The Manchester Briefing
COVID-19

International lessons for local and national government recovery and renewal

What is 'The Manchester Briefing on COVID-19'?

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers.

We bring together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic. The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things we find.

We aim to report what others have done without making any judgement on the effectiveness of the approaches or recommending any specific approach.

This week we have provided four briefings:

Contribute your knowledge to the briefing (via a 30-minute interview) by contacting duncan.shaw-2@manchester.ac.uk

We also produce a blog series which you can access here along with other news about our team and our work.

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Briefing A:
The Essex Resilience Forum COVID-19 Impact Assessment: Impacts on key strategic priorities

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This briefing presents a high-level report of the impacts of COVID-19 on Essex and Essex public services from the first wave of COVID-19 infections between March and June 2020. The objective of this Impact Assessment was to capture a snapshot of observed impacts and inform the development of partner responses to the challenges identified, and therefore does not document the responses of partners to the identified impacts.

As the crisis continued to unfold, Essex Resilience Forum (ERF) conducted a 'light touch' Impact Assessment on the non-pharmaceutical measures that were implemented to reduce the spread of COVID-19, e.g. national lockdown, to learn from the performance of response systems and support the development of long-term recovery aims and plans. The early Impact Assessment could aid recovery planning. This briefing will detail the method, including the range of assessment partners and contributors, a summary of identified impacts within twelve impact themes, and limitations and observations of this assessment.

ERF is a multi-agency partnership, comprising of local councils, emergency services, health providers, the voluntary sector and more, who work together to plan and prepare for multi-agency response to major emergencies[1]. The Recovery Coordination Group (RCG) was established as a 'Tactical Coordination Group' (TCG) to support ERF and Essex Strategic Coordination Group in the response to COVID-19 and brings together partners from across the Essex public sector to consider key issues around recovery and renewal from COVID-19.

Methodology

The following section details the method of the ERF Impact Assessment:

- An Impact Assessment questionnaire was used to collect information on actual and anticipated impacts of COVID-19 on strategic priorities

- The RCG agreed twelve 'themes' and questions for the questionnaire

- The impact 'themes' that were prioritised in this assessment were those of 'outcomes' (impacts) at a systems level (e.g. health inequalities, mental health issues, economic outcomes etc.) and did not focus on the impacts on organisations as this was deemed to be the responsibility of organisations themselves

- The twelve themes identified were:

1. The Mental Health of the Population
2. Educational Outcomes
3. Children and Young People
4. Vulnerable Adults
5. Levels of Mortality and Excess Death
6. The Physical Health of the Population
7. Health and Social Care Services
8. Volunteering, Voluntary Sector and Civil Society
9. The Essex Economy
10. Public Transport
11. The Environment and Climate Change
12. Crime and Community Safety

- Statutory organisations and other TCGs were invited to complete the questionnaire

- The analysis of these questionnaires was completed by each TCG group

Impact Assessment contributors

The following table details the partners and contributors to the ERF Impact Assessment:

Local authority partners:
Tendring District Council
Education Leads, Southend, Essex and Thurrock
Colchester Borough Council & Community360
Thurrock Council
Children's Services, Southend Borough Council
Police, Fire and Crime Commissioner for Essex (PFCC)
Castle Point Borough Council
Southend Borough Council
Essex County Council
Uttlesford District Council
Tactical Coordination Groups (sub groups of the Essex Strategic Coordination Group):
The Faith and Communities Tactical Coordination Group
Resilience Tactical Coordination Group
Waste Tactical Coordination Group
Mental Wellbeing & Covid-19 Tactical Coordination Group
Homelessness and Rough Sleeping Tactical Coordination Group
Volunteering Tactical Coordination Group

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1 http://www.essexprepared.co.uk/

Impacts and results summary

Table 1 presents a summary of impacts identified through the ERF Impact Assessment from the first wave. The data presented in table 1 was extracted directly from the Impact Assessment provided by ERF for this briefing and has not been interpreted. Appendix A at the end of this issue of TMB presents each of the twelve impact themes in detail. The impacts identified within the twelve themes are informed by; modelling based on previous pandemics, data collection and observation of known impacts.

Table 1. A summary of impacts (Essex Resilience Forum, Recovery Coordination Group, 2020)

Impact 1: Mental Health

- Increased pressure on services:
  - Increase in presentation of first episode psychosis
  - Increase in demand for support with common mental illnesses
  - Increase in suicide risk
- Greater impacts on specific groups:
  - Young people, isolated people, Domestic abuse victims and some ethnic groups face increased risks
- Direct effects of the virus:
  - After effects of Intensive Care
  - Trauma and PTSD amongst care workers
  - Could be long-term affects amongst those who have contracted COVID

Impact 2: Education Outcomes

- Disrupted learning programmes:
  - Effectiveness of virtual learning still unknown
  - Trauma and bereavement issues may be felt once schools reopen
  - Significant longer-term impact anticipated including fall in exam results, and less children attending further education
  - disadvantaged pupils are expected to be greatly impacted
- Accelerated economic decline:
  - Closures of Early Years provision could lead to shortage of places for 2-5 year olds
  - Potential increase in those children Not in Education, Employment or Training (NEET)

Impact 3: Children & Young People

- A move to virtual platforms:
  - Many children engaged well with virtual visits
  - Additional risks with children engaging more online
- Unaddressed escalating need and risk:
  - Potential increases in safeguarding cases may not have been felt yet
  - Many families just about managing and relying on less stable incomes
- Increase in pressure on services:
  - An almost 5% increase of children in care who would have exited
  - Increase in calls to domestic abuse services

Impact 4: Vulnerable Adults

- Demand for shielding support:
  - Demand for food medication, transport and befriending
  - Wider impacts on burnout of key workers and those working from home for long periods
  - Possible increase in food and fuel poverty, and demand of debt management support
- Unknown individuals presented as rough sleepers:
  - Food, accommodation and security were provided
  - Additional provisions have resulted in significant costs to local authorities
  - Funding for new accommodation is now being sought

Impact 5: Mortality and Excess Deaths

- Increased mortality rates and excess deaths across the population:
  - 163 'excess deaths' per week across between 23rd March and 25th May 2020
- Greater impact on specific groups:
  - Males, those elderly and frail and those with significant comorbidity are most likely to die after contracting COVID
  - Nationally, Black males and females and Bangladeshi, Pakistani and Indian males are more at risk
- Impacts on health inequality:
  - Potential to widen inequalities through impacts on jobs, education and incomes
- Impacts of delayed bereavement:
  - Traumatic elements of bereavement can make natural recovery to resilience more for loved ones

