy was quickly established to focus on utilisation of resources to protect core waste service provision and treatment, to prevent waste build up with potential public health impacts. This required the suspension of some services to enable staffing resources to be reallocated to these core functions, and the closure of some public facilities to adhere to the stay at home advice. The effect on operational effectiveness has also been impacted by the fact that waste operations rely on a significant number of front-line staff who have been affected by isolation requirements and new systems of work to ensure social distancing.

Front line staffing absence across WCA services has been variable and unpredictable; at some stages service provision in areas were operating at 50% normal staffing levels resulting in services being suspended. Although this is a WCA issue to manage the resultant service changes have a direct relationship to the quantities and types of waste that require treatment by ECC. The suspension of recycling services has likely led to waste begin disposed as part of the residual waste stream with the associated environmental, operational, system and financial impacts

Waste arisings have also have also been affected by more people staying at home and the closure of the hospitality sector, leading to the generation of different waste requiring treatment by ECC. In the last three months kerbside collected waste streams have changed, residual waste has increased by 14% and separately collected food waste by over 20% compared to the same period last year. It is not known if this is a temporary change or a more permanent shift in waste arisings and composition.

The mobilisation of services, such as the Recycling Centres, and managing user demand and expectation has been a particular challenge, which is ongoing. After a six week period of enforced closure the demand for these services is, as expected high, at a time when social distancing requirements remain in place meaning the ability of facilities to handle users is restricted. The additional resources required to manage these sites is a financial pressure whilst the reduced user throughput that can safely be achieved impacts negatively on service levels.

Changing behaviour in the way people live and consume will continue to have an impact on waste composition and total arisings impacting infrastructure requirements and capacity requirements. The waste service is carefully monitoring this to better understand waste trends and future requirements.

- iv. Highways - Whilst there were initial concerns about the availability of materials and resource, the highways service in Essex has continued largely without interruption. A flexible approach has been applied to adapt activity in accordance with government guidance including the social distancing of workforce and the public, moving more activity like ENDORS courses online and the implementation of technology to allow continuation of services like the inspection of high speed roads.

There has been a significant drop in traffic levels across Essex during lockdown, reaching a height where just one in four trips were being made. This has enabled greater productivity for our roadworks on traditionally busier parts of the network that would normally have been subjected to traffic sensitive restrictions for

hours of operation. Use of the network for walking and cycling has exponentially grown during lockdown. Traffic levels are now around 85% of pre lockdown norms but it is interesting to note that the traditional AM peak period has not seen a recovery to date, largely linked to the amount of home working that is still prevalent. It is important to note that speeding has increased across the network.

As part of the work to support recovery, measures have been deployed in a number of towns throughout Essex to aid social distancing as non-essential retail returns. This has been supported by an allocation of funding from DfT and allowed installations to be completed in Colchester, Chelmsford, Brentwood, Saffron Walden, Maldon and Wickford among others.

Looking ahead, further tranche 2 funding will allow further measures to be introduced, focused on enhancing cycling and walking together with assistance with behavioural change and in some places, e-scooter trials.

- v. Passenger Transport - Government advice has been very clear on the use of passenger transport during the course of the COVID19 emergency. The advice to use it only where there are no other alternatives in place. As a result the entire bus industry is currently operating at a loss, only surviving on the basis of a significant government support package.

Timetables and frequency are now operating at near normal levels but because of social distancing requirements, some services are unable to offer enough capacity for current levels of demand, creating situations where bus operators are having to double run on routes and in some cases leave passengers at bus stops. We continue to lobby government to address these issues and provide a long term sustainable future for passenger transport.

In addition to this, the provision of home to school transport has been a challenge, with constantly changing levels of demand as different year groups are allowed to return to school.

September remains a challenge as while home to school transport provision is secure, where school children have their entitlement fulfilled via commercial routes, the issues of social distancing identified above are still of concern.