Impact 6: Physical Health

- Concerns around inactivity:
  - Inactive people becoming even less active and having less resilience to recover from COVID
- Increased risks during shielding:
  - Risks of falls and trips have increased
  - Falls admissions to hospitals has increased
- Wider impact on other health and social care needs:
  - People are losing confidence to leave their homes with impacts on mental and physical wellbeing and a knock-on effect on informal carers
  - Increase in smokers transferring to vaping
  - Increase in adults seeking alcohol addiction support

Impact 7: Health and Care Services

- Impacts on service:
  - Considerable strain on supply chain and staff. Staff working a 7-day rota are at risk of burnout
  - Positive joint working with health and community partners.
  - Care providers may not be able to operate with unsustainable bed vacancies
- Greater impact on specific groups:
  - People with a Learning Disability and Autism likely to be disproportionately impacted by closure of day opportunities, with increased pressure on families and informal carers
  - High proportion of BAME people are in health and social care professions
  - Digital inclusion and access is a concern to partners

Impact 8: VCS and Volunteering

- Emergence of the new vulnerable:
  - Many are approaching a food bank for the first time
  - BAME groups adversely affected around language, culture and limited connections
- Citizens self-mobilised at local levels:
  - Local groups played a significant role in supporting local demands
  - Increased uptake from a new demographic of volunteers but some are now returning to work
- Organisations are running at greatly reduced capacity:
  - Some charities are feeling the impacts of the financial downturn and predict closures – with potential knock on impacts on demand for local authority services.

Impact 9: Economy

- Major impacts in specific sectors:
  - Hospitality, tourism and retail industries have been most significantly impacted and are still feeling the changes of consumer behaviour
  - Growing demand for business support
- Unemployment is at a 30 year high:
  - Expected further hike of unemployment when furlough ends
  - Lower paid, lower skilled to be disproportionately disadvantaged.
  - Young people are more likely to be furloughed or unemployed
- Impacts on town centres:
  - A significant amount of retail spend shifted online
  - Footfall is down in town centres but customers are spending more per visit

Impact 10: Crime

- Rise in cases are yet to be seen:
  - Rise in domestic abuse and child abuse cases are yet to be seen by Police
  - Reported concerns around hate crime have not yet appeared locally but is being monitored
  - Concern that some families will use COVID as an excuse to prevent social workers' access into their homes
- Increase in anti-social behaviours
  - General nuisance, disturbance type incidents are most prolific
  - There is reduced tolerance levels due to restrictions
- Court backlog causing national crisis
  - Significant increase of more than 50% are remanded into custody
  - Risk of victims & witnesses disengaging
  - Need to increase capacity to deal with backlogs

Impact 11: Public Transport

- Extreme reductions in passengers:
  - Bus patronage is now at 40% of pre-covid levels
  - Rail passenger numbers are currently 1/3 of normal travel pre-covid
- Disproportionate impacts on specific groups
  - Females, those with disability, older people, rural residents and people on lower income are more adversely affected by reductions in services
  - A high proportion of BAME people work in public transport putting them among the higher risk occupations
- Wider implications on the economy
  - Operators are experiencing wholesale market failure and are unlikely to operate commercially
  - This could have implications for local jobs and future aspirations for sustainable transport

Impact 12: Environment

- Changes in consumer behaviour:
  - Some waste types have increased by 10-20% during the outbreak period
  - The focus on recycling and people taking their rubbish home has reduced
  - We have seen an increase in fly tipping
- Progress stunted:
  - Progress to achieve higher levels of waste diversion, recycling and minimisation may be pushed back
  - The scale of any longer term effect will be dependent on the impacts of consumer and working behaviours
- Capacity and capability is stretched:
  - If changes are permanent, infrastructure investment may be necessary to achieve aspirations around waste diversion and minimisation

Reflections on ERF Impact Assessment

The limitations of this Impact Assessment are noted below:

- The results are reliant on the individual analysis and interpretation of data conducted by each of the organisations and TCGs that completed the assessment, primarily due to the speed at which analysis was required to provide immediate guidance on the next steps to response and recovery

- 'Light touch' Impact Assessments are rapid in their design and the speed of assessment translates through to the speed and level at which results are examined

Initial observation of this Impact Assessment demonstrates that it captures what was 'known', rather than the generation of any new understanding. This perhaps highlights the need for Local Resilience Forum's (LRFs) to commission work within an Impact Assessment to unpick initial results, to increase the potential for new understanding to be generated.

Next Steps

The Impact Assessment carried out by ERF following the first wave of COVID-19 prompted a series of questions:

- How does the legacy of the first wave of COVID infections – and any concurrent challenges (e.g. Brexit, NHS Winter pressures) – affect partners' ability to plan ahead?

- Given that partners work has yet to fully recover from the first wave of infections, are there areas where we are particularly vulnerable to negative outcomes as a result of a second wave?

- Are there opportunities where partners can act early to mitigate and manage the risks associated with wave two?

Where local authorities have done early Impact Assessments, their is merit in revisiting and updating these to identify lessons from the second and third waves of COVID-19. Previous Impact Assessments and their results are at risk of being outdated as the pandemic and its effects have progressed. In addition to identifying changes that may have occurred within previously identified impacts or if any new impacts have emerged, revisiting 'light touch' Impact Assessments can be useful to learn, reflect, review and consider the outcomes of specific actions that may have been implemented to address previously identified impacts.

Guidance on conducting Impact Assessments can be found in The Manchester Briefing on COVID-19 Issue 15 (pg. 20-23), which relates to UK National Recovery Guidance[2] that describes the process of conducting an Impact Assessment.

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2 https://www.gov.uk/guidance/national-recovery-guidance

Lessons you may find helpful from across the world

We provide the lessons under six categories, with sub-categories for ease of reference. We have selected lessons that are of specific interest to the process of recovery and renewal although many also relate to the response phase, and the likely overlap between response, recovery, and renewal.

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Humanitarian Assistance	Actions

Impact on:
Public protection

Republic of Ireland:
https://tinyurl.com/yzfjrp4s

UK:
https://tinyurl.com/xs9ansrj

https://tinyurl.com/3pbe79uf

https://tinyurl.com/kh24v3k2

Consider measures to protect and support Roma, Gypsy, Traveller and Boater communities during COVID-19. Factors such as underlying health conditions, confined and over-crowded living spaces, limited facilities (e.g. running water, adequate sanitation), stigma and discrimination mean that Roma, Gypsy, Traveller and Boater communities are particularly vulnerable to the risks and associated impacts of COVID-19. Virus infection and death rates of these communities are currently unknown in the UK meaning formal data collection is needed. People in these communities are also likely to not be registered with a GP, to work in precarious job roles or be self-employed, meaning there is a possibility that these communities will fall through the net with regards to COVID-19 vaccine programmes and the business/financial support initiatives provided during the pandemic. Consider:

- Partner with local and national organisations that work with Roma, Gypsy, Traveller and Boater communities to better understand their needs during the pandemic
- Work closely with the owners and managers of all residential sites and waterways for these communities to ensure that they stay open and alternative accommodation is arranged for people who become unwell and are required to self-isolate
- Provide additional temporary water, sanitation and waste disposal facilities to those communities who cannot access public facilities (due to closure of public infrastructure during lockdowns)
- Open additional local authority caravan sites temporarily to prevent overcrowding at designated caravan sites as COVID-19 requires these communities to remain static (e.g. holiday campsites that are not in use and would have basic facilities such as running water already in place)
- Establish a designated helpline in partnership with local health authorities (e.g. HSE Midlands Traveller Health Unit) to deal with COVID-19 queries
- Introduce a temporary moratorium to prevent people from being evicted from unauthorised camp locations
- Relax rules temporarily so those living on canal boats can moor in a safe place for an extended period of time
- Establish a targeted education support programme for children in these communities who are at risk of digital exclusion during periods of school closure
- Communicate with Roma, Gypsy, Traveller and Boater communities and the organisations that represent them to ensure that they are aware of and have access to social support mechanisms provided during the pandemic, e.g. Self-employment Income Support Scheme, vaccine programmes
- Include people who are living in these communities in research and outreach programmes to ensure learning is gained from their experiences and the diversity of impacts of COVID-19 on their lives is taken into account when planning for recovery

Impact on:
Mental health and well-being

Australia:
https://tinyurl.com/sehrjadk

Consider how to support people who may be anxious about lockdown ending. People have experienced different levels of isolation during the COVID-19 lockdowns. Many people will be enthusiastic about socialising again, but others may be nervous or anxious about resuming activities that they once took for granted, such as returning to shops or busy spaces. Having to process and remember new rules as restrictions ease may be an additional concern for people who are already feeling overwhelmed. Consider:

- Work with befriending services and community organisations to mobilise volunteer 'buddies' to help those who are feeling anxious about coming out of isolation. For example, buddies can:
  o Accompany people on their initial outings, perhaps starting with a walk down the street and working up to a trip to shop for food
  o Support those who are socially isolated for reasons other than 'vulnerability', e.g. they have recently moved into an area and have not established social networks
- Communicate directly with community members to help them understand their local restrictions as lockdown is relaxed, and the support that is available, e.g. through traditional media outlets, social media, or leaflets directly to people's homes
- Educating on how people can reduce their stress through self-care, e.g. breathing exercises, or signpost to support from mental health services (see TMB Issue 7)

Economic	Actions
Impact on: *Economic Strategy* Pakistan: https://tinyurl.com/ykz38ufa South Africa: https://tinyurl.com/8p447tn8 Australia: https://tinyurl.com/6emcsh88	**Consider how to support the re-generation and renewal of local businesses.** Many local/town centre businesses will be micro- and small-medium enterprises (MSMEs) that have been severely impacted by the pandemic and lack internal resources to support recovery. In Pakistan, MSMEs contribute 40% to GDP and are critical to the economy, as they are in many other countries. In developing support strategies for local businesses and MSMEs, it is important to recognise that the pandemic has changed working practices and locations, and how we shop and entertain ourselves. Small businesses may not have the resources to access the type of data that can inform them on these potential changes to consumer habits, which in turn could impact trade levels as restrictions ease and these businesses re-open. Local governments can support them by facilitating access to this information. Consider: ■ Build capacity of local government staff to undertake local economic assessments and develop small town regeneration and renewal plans (e.g. train staff to conduct economic Impact Assessments to identify businesses that may struggle post-lockdown and strategies that will support local economy recovery) ■ Engage with local businesses, MSMEs and organisations that represent them (e.g. FSB UK) to draw on their perspectives and expertise when developing recovery and renewal plans ■ Identify what has gone well in previous phases of re-opening, what could be improved and the support needs of these businesses (e.g. management of queues/health and safety measures to mitigate and contain the virus) ■ Provide support grants to MSMEs for business regeneration or local marketing strategies to promote local businesses ■ Conduct local and regional consumer habit surveys, in partnership with neighbouring local authorities, to identify the expectations of local consumers, and their potentially changed habits ■ Communicate findings rapidly to local businesses so that they are informed and can prepare/pivot their businesses appropriately ■ Develop an evidence-based local economic strategy that recognises changed consumer habits and demands, in partnership with local businesses ■ Provide guidance to local businesses on how to adapt and where new business opportunities may lie (renewal) ■ Signpost local businesses, particularly MSMEs, to training for digital skills and to advice on finance/investment in new technologies ■ Develop a mechanism whereby local government can share lessons and knowledge between each other easily to learn from each other (e.g. collaborative 'light touch' Impact Assessments as described in Briefing A)

Economic	Actions

Infrastructure	Actions

Impact on:
Health Systems

USA:
https://tinyurl.com/t824w44f

UK:
https://tinyurl.com/2v7sfju2

Canada:
https://tinyurl.com/rut6z68x

Consider lessons learned from the USA, UK and Canada in addressing the backlog of people needing healthcare. In health systems across the world, screening programmes and non-emergency surgical operations have been postponed and cancelled to reduce transmission and free up capacity to treat Covid-19 patients. The USA, UK and Canada have been working to re-start non-COVID related healthcare since the first wave of COVID-19, with subsequent COVID-19 surges creating further challenges, particularly for those countries who are yet to tackle healthcare waiting lists. Those working to reduce the backlog report that some patients continue to defer seeking care so not to increase pressure on services, or because they fear catching the virus. Continued delays will decrease quality of life, increase treatment costs, and worsen outcomes, as the conditions individuals are suffering from deteriorate. There may also be knock-on effects on social care. Consider the measures explored by the UK, USA and Canada:

- Proactively engage the public (e.g. through local communications) to instill confidence in the safety and continued functioning of healthcare systems and encourage them to seek care if they need it
- Ensure ample PPE is available to prevent unnecessary challenges in the delivery of health and social care
- Inform plans by developing rigorous forecasts of future patient demand and service pressures
- Enhance national and local partnerships developed during the pandemic to address the backlog of people needing care. For example:
  o Begin to increase resource capacity through recruitment now to ensure sufficient capacity is available in the future
  o Extend surgical operating hours, including at weekends
  o Draw on volunteers to support vaccination programmes to enable trained healthcare staff to focus on elective care
  o Pool resources between local hospitals and centralize waiting lists so that patients can be treated wherever there is capacity
  o Make greater use of virtual care to increase outpatient access
  o Pilot alternative health care testing programmes (e.g. home testing kits for HPV)