- vi. Support to Businesses - immediately after lockdown, the Economic Growth team repurposed its activities and redeployed staff to provide a dedicated COVID-19 Business Information service to support Essex businesses with any queries they had. We provided advice and guidance to businesses looking to access the financial support packages put in place by government as well as dealing with queries related to PPE, staffing, trading standards and COVID testing. We

also established a Coronavirus 'hub' of information on the Essex County Council website www.essex.gov.uk/coronavirus including a dedicated business page www.essex.gov.uk/support-for-employers-and-businesses as a source of vital information for employers. The service dealt with over 350 individual enquiries and helped business to access an estimated £2.5m of government grant funding.

We commissioned Let's Do Business Group to provide a fully funded business support service for employers across Essex to help safeguard and create jobs. This offer includes up to 12 hours of support services to individual businesses and will be in place until 30 April 2021. The service will help businesses survive and recover from the impact of COVID-19 providing access to support including: finance and risk; customer interaction; target markets and marketing; supply chain management; staffing and recruitment; and Workplace Operations (www.backtobusinessessex.co.uk).

To ensure a joined up approach to business support we have been working with business support organisations to form an Essex wide collaboration to respond to COVID. The forum is where we coordinate delivery of critical information, resources and services to support local businesses experiencing economic harm. The agencies involved are: Institute of Directors; Success Essex Board; SELEP; Best Growth Hub; Lets do Business; DWP-Job Centre Plus; Colbea; Anglia Ruskin University. The group is working in partnership to deliver a monthly Best Big Essex Business Briefing (starting 30 July) and is also developing a pilot Business Accelerator programme, which if adopted could be scaled up to support 500-800 individuals through ECC/SELEP funding. In addition to this we have facilitated weekly meetings of district, borough and city authority colleagues to enable best practice to be shared to help maximise the uptake of the coronavirus Small Business Grant Fund; Retail, Hospitality and Leisure Grant Fund; and the Local Authority Discretionary Grant Fund.

- vii. Wider Support to the Local Economy - As part of the Government's plans for an economic recovery stimulus, on 10 June 2020 the Secretary of State for Housing, Communities & Local Government wrote to all Local Enterprise Partnerships asking:
- How acceleration of departmental funds could be used to support the delivery of capital projects in order to stimulate the economy over the next 18 months.
 - LEPs to come forward with ideas for accelerating existing Government funded capital projects, to generate new activity within 18 months, to help create jobs and raise overall demand in the economy.
 - LEPs to propose additional 'shovel-ready' capital projects which can be delivered within 18 months.

Local authorities were invited to submit projects to the South East LEP (SELEP) with a deadline of 17 June. We submitted a series of high level proposals for schemes which would create or safeguard jobs in the county along with additional proposals from District, Borough and City councils. On 1 July the Ministry for Housing, Communities and Local Government (MHCLG) wrote to SELEP allocating them up to £85m from the Government's new 'Getting Building Fund'. Of the £900m available nationally, SELEP has secured £85m, almost 10% of the national pot and over £10m more than our nearest competitor (West Midlands Combined Authority + LEP area - £74.1m). Most LEPs have secured between £10m and £20m – some less than this.

MHCLG has expressed interest in a number of projects, including those submitted by ECC. A focus in particular on projects which enable green growth, innovation, digital connectivity and regeneration. We will now submit a final list of projects to secure Capital investment into the Essex economy. In addition we are developing the following to support recovery:

- Establishing a Commercial Investment Fund for Economic Growth to promote the county as an area for investment, business creation and growth.
- Capital investment planned through Essex Housing and our own estate to replace poor condition temporary accommodation with new permanent buildings and delivering higher carbon neutral, energy efficient buildings.
- ECC investment in town centre regeneration to drive growth and tackle deprivation.
- Establishing a new Digital Connectivity strategy, investing in broadband connectivity with further public investment of £13.2 million planned over the next 18 months (and exploring the potential of accelerated 5G roll-out).

- viii. Research and Data – In the very early days of the crisis we set up a Data Cell to manage and co-ordinate responses to the very high volume of new data requests coming through the system. The data cell dealt with 117 requests for data and insight over an 11 week period. 41% of these requests were completed in under 3 days. A third of these requests were deemed high priority in order to allow operational service areas to respond and react in the quickest possible way using a solid evidence base to assess the situation. And a third of requests have been to provide lists or integrate data together across different service areas to identify vulnerable and at risk people, to allow services to contact and support people who needed our help the most.

We published four open data tools that allowed our partners and others to have an understanding of risk and demand in an open and transparent way to reduce duplication and we developed a daily COVID tracker that has helped ECC leaders monitor trends for the progression of COVID and impact on key areas such as Operation Shield, PPE, deaths management, care homes.

In addition, the Research team undertook a wholesale reprioritisation of their work to help ECC understand the implications of the COVID-19 crisis. We launched a rapid evidence review, exploring the impact that the crisis had in other countries and deriving insights that allowed ECC functions to shape their response and manage key risks. We also developed a neighbourhood level analysis of risk and vulnerability for Essex – providing insight that allowed district hubs and voluntary sector organisations to shape their response to the crisis.

Public health specialists modelled COVID-19 case numbers, hospitalisations, critical care cases and deaths - providing a basis for ECC's planning for excess deaths and social care demand. They also established a surveillance regime, bringing together health data to ensure ECC has a single view on the development and progression of the outbreak and its impact across different groups (for example BAME groups and deprived communities).

Finally, the team brought forward insights on the personal and economic well-being of the wider population – working with Active Essex and the University of Essex on the new 'State of Life' survey; undertaking qualitative interviews with residents and working families, examining emerging economic data and providing regular briefings on national polling and social research.

- ix. Excess Deaths Management – one of the most important things we had to manage through this crisis was the capacity to professionally and sensitively deal with the excess deaths that have very sadly occurred as a result of COVID-19. The Excess Deaths Management TCG was established to address this issue on behalf of the ERF. The TCG focused on putting in place a plan to secure the storage capacity that might be needed to manage excess deaths – working with a commercial provider and with hospitals. This included the potential operationalisation of a new site to store bodies. In addition the TCG also worked extensively with a wide range of faith groups across the county as well as establishing a Greater Essex Bereavement Offer. The Group is now focused on developing a Scale Up Plan so that it can respond quickly to any potential second wave. The Scale Up Plan will form part of an overarching Essex Excess Death Plan. Crucially it will use the experience of the first wave of COVID-19 to build a robust plan based on our current knowledge and experience.

- x. Technology – we had to move quickly to enable, virtually overnight, all ECC staff to work from home as the new normal. Whilst staff have been able to access the ECC network and subsequent services via Direct Access for some time, we have never been in the position where the vast majority of staff are home based. During recent weeks we have had in excess of 4,000 staff connected to the ECC network from home.

In preparation it was recognised that some services were not available to staff who weren't working in an ECC office, an example of this was the telephony application used by all ECC Call Centres including those serving ECC citizens. Hence changes were made to divert these calls from the existing platform to Skype which is available from home. MS O365 (including MS Teams) was rolled out to all staff in ECC, including Members, to allow staff to hold virtual meetings, make use of the chat functionality and collaborate through MS Teams. Resilience was added into the Direct Access platform when staff began to experience slow performance working from home.

In conjunction with this, additional tactical changes were introduced to the infrastructure including Proxy access to Mosaic (our social care case management system) through "the magic tunnel"; amending the access route for key staff to TCS; and introducing an alternative Direct Access platform to service critical ECC staff.

Operational changes have been made that have allowed TS staff to work from home whilst maintaining an overall service to ECC including the provision of new starters' laptops, the collection of devices from leavers and channels to support ECC staff. We have supported the roll-out of the new telephony solution for Operation Shield; the provision of the new Care Home in Howe Green; the provision of additional Wi-Fi in Magnet House; and are currently working with the Public Health team on the Track & Trace solution.

- x. Communications and Marketing - a strategy was quickly established at the outset of the crisis to ensure we were able to keep employees and residents informed, reassured and supported in a timely way. The role of the comms function was to develop and deliver reactive statements and proactive communications for specific scenarios for prompt issue to local and regional media and employees, including service openings and closures; to activate Government assets for COVID campaign activity, originating content only where there was a local need, e.g. around vulnerable/isolated groups; to develop and share content across our own channels, those of our partners and the Essex Resilience Forum; and to ensure maximum visibility and consistency of messages.