Environment	Actions

Impact on:
General environment
 	
UNDP (pg. 61),
Burkina Faso, Philippines,
Iraq, Haiti, Mali, Mozambique,
Guatemala:
https://tinyurl.com/bk87btjt
	Consider if recovery strategies will have negative impacts on the environment. Economic re-generation by increasing industrial production will be a priority for many countries globally as restrictions begin to ease. This type of activity will inevitably lead to a rise in CO2 emissions and pollution. The United Nations Development Programme (UNDP) highlight the need to integrate environmental concerns into recovery plans and strategies, to re-start the progress gained in addressing climate change and biodiversity prior to COVID-19. New environmental issues that the pandemic itself has caused also need to be recognised and addressed, such as large amounts of medical waste from increased use of disposable PPE, single-use plastics and sanitization chemicals. Consider:
	■ Conduct an Impact Assessment as part of the recovery planning process to identify and evaluate current and predicted future environmental issues (see TMB Issue 8)
	■ Plan for, and secure, resources to implement programmes that advance sustainable development
	■ Ensure broad stakeholder involvement in the planning and implementation of environmental interventions, in order to manage expectations, utilize local knowledge, and address issues affecting local populations:
	  o To promote ownership, interventions to address climate change impacts, disaster risk reduction and natural resource management should incorporate local community knowledge
	  o Intervention design and implementation should recognise, and be sensitive to, ethnic minority communities and to the rights, culture and knowledge of indigenous people
	■ Establish local environmental education programmes through targeted awareness building activities (e.g. school field trip initiatives, Burkina Faso)
	■ Review and enhance policy and regulatory frameworks to support the integration of environmental interventions in recovery and renewal planning at national and sub-national levels
	■ Engage the private sector to mitigate conflicts of interest and create opportunities for long-term sustainability of environmental interventions and outcomes:
	  o In Guatemala, the involvement of the private sector in an ecotourism programme increased the chances of sustainability of actions implemented as the private sector applies them in practice and is less affected by political changes

Communication	Actions

Impact on:
General communications
 	
India:
https://tinyurl.com/y5u6nnz5
 	
China:
https://tinyurl.com/4b7nbhey
 	
USA:
https://tinyurl.com/dmjxz68
	Consider how positive news and stories can relieve the mental fatigue of COVID-19. COVID-19 has dominated news, media, and local and national government communications for the best part of a year since the pandemic began. One study found that excessive media use was associated with negative psychological outcomes, such as anxiety and stress. Positivity can aid stress management and reduce levels of anxiety/depression. Consider:
	■ Demonstrate that there is a world outside of COVID-19 by communicating positive stories unrelated to COVID-19
	■ Encourage more positive COVID-19 stories to come through, for example:
	  o Create a local news special that celebrates the effort of local volunteers or local government during the pandemic
	■ Use communication channels (e.g. social media/newsletters) to communicate positive stories:
	  o Invite local community members to share positive news and stories that can be shared and promoted through these channels
	  o Invite school children to draw and write positive messages and hang them on the trees/fences of local parks/buildings
	  o Encourage people to take regular breaks from consumption of COVID-19 news (signpost to community groups that may be running weekly bingo/quizzes online)
	■ Create a call-to-action for local volunteers and begin inviting the community to take part in and create new positive local initiatives that are focused on recovery and renewal from COVID-19

Impact on:
Targeted communications
 	
UK:
https://tinyurl.com/37zpmfnm
 	
https://tinyurl.com/42zcybbu
	Consider the value the Census can bring to local recovery planning. The 2021 UK Census offers a unique opportunity to increase our long-term understanding of the health, social and economic impacts of COVID-19 on different communities. In due course, local government can use the insight that the Census provides to plan and provide funding for services that will be critical in recovery and renewal, such as changes in housing, education and healthcare. Grassroots organisations, charities and businesses can also use this information to inform their future work and to secure funding. Consider:
	■ A targeted and localised communications campaign that highlights issues that are relevant for local people in their community:
	  o Engage local community members/groups that may have influence and knowledge on the priorities of specific communities to inform communications and support the encouragement of people to take part
	■ Partner with organisations that work with different communities to promote the value and benefits that the information gained through the Census will bring
	■ Tailor communications and ensure that the value and benefits detailed are relevant to particular groups (e.g. people with disabilities, ethnic communities)
	■ Develop a variety of resources that support people to take part, for example:
	  o Create a variety of resources (e.g. animation films) that explain how to complete the Census and where people can get support with filling out the Census form, signpost people to organisations that can help
	  o Ensure all resources are accessible in terms of language and consider access needs of people with disabilities

Governance and legislation	Actions

Impact on:
Planning for recovery
 	
Australia:
https://tinyurl.com/563w3ujj
 	
https://tinyurl.com/2k9hkned
	Consider the activities and partnerships required to initiate the recovery planning process. Strong collaboration between local government and their partners, communities and local businesses is required to anticipate challenges in the aftermath of COVID-19. Further, co-operation in the design of recovery strategies is critical to ensure communities are engaged and empowered in their recovery. Recovery strategies will need to be tailored to address the diversity of impacts and needs of different communities. Consider how to:
	■ Conduct an Impact Assessment to identify where COVID-19 has created effects, impacts and opportunities (see TMB 8) – and identify which of these impacts will bring longer-term challenges in recovery
	■ Refresh Impact Assessments with updated information as other effects, impacts and opportunities become known
	■ Identify other challenges that lie ahead as we progress to living with COVID
	■ Review what planning is required and what partnerships will support recovery:
	  o Define recovery goals in partnership with the community and local organisations, and account for the need to measure progress and outcomes in the future
	  o Plan for the need to adapt/pivot and establish new local resources, services and programmes to address pre-existing, new and emerging needs of communities, e.g. infrastructure planning to address housing supply challenges/employment programmes for young people
	  o Maintain and enhance partnerships that have been developed through the pandemic, by bringing these partners together to co-produce plans and actions to address the new and emerging challenges
	■ Identify logistical and operational challenges that may occur as continuous management of the virus is required
	■ Review lessons from previous phases of track and trace/vaccination programmes, recognise the challenges, such as people not responding to track and trace or vaccine hesitancy, and prepare strategies to address these (see TMB 31)
	■ Manage the expectations of communities, to ensure that they understand that potential future outbreaks may mean restrictions may be re-introduced
	■ Review communication strategies for previous localised restrictions, consult with local partners on their effectiveness