As part of our COVID Business Continuity planning we identified a resource gap and significant risk within the Communications and Marketing function, in the department's capacity to deliver the scale and scope of the work the organisation required. Our proposed mitigation was actioned and a number of colleagues from within the ECC Communications and Marketing network and other teams were assigned roles. Numbering up to 15 individuals at the height of the crisis, they were tasked with functional responsibilities and covered communications, marketing and content design tasks alongside corporate colleagues.

New website and intranet Coronavirus hubs were set up swiftly to house public information and employee information respectively. The [essex.gov.uk](https://www.essex.gov.uk) hub has provided helpful information for Essex residents, including links to national guidance, updates on changes to services and sources of local help and support. The hub has seen more than 145,000 users, whilst the intranet has seen more than 5,000 users accessing individual coronavirus pages and a record number of unique users to its Our Heros page.

Significant amounts of information relating to national guidance, changes to County Council services and support for residents, have been communicated via press releases and interviews with the media. 76 releases have been issued with coverage and interviews organised for cabinet members and our Director of Public Health across the county's leading print, digital and broadcast outlets. We developed channels to enable us to reach all our communities, including a new weekly e-newsletter with a distribution of 70,000 and peak open rates of more than 60%, proving the effectiveness of the content.

In addition to this new channel we agreed a media package with one of the county's largest media groups - Newsquest - enabling us to publish information in both print titles and digital news sites. This 'partnership' proved hugely successful in enabling us to further reach communities and with sufficient frequency for messages to be seen, understood and acted upon.

Alongside this our own social media channels have been instrumental in the delivery of information, reassurance and supportive communications. From service closures, to coronavirus public health messages, and from family well-being to social isolation and kindness messages, the content has been created in words, images, animation and film. For April and May alone we saw reach on Facebook exceed 3,800,000 with 78,000 likes, shares and comments - more than a 1000% increase in reach on standard figures. Written COVID-19 tailored briefings have been provided to Essex MPs, County Councillors and senior officers on a weekly basis. A specific bi-weekly MP briefing has also been established,

opening up more regular and open communications with national politicians.

- xii. Other – some ECC services had to close due to restrictions implied by the lockdown. These included Adult Community Learning centres, Waste and Recycling Centres, Country Parks, Libraries, Registering of births, and Coroner inquests. All of these are now in the process of resuming service.

5. Emerging Issues

5.1 It is too early to be definitive about the key issues we will need to focus on as a result of this crisis. However, there are already some areas that have emerged which we know will require further attention as we understand more about what has happened

5.2 These are by no means exhaustive, but they include:

- a) The inequalities that already exist across our communities and that COVID has exposed more starkly – We have talked about the health inequalities that exist in Essex for some time, but COVID-19 has exposed those inequalities in stark new ways – demonstrating, at a national level, that people from certain minority ethnic backgrounds, people living in areas of disadvantage, and people in certain occupations are far more likely than the general population to suffer the severest effects of the disease. The Essex Resilience Forum is working with public health to look into this in more detail but it is clear we will need to develop new approaches to prevention and support in some areas and with some populations to better protect them from COVID-19 and the wider inequalities they experience.
- b) The relationship with Health and Other partners - The crisis has highlighted weaknesses in vertical structures which may create greater appetite for rethinking the distribution and organisation of powers and responsibilities in local places. It has shown that the role of local government continues to be poorly understood in Whitehall. At the same time strong partnership working has been demonstrated through the ERF which we need to sustain through the recovery phase and also extend to strategic partnership groups. Partnerships with health have been particularly important through this period. Initially the focus nationally and locally was “protecting the NHS” but it quickly became apparent that social care was just as important. To successfully combat COVID-19, we need to ensure we continue to build on the positive new arrangements between the NHS and social care and public health to support and protect care homes. Indeed more broadly we have seen the need to think ‘whole system’ through this crisis and will need to redouble our efforts to ensure we are capable of operating as a joined-up system for our residents – rather than as a set of disparate

organisations. The Essex Partnership Board is currently exploring what that might mean and how it can support stronger collaborative working across the Essex system.

- c) The importance of our supply chains - Having access to PPE supplies is critical in enabling the health and care workforce to operate safely as they provide care and support to people. We now have established procedures and protocols for prioritising the distribution of PPE and it is apparent that we will need to have sufficient local supplies in advance of any second wave to help the local system to cope in the early weeks of another outbreak. We cannot be completely dependent on national distribution. We are seeking to establish a reserve supply of PPE to improve our resilience in this area.
- d) The financial uncertainty and unsustainability given the impact of the crisis on tax revenues and demand – The Government has provided a comprehensive package of support for the crisis. However, the most material issue facing the County Council is the downward pressure on local tax revenues that the economic situation might create. As yet there is no national response on falling tax revenues and the risk sits locally. There is a commitment from Government to review the position as part of the Settlement at the end of 2020. However, this uncertainty makes it difficult to plan for 2021 and we continue to work with MHCLG to agree a way forward. We also need a sustainable and long-term solution for the funding of social care – particularly in light of new pressures on the system as a result of the impact of COVID on people’s health and the potential escalation of chronic conditions due to deferrals of treatment.
- e) The increasing reliance on and need to leverage technology – There has been a great and sudden adoption of technology by workers and residents to enable them to access the services and resources they need and to connect with one another. Technology will never be a substitute for some situations but it is clear that technology has been embraced by service users and by the workforce and has enabled a different way of operating – one that is safe and is often more efficient, enabling more people to access support than might have been the case previously. We have already begun to look in detail at the implications of digital remote working and will continue to want to focus on this area and the wider adoption of digital technologies as we re-think our operating models to ensure they are fit for purpose given our new circumstances.
- f) The fundamental challenges that exist in some of our key service markets - There are clear and enduring challenges for the residential care home market which will fundamentally affect how it operates and also the viability of many providers. The number of people in care homes has fallen by 10% in just three months and may not fully recover for 2-3 years (some national estimates suggest it may not recover until 2028). We will have to work closely with the care home market as it

changes how it operates and its structure. It will be crucial we support the sector to retain a skilled and dedicated workforce as they provide care in different ways and different settings.

- g) The importance of clear and frequent communications in a crisis – This was a fast-moving crisis involving all partners in which clear and accurate messaging was a matter of life and death. Ensuring that we had the capacity to communicate effectively with the many stakeholders across the system was vital. We were able to successfully flex our resources to address this demand pressure and we will want to review our output, impact and approach to ensure that we are well-placed to provide the communications support that will be needed across the system in the event of a further surge in infections or similar crisis.
- h) The need to harness the capacity that exists in our communities - one of the positive consequences of this crisis was the evident desire of people from all walks of life to support their neighbours and communities. This was evidenced by the support given to Essex Welfare Services and to the number of people who signed up to the NHS's GoodSam app. We are doing further work to take the learning from these facts – to understand what motivated people to volunteer and to reflect on how public services might want to think about the involvement of volunteers more broadly as we rethink our service models.
- i) Emergency extended over time and place – The Council has shown itself to be resilient and effective in a crisis but we have also seen that our pre-existing approach to emergencies had been based, in accordance with national expectations, on assumptions that they would unfold over a relatively short period of time and be geographically contained. Coronavirus has challenged that understanding of what an emergency might look like and therefore how we manage through a crisis. Work is underway in the Emergency Planning and Resilience Team to look at our approach going forwards to make sure it is fit for purpose to address our new understanding of the type of emergencies we are likely to face in the future. The scale of the crisis meant that many more officers were involved in the response than had been previously trained, so we also need to consider offering training to ensure that emergency planning and business continuity techniques are embedded widely in the organisation. Positively, we were able to use remote working and new technologies to delivery response structures remotely without using the Emergency Response Centre.
- j) The Importance of timely and accurate data – It would have proven impossible to manage through this crisis without timely and accurate data being shared. We set up a Data Cell in the early stages of the crisis which has managed the many requests for data that have come in from all parts of the organisation and that has overseen the production of modelling frameworks and daily trackers so that we have

been able to keep critical factors under review. However, not all the data we need is generated by us, so understanding our ability to specify the data held by partners and accessible to us under certain conditions is something we will wish to explore further.