Impact on: *Risk Assessment* New Zealand: https://tinyurl.com/6ur9we68 UK: https://tinyurl.com/54zjh8pj	**Consider the concept of "as low as reasonably practicable" (ALARP) when assessing risk as we live with COVID.** The ALARP principle acknowledges that we might not be able to eliminate all risk, as risk is part of life, but we may be able to manage it. It is necessary to control risk, particularly when it comes to public health and safety. Throughout the pandemic we have continuously acknowledged the existence of COVID-19 risk and managed this risk to as low a level as practicable through various containment measures. When assessing COVID-19 risk ALARP, consider: ■ What level of COVID-19 risk is as low as reasonably practicable and acceptable, e.g. for lockdown to end (this could be based on factors such as levels of hospital admissions due to COVID-19, or the number of people vaccinated) ■ The likelihood of the hazard or the risk occurring and what degree of harm might result from the hazard or risk ■ What actions are available to minimise the risk ■ What cost is associated with available ways of minimising the risk - Is the cost proportionate to the risk ■ Communicate with the public and educate them about risk being ALARP, to increase understanding that we will continue to live with COVID-19, and that recovery will consider risk in terms of ALARP ■ Develop guidance for businesses (e.g. nightclubs) on operating according to the principles of risk ALARP in relation to COVID-19 containment

Briefing C:
The Integrated Review[1] - Considerations for local and national resilience

The Integrated Review of Security, Defence, Development and Foreign Policy provides a comprehensive view of the UK's national security and international policy[2]. This case study will detail key messages from this review relative to local and national resilience.

Building resilience in the UK and internationally (IV. Strategic Framework - Section 4)

The review recognises that national resilience goes hand in hand with global resilience. The unprecedented challenges brought about by the global COVID-19 crises highlights how international cooperation is critical yet fragile under such immense stress, unaided by the historic preference for efficient governance and processes rather than robust resilience capabilities. The review sets out the UK's priorities for strengthening both national and global resilience (p.87):

- Build *national resilience* to mitigate the impacts of 'acute shocks and longer-term challenges' on the lives and livelihoods of people in the UK, through robust risk planning, 'effective and trusted governance, government capabilities, social cohesion, and individual and business resilience'

- Build *health resilience* at national and global levels to improve global pandemic preparedness through a '*One Health*' approach informed by learning from COVID-19

- The development of a 'comprehensive national resilience strategy' (p.88):

  o A '*whole-of-society*' integrated approach to resilience that focuses on: 'improving public communications on preparedness; strengthening the role and responsibilities of local resilience forums (LRFs) and assessing the resilience of critical national infrastructure (CNI)'

  o Review risk assessment approaches, increase local and national capabilities ('people, skills and equipment') and 'strengthen analytical, policy and operational tools' (p.89)

- Funding and resources through the Spending Review (SR 2020) commitments include; the establishment of a 'Situation Centre' which will generate and produce live data, analysis and insights to decision-makers on real time events in the UK and across the world to increase the UK's ability to quickly identify, assess and respond to national security threats and crises (p.104)

Climate change agenda

The review recognises the urgent need to tackle climate change and biodiversity loss to drive forward a 'zero-carbon global economy, support adaption and resilience, and protect the most vulnerable', and to build resilience to climate change impacts at local levels, e.g. against floods (p.89):

- 'Accelerate the global and national transition to net zero by 2050' through a variety of initiatives (e.g. increasing support for net zero innovation and new industries)

- Drive 'sustainable and legal use of natural resources by supporting agriculture that regenerates ecosystems' and increases the availability of and accessibility to sustainable food resources (p.90)

Connecting resilience, health and migration

Outbreaks of infectious disease are likely to become more frequent in the future and efforts to manage and mitigate their effects is essential. The review supports the view that the resilience and health sectors are inextricably intertwined and require strategic prioritization at local, national and global levels through (p.93):

- Equitable access to healthcare (e.g. COVID-19 vaccines) for global, national and local recovery from the current pandemic through ambitious domestic vaccination strategies and by providing support for developing countries to increase access to vaccines globally (e.g. via the Covid-19 Vaccines Global Access Facility initiative[3])

- Reviews of biosecurity strategies to recognise the interconnecting relationships between population 'health, animals and the environment' and the development of a robust approach to the resilience of healthcare supply chains (p.94)

- Increase of crisis response capabilities at local levels by providing funding (£5.4bn) to support local authority response capabilities (p.104)

- Investment and cooperation in the reformation of the global health system that recognises the potential value of data and identifies the strengths required between health and economic institutions for resilience (p.94)

- Global coordination and collaboration to increase and improve research and development for vaccination, therapeutics and diagnostics, to strengthen preparedness for pandemics on global scales (p.94)

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1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969402/The_Integrated_Review_of_Security__Defence__Development_and_Foreign_Policy.pdf

2. https://www.gov.uk/government/publications/global-britain-in-a-competitive-age-the-integrated-review-of-security-defence-development-and-foreign-policy

3. https://www.who.int/initiatives/act-accelerator/covax

Migration poses a multitude of complex challenges, such as risk to the lives of the most vulnerable and pressures on host country institutions and systems (e.g. health). To build resilience in this capacity, the UK is committed to providing support that addresses the root drivers of migration, e.g. to improve 'stability and socio-economic conditions in fragile regions' (p.95).

Implementation of the Integrated Review

To ensure the successful implementation and delivery of the goals set out in this review, the UK is prioritising (p.97):

- 'Flexibility, agility, accountability for delivery and strong ministerial oversight when dealing with complex strategic issues, to increase coherence, structure, the ability to react quickly to and deal with cross-cutting challenges and effective implementation'

- Building support for strategy implementation through strategic communications and community engagement

- This review reinforces the view of The National Risk Register[4] on how community engagement and participation in risk planning is essential. The pandemic has provided local and national governments with a unique opportunity to harness and develop volunteers and community response and recovery capabilities to strengthen community resilience and increase its positive impacts on preparedness for future challenges caused by COVID-19 and future crises in a broader sense

- The attainment of a culture that supports 'integration, adaption and innovation' through inclusion and participation. To do this, the review acknowledges the need to further develop and harness the opportunities provided by the pandemic, those that will achieve a culture that manifests the collaborative, agile and inclusive behaviours that enable integration, for example (p.98):

  o The mitigation of cognitive biases that impact decision-making through a systematic process of challenging procedures, decisions and strategies

  o Increase awareness of, connectedness to and representation of *all* people in the community

- The importance of having the right people with the right knowledge, skills and abilities (KSA) to form 'flexible, diverse and multidisciplinary teams'. To accelerate progress towards professionalisation, training and skills, the UK will review the viability of a dedicated College for National Security, in preparation for the next SR (p.99)

- The establishment of a 'Performance and Planning Framework' and an 'Evaluation Taskforce' to provide continuous review and assessment of integration performance and impact measurement (p.99)

The review looks to have shone a new light on community resilience in the UK and, potentially, could lead to moves to further enhance the local resilience capabilities that have been so active and effective during COVID-19.

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4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952959/6.6920_CO_CCS_s_National_Risk_Register_2020_11-1-21-FINAL.pdf

Briefing D:
Useful Webinars

Upcoming webinars

24/03/2021: Psychological health in the wake of Covid-19

Register: https://tinyurl.com/tjt5f9av

25/03/2021: One Year of COVID-19: Delivering a Green and Just Recovery

Register: https://tinyurl.com/encjpmtr

26/03/2021: Recovery and renewal from Covid-19: A year of The Manchester Briefing

Register: https://tinyurl.com/4yfu2v5n

Webinars from last month

15/02/2021: LTC covid Webinar - The provision of unpaid care during the COVID 19 pandemic

Watch: https://tinyurl.com/at32dm4w

24/02/2021: Dialogue at The Care Forum Podcast: Episode 3 – Roma, Gypsy, Traveller and Boating Communities in the Context of COVID-19

Watch: https://tinyurl.com/3kcvysmu

25/02/2021: British Red Cross: Get your facts straight to keep your family safe (Covid-19 vaccine)

Watch: https://tinyurl.com/wt6mpa9d

The Mental Health of the Population

The Mental Health of the Population

Increase in presentation of first episode psychosis
We are modelling based on experience of other pandemics that predicts 10-20% exacerbation of serious mental illness/first evidence of serious mental illness, which we are seeing happening.

Increase in support for common mental illness
A predicted 20-40% increase in demand for support for common mental illness, which we are also starting to see emerge.

As unemployment increases and if evictions are reinstated, we would expect to see a further impact on common mental illness.

Mental health impact is being felt now. There has been a time lag following the physical Covid-19 infections so mental health demand is increasing currently and is predicted to increase further.

Increase in suicidal and desperate thoughts
There is some anecdotal information from frontline staff that there has been an increase in reports of residents who are having suicidal and desperate thoughts.

Requests for private counselling has increased post lockdown. And also there have been increased requests/dependency for continued support from Primary Care NHS counselling services, which is limited.

Significant impact in mental ill health expected with an anticipated increase of 20% in Mental Health Act assessments by the end of 2020. Funded support for mental health interventions is rising and continues to rise.

Loss of coping mechanisms and not being able to see friends and family have been some of the main contributors to feeling low and being unable to cope with stress.

The Mental Health of the Population

Increased pressure on services
- Covid-19 has delayed mental health transformation work to improve outcomes for people with mental illness and is putting pressure on services.

Disproportionate impacts on students
- Pupils have been away from school in the main for 5 months. The impact of this may only be known once they return, but is likely to include concern about the return; friendship issues and the impact that they may feel as a result of missing schooling.
- It is possible that greater impact may be felt by the more vulnerable groups, SEND, disadvantaged.

As expected, the general population is more worried, stressed and anxious but there is evidence of more severe mental ill health too and not all groups have been impacted equally. (Reference: Essex County Council, Strategy, Insight and Engagement, Economic Impacts of COVID-19)

From EWS data people with MH conditions were three times more likely to request a phone friend at 17% v 5% and half as likely to request healthy lifestyle or exercise advice at 9% v 18%. (Reference: Essex County Council, Data & Analytics, Mental Health Demand Insight, 7th July 2020)

People with MH conditions were more likely to have multiple request for help and multiple jobs matched to volunteers.(Reference: Essex County Council, Data & Analytics, Mental Health Demand Insight, 7th July 2020)

We expect the impact on children to emerge as schools return in Sept. Serious mental illness usually first presents in young people.

At worst, the gap between disadvantaged pupils and their peers is likely to widen again, significantly impacting upon life chances.

The Mental Health of the Population

Children and young people's mental wellbeing
Young people are anxious about their futures
Increased anxiety in those students who have missed crucial exams (in particular the year 11, 12, 13 cohorts) who have seen their workload increase to cover time lost. Self-esteem of young people in the 19-24 age range who are struggling to make that transition into adulthood due to limited opportunities.

More calls from worried parents
There is some anecdotal information from frontline staff that there have been more calls for support and advice from parents worried about their children's mental health and wellbeing. The groups with worse mental health pre-pandemic – have been hit hardest and there has been an increase in cases of young people requesting support.

Impacts on older people
Adults over the age of 65 are expected to have the same rate of increase in anxiety and depression as working age adults. Based on population volumes, this will expand the total population of common mental health conditions by 24,000 people (only a subset of these people will actually require support and services) (Reference: Essex County Council, Data & Analytics, Mental Health Demand Insight, 7th July 2020).

Working Age Adults
Factors effecting Working Age Adults include bereavement, unemployment, effects on front line staff and additional development of mental ill-health due to lockdown. For all adults, research indicates that rates of depression may rise from affecting 11.1% of the population to 22.6%. Anxiety levels may rise from 18% currently to 21.6%. Further research suggests that 18% of those in unemployment will experience mental health conditions because of the pandemic (4,460 people in Essex) (Reference: Essex County Council, Data & Analytics, Mental Health Demand Insight, 7th July 2020).

The Mental Health of the Population

Prevalence of mental health issues in more deprived areas and amongst more deprived and socially isolated people

African Caribbean communities
Prevalence of mental illness is higher in more deprived areas and people from African Caribbean communities and of mixed race are more likely to be diagnosed with serious mental illness.

Social Isolation
Lockdown has brought social isolation to many of the districts' residents, particularly people living alone or those who had to shield.

Domestic Violence
Victims of domestic abuse being locked down with perpetrators. The impact on victims of domestic abuse being locked down with perpetrators.

The Mental Health of the Population

After-effects of being in intensive care
- People who have been in intensive care can experience mental illness associated with delirium and trauma and some will go on to develop post traumatic stress.
- There is emerging evidence that the longer term effects of Covid-19 can cause cognitive impairment which could be permanent and some survivors may go on to develop depression.

Trauma for people who work on frontline clinical and social care services
Based on the experience of other pandemics we expect to see an impact from trauma for people who work in frontline services such as clinical and social care services, the police and fire services.

Increase in PTSD requiring support among staff, carers and wider population is beginning to make itself visible and is likely to be long term.

20% of survivors of intensive care routinely experience PTSD.

35% of ICU survivors having clinically significant post traumatic stress disorder (PTSD) symptoms 2 years subsequent to the ICU care.

Ongoing work to identify numbers of people with long term impact from Covid-19
The longer term impacts of Covid-19 on physical and mental wellbeing will need further audit and research.

Trauma and PTSD can take months or years to manifest.

Unpaid carers -responsibilities has increased and with this added pressure could affect their mood and ability to cope.