- k) Our workforce is critical – it maybe goes without saying but our workforce has been critical in seeing us through the last few months. The crisis has highlighted as never before the quality and commitment of our staff with many going the extra mile. Many of our people are under significant pressure, not just at work but also in their family lives, and this situation could continue for a while. We therefore need to look after staff well-being and ensure that we are working in a sustainable way. The crisis has strengthened our shared purpose, creativity and flexibility and we need to sustain that. We also need to think about new ways of working and skills that we will want to embed.

6 Learning the Lessons

- 6.1 It is too early for us to be definitive about the lessons we can draw from this crisis but we recognise the importance of doing that and therefore at this stage we are focused on making sure we are clear about the key questions we need to ask ourselves to draw out the learning.
- 6.2 From the internally-facing perspective of the organisation, we see there being three dimensions to that:
 - i. From a workforce perspective - what can we learn from our response? This should help us to identify the impact of the changes we have made in our workforce and start to recognise the ones we would like to keep or further develop. In particular, how can we better understand the impact that the COVID-19 response, with a primary focus on the majority of our workforce having to work from home, has had on: staff productivity; staff performance, engagement and sense of belonging; employee experience; and on our diverse groups and communities.
 - ii. From an organisational culture perspective - what can we learn from our response? We will review what was stopping us before now from implementing some of the changes we have experienced during these past weeks, and hopefully start to identify what are the conditions we will need to maintain if we want to sustain those changes.
 - iii. From a service transformation perspective - what can we learn from our response? A modern organisation is able to flex and adapt according to the changing needs of its users. We will need to reflect on what we would need to maintain/adapt or abandon if we are to successfully support the organisation to re-imagine the new normal.

7. Financial Implications

- 7.1 At the time of writing, the Council has approved COVID related decisions totalling £75m. The majority of expenditure relates to Adult Social Care. There are further costs such as the loss of income from closed services and the loss of savings due to the deferral of some change programmes as part of the emergency response to COVID. To date ECC has made commitments or suffered income losses that are £14m in excess of the government's emergency funding. We wait to hear more detail of the Government's latest emergency measures announced on 2nd July, including further one off grants and a new package of support to share the impact of losses of income from fees and charges.
- 7.2 There are also other future cost pressures or potential income losses which we need to be mindful of. These include potential new costs from pent up demand in children's social care, and new demands due to social distancing on passenger and home to school transport. By far the greatest income risk relates to potential losses of tax revenue (council tax or rates) due to unemployment. Given local tax revenues are close to £900m, even small movements in unemployment can cause a significant impact on our most material funding source. This risk is arguably the most significant issue for financial sustainability that we face.
- 7.3 In addition to the costs and pressures set out above, there are also a number of financial risks. Below are some areas where we are likely to see significant risk and potentially costs or loss of income:
- i. Personal Protective Equipment (PPE) – this extends beyond the care market, recent government guidance we are also assessing what the PPE need is for Essex's directly employed staff, community schools and other supply chain areas.
 - ii. Adult Social Care – whilst the government package of support has been extensive in the emergency response to the crisis, we need to see what further risks present to the social care market and how we work with government to secure financial sustainability.
 - iii. Ongoing impact for both adults and children's social care - after the pandemic adult social care will still be feeling the impact as people will remain in residential beds and in the care system. There will be impacts on chronic health conditions both directly and indirectly as a result of the pandemic (e.g. COVID related health issues and impact of deferred care for other conditions). The pandemic, as well as the economic downturn, will also impact on people's mental health.

- iv. The NHS may announce the end of the Emergency Period before the end date of the contractual arrangements we have entered into around block bed provision in particular, and therefore we may not be able to reclaim total costs from the NHS.
- v. Tax revenues are at considerable risk due to the number of new Universal Credit (UC) applicants and the unknown impact of potential non-payments. It is too early to tell the full effect this might have, however, if the Council Tax collection rate reduced by just 1% for the full year, this would equate to a circa £7m loss in income to ECC. This is being monitored.