Educational Outcomes

Educational Outcomes

Whole scale impact on children's development and academic attainment

All children and young peoples' learning have been interrupted as a consequence of closure of all schools, early years settings and colleges including no exams, no statutory assessments and no regulatory assessments of educational institutions.

Virtual Learning
Effectiveness of virtual learning will undoubtedly vary in both quality and the quality of application by the student. Once the performance is reported many schools will be considering some form of recovery curriculum.

Trauma and Bereavement
Increase in emotional and mental health issues for both children and young people and the teaching workforce. There is anticipated impact of the collective experience of trauma, emotional wellbeing and coping with bereavement.

Financial Viability
Early Years providers not being able to survive financially due to closures will mean shortage of placements for 2 – 5 year old, which will have increased impact on those children eligible for Free Entitlement Place. Also there will be financial impact specifically in ensuring children and young people can get to school – transport

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Educational Outcomes

Accelerating Economic Decline

Lack of credible data, nationally on i.e. school performance, means targeted interventions to support school improvement will be compromised.

What else are schools going to need to deal with in the aftermath of the pandemic?

Increase in children who are Not in Education, Employment or Training (NEET)
Government support did not necessarily include those in Further Education Colleges also the impact on not being able to access the job market when completing college courses will see an increase in those children who are NEET. There is an anticipated gap in learning on the academic attainment and impact on the economy and jobs market.

Drop in Further Education
International research indicates significant impact in 10 – 15 years' time after any major pandemic, including fall in exam results, drop in number of children attending further education and consequently economic decline.

Children and Young People (including Vulnerable Children)

Children and Young People (including Vulnerable Children)

A move to virtual platforms

Council and staff pulled out all the stops
To ensure children continued to be safeguarded and as many children as possible would benefit from either attendance, or a high quality virtual programme.

Children are more likely to engage with others online
Online exploitation of children has also been flagged as children a likely to spend more time engaging with school / family / friends online. Children who may not previously have been viewed as vulnerable could now be at risk. There is evidence from London that while County Lines activity is in decline, they have shifted their focus into online exploitation (no hard evidence from Essex at this stage).

Virtual Visits
The most significant change has been the increase of virtual visiting however home visits continue to be undertaken when needed. All cases are risk assessed and reviewed. Many families are engaging well with virtual visits and this appears to be liked by young people.

Staff now work from a Council office 60% of the time
In preparation for children returning to school in June, and a review of literature about the importance of the office environment for emotional wellbeing and professional development, staff now work from the office 60% of the time. This is likely to continue, as social distancing measures have reduced office capacity.

Almost all visits are now face to face, and social distancing and PPE are used as required during visits

We risk-assessed every child in the system to decide if a face-to-face visit was necessary. This prioritised the most vulnerable children and young people, and those not in this group received virtual visits using video conferencing software/social media, in line with the regulatory relaxation afforded by SI 445. Some video conferencing encouraged participation, but it also meant increased risk for others.

Children and Young People (including Vulnerable Children)

Children living with unaddressed escalating need and risk

Emotional wellbeing of children and families
Detailed welfare check procedures were put in place to ensure, as far as we could, to safeguard the wellbeing of pupils not attending a setting for whatever reason. We do not yet know the medium term impact on the emotional wellbeing of children, young people and families.

An increase in stressors on families, including illness, caring responsibilities, employment and income, increases the vulnerability of children.

Families on low income
Deprived areas have been reasonably well supported during lockdown. Typically, those at the lower end of the economic scale know how / where to access support. Some Just About Managing (JAM) families have been disproportionately affected as they rely on less stable income sources to get by. Parents / carers who have lost employment or are likely to loose employment when the furlough scheme ends are likely to be hit hard in the future. Projections for the long term impact of this are over the next 18 months to three years could be a challenging time for these groups.

Increase in cases may not have been felt yet
The lack of professional 'eyes' on families during lockdown, particularly schools, means that emerging need and risk will not have been identified and support services put in place.

Between 1 March and 30 June 2020, there were 659 referrals made to Children's Social Care, which is lower than the 946 referrals made to Children's Social Care over the same period in 2019.

Schools and further education have only just gone back and the full effects may be masked by the rush to return to normality.

Anticipated impact on vulnerable children, many of whom live in families with low incomes, disproportionally in comparison to other groups.

Appendix A: The twelve impact themes of the ERF impact assessment

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Children and Young People (including Vulnerable Children)

Disadvantaged pupils

It is likely that the impacts will be more marked in vulnerable groups of pupils. The initial attendance data for some of these groups required to attend school throughout was limited. Speculating greater effect on disadvantaged pupils.

Increased waiting time for families with educational needs.

Home teaching and return to school impacts.

Increase in inactivity.

Increase in rec. drug taking.

Calls to Domestic Abuse services have risen
All children young people and their parents/carers have had to make significant compromise home-schooling children. Calls to both the Domestic Abuse services and to MH teams have risen since the ease of lockdown.

Contact levels to Social Care now closer to expected levels

Following lockdown, contacts to the Children & Families Hub and referrals to social work teams dropped off, largely due to a 93% reduction in contacts from schools. These are now much closer to expected levels.

A number of children not returning to school due to the anxieties of their parents and their own emotional wellbeing.

Families who may not have experienced a need to access support previously are now seeking intervention from all levels of providers.

Long term social development due to lack of family and other contacts.

Children and Young People (including Vulnerable Children)

Increase on service demands

An increase of almost 5% of children in care

Due to a deterioration in adult and child mental health during the lockdown, child protection conferences took twice as long online and there was another spike in large sibling groups breaking down alongside a significant reduction in the number of children we could exit from care, has meant an increase of almost 5% of children in care.

Voluntary community support services to younger people and parents, in particular, have been pared back as capacity was redirected to provision of food and essentials.

A likely spike of new referrals in October

The gap between expected and actual referrals, and the economic downturn due to the pandemic, is likely to result in a spike in new referrals in October, more children in the child protection system, and around 120 more children in care, than last year. This has a profound impact on costs, expected to be in excess of £10m pa, at a time Children & Families is expected to reduce spending by £6.5m pa.

Potential increase in risks of homelessness

CAB and other community services have reported a huge increase in clicks on webpages around rent arrears and homelessness. A likely increase in homelessness or risk of homelessness could be a real factor for the future. With little existing housing stock available in Essex, economic downturn and increase in use of temporary accommodation for street homeless and those fleeing DA homelessness could present a challenge.

Vulnerable Adults

Vulnerable Adults

9 months worth of social isolation demand in 3 months

Increase to service demand for food, medication, transport & befriending
Certain sectors of our communities have been affected more than others in particular the elderly who were identified as Category A and needed to shield.