7.8 It is anticipated, once schools return, that there could be an increase in the volume of Education and Health Care Plans (EHCP) which may result in an increased cost and so push the High Needs Block within the Dedicated Schools Grant (DSG) into further deficit.

7.9 There is a risk around developers and other contractors' costs and viability, and the potential impact on our ability to deliver the capital programme. At present this has not manifested in significant changes to the programme, but we will continue to carefully monitor the situation.

7.10 The position and risks and opportunities are being continually monitored and will be reported in the quarterly reports to Cabinet.

8. Moving to Recovery

8.1 Our response to the COVID-19 crisis has led us to be a very different organisation to the one we were a few months ago. As we begin to move towards thinking about recovery – recognising that our services are all in different places on that pathway – and that recovery will not be a linear process and we may enter a cycle of respond and recover as a result of waves of infection - we will need to make sure that as a learning organisation we are asking ourselves the right questions, deriving the right lessons, and moving the organisation forward in a way that makes sense in the context of our and our communities' long-term aspirations.

8.2 In the first instance we have set up a Recovery Advisory Board to provide advice to support the organisation's recovery process. We have set up a number of functional recovery and some cross-cutting recovery boards – these include: Ways of Working; Property Co-ordination; and Taxation, Funding and Commercials (as cross-cutting groups). And Sustainable Environment; Sustainable Growth; Sustainable Communities; Sustainable Travel; Adult Social Care; Children and Families; Education; Corporate and Customer as functionally-led groups.

8.3 We have agreed some recovery principles to guide the work: these are:

- i. Evidence led & Customer focused: we will plan our recovery based on evidence, including user-led insight
- ii. Environmentally sustainable: we will work with the climate commission and look to develop recovery responses which support the sustainability of our environment.
- iii. Be ambitious in change for health & social care systems: build on the learning from the COVID response to shape better integrated services for our vulnerable people.
- iv. We will do no harm: we will minimize inadvertently causing harm through our interventions.
- v. Digital first – we will capitalise on the benefits of digital technologies.
- vi. Partnership working - where possible and where it adds benefit, ECC will work to develop system solutions and responses to the recovery challenges.
- vii. Focused on prevention/early intervention: we will ensure our recovery response supports & continues to invest in evidence-led, early intervention.
- viii. Flex our operating model: we will be agile in changing how we target our resources (money, people, assets) to enable recovery.
- ix. Protect the financial sustainability of ECC by ensuring continued focus on value for money, creativity and innovation: in doing so we collaborate and take shared responsibility for the prioritisation of constrained resources
- x. Support and engage an active volunteering sector: we will seek to strengthen our communities and build resilience

8.4 The work we do in the recovery phase will feed into our normal strategic planning processes – so will link the work of the recovery groups to business planning and the development of a new budget and Organisation Plan and in the longer-term to a new Organisation Strategy.

9. Conclusion

9.1 This crisis isn't over. This report represents a first take on the current position. We will need to do much more over the coming weeks and months to understand the full impacts of the pandemic and to be clear about not only how best to respond to those impacts but also how best to strengthen the Council and the system of public services in Essex to ensure we are in a

better position to respond the next time we are confronted with a challenge of this scale. We anticipate that those will be discussions that are not just contained in Essex's boundaries but will also embrace the national landscape and to some extent we will also need to be open to lessons that can be learnt from abroad.

- 9.2 We haven't in this paper attempted to fully explore the impacts on the economy; on our businesses; on our communities; on the mental well-being of our residents – all of these issues are under active consideration in our services and we recognise very well that the immediate consequences of the virus whilst severe cannot crowd out the need to also focus on longer-term implications. As an organisation we will need to be alert to recognising the changes in patterns of behaviour that will provide early signals of the consequences of this crisis and we will need to be open to learning lessons as an organisation and as a key part of a vitally interconnected system.
- 9.3 We end this paper where we started with a thank you to all of those people – inside and outside the organisation - who have worked tirelessly over the last few months to support and protect our communities and our way of life.