Multigenerational living in BAME communities may be a factor in the spread and contracting of COVID.

Definition of vulnerability has changed through this process
Support for key workers - risk of burn out.

Debt management needed.

Impact of home working for a long period of time.

Food and Fuel poverty.

Vulnerable Adults

Disproportionate effects of COVID-19 on BAME communities

Black and Bangladeshi communities more adversely affected

- Effect of COVID on BAME communities. A reportedly disproportionate affect on BAME communities particularly on the Black community and Bangladeshi community.

- We have not been able to measure this at a County basis as ethnicity details were not reported but indications from National Statistics would suggest that this is considerable.

There are still some professions where BAME people are more highly represented that are also very high risk (e.g. security guards).

Also some cultural issues in organisations (e.g. BAME people feeling that they cannot question management about inadequacy of PPE provision etc).

Vulnerable Adults

Large numbers of previously unknown individuals presented as rough sleepers
Initial estimates of rough sleeper numbers were quickly exceeded and by 15th April. Essex authorities reported 358 individuals with 267 safely accommodated. This had risen to 445 individuals with 332 in some form of accommodation by the end of April.

It is believed many of these were sofa surfers or staying elsewhere until the Covid-19 pandemic and led to local authorities dealing with significantly more individuals than expected.

Future funding
There has been a funding opportunity from central government to bid for new accommodation and support for rough sleepers.

Essex County Council in partnership with districts have bid for £2.6 million of funding which will minimise some Covid risks for local lockdowns. The result of this bid will be known in early September 2020. We understand that there will also be more funding opportunities launched in Autumn 2020, which we intend to bid for.

Significant costs to local authorities
Whilst additional funding has been made available to authorities by Central Government, the response to the Covid-19 pandemic for rough sleepers specifically has resulted in significant cost to local authorities. It is estimated that Essex District, City and Borough authorities had incurred over £700,000 in accommodation costs by June.

Food, security and other necessities were provided
Following the initial rush to accommodate the rough sleepers, further resources and funding were required to ensure food and other necessities were available for those individuals accommodated. Security was also required at many accommodation sites to prevent drug use and anti-social behaviour.

PPE was particularly difficult to source across Essex given the national pressures and need to prioritise supply to primary healthcare facilities. The vast majority remained in emergency accommodation. Support services and care plans have been put in place and many are now in receipt of benefits.

Levels of Mortality and Excess Deaths

Levels of Mortality and Excess Deaths

- There have been a total of 8,642 deaths in greater Essex between March & July. 1,763 of these deaths are due to covid.

- When comparing areas it is best to look at the age standardised rates – this accounts for differences in age structure of the populations. Any differences in age standardised death rates are *not* due to differences in populations, so must be due to local factors.

- **Males are more likely to die from covid than females**, which is why male deaths rates are generally higher than female death rates. Males in Basildon, Epping Forest, Southend, and Thurrock all have significantly higher death rates than England, as do females in Maldon.

- All residents (male & female) in Basildon & Epping Forest have significantly higher covid death rates compared to England. Southend & Thurrock have significantly higher male deaths.

All deaths from March to July — ** indicates a rate significantly higher than England*

	Female			Male		
	Deaths	Rate	Age Standardised Rate	Deaths	Rate	Age Standardised Rate
Basildon	410	220.6	407.4	414	222.7	597.5 (*)
Braintree	349	823.2	373.4	339	799.6	511.2
Brentwood	215	280.9	401.3	175	228.6	477.3
Castle Point	239	265.3	385.4	228	253.1	511.8
Chelmsford	382	227.0	370	358	212.7	457.6
Colchester	336	174.5	346.8	349	181.3	484.4
Epping Forest	350	266.9	404.8	362	276.0	610.7 (*)
Harlow	208	253.8	464.6	171	208.7	568.9
Maldon	178	276.3	390.3 (*)	151	234.4	435.8
Rochford	197	226.5	335.9	223	256.4	521.5
Tendring	535	366.9	420.5	523	358.7	557.6
Uttlesford	207	232.1	360.1	161	180.5	411.9
Southend	476	272.3	404.4	482	275.7	595 (*)
Thurrock	293	169.9	425.2	331	191.9	617.7 (*)

All covid deaths from March to July — ** indicates a rate significantly higher than England*

	Female			Male		
	Deaths	Rate	Age Standardised Rate	Deaths	Rate	Age Standardised Rate
Basildon	96	51.7	94.8 (*)	117	62.9	171 (*)
Braintree	50	117.9	52	71	167.5	109
Brentwood	42	54.9	85	47	61.4	125.6
Castle Point	35	38.9	56.5	64	71.1	135.5
Chelmsford	74	44.0	71.9	78	46.3	99
Colchester	47	24.4	47.9	65	33.8	91.4
Epping Forest	78	59.5	91.9 (*)	106	80.8	177 (*)
Harlow	32	39.1	74.3	43	52.5	140.7
Maldon	16	24.8	35.3	19	29.5	57.6
Rochford	32	36.8	54.3	62	71.3	146.4
Tendring	75	51.4	55.9	96	65.8	99.5
Uttlesford	22	24.7	34.5	40	44.9	105
Southend	86	49.2	73.9	121	69.2	149.7 (*)
Thurrock	59	34.2	86.9	90	52.2	173.4 (*)

Levels of Mortality and Excess Deaths

Disproportionate deaths of elderly people, and Black and Asian males

Excess deaths particularly amongst residents living in care homes and Black and Asian males

In late March 2020 there was a rapid rise in mortality above the five-year average until mid-June. Currently the mortality is at or fractionally below the five-year average. Those most likely to have die after contracting covid-19 were elderly, frail and those with significant comorbidity.

From the Essex open data website we know that there have been a total of 1,404 coronavirus-related deaths registered in Essex up to the week ending 07 August 2020.

Full details on the characteristic of those who died in Essex are not available. We do know that 17% of deaths attributed to covid-19 in Essex occurred in those living in care homes.

Nationally we know that black males have 2 times the risk of death form covid-19 than white males and black females 1.4 times the risk of white females. Males of Bangladeshi, Pakistani and Indian ethnic background also had a significantly higher risk (1.5 to 1.6 times) of covid-19 death than white males but this was not found in females.

Partners have been specifically focussed on the disproportionate impact on BAME (Black Asian and Minority Ethnic) communities. With notions of issues of ethnicity being linked to disproportionate high-risk occupations and crowded living conditions.

Levels of Mortality and Excess Deaths

Late presentations of other conditions

Further deaths relating to non-covid 19 conditions such as cancer anticipated

There is an assumption that there will be further deaths with people not having presented at GP surgeries with other health conditions. Indirect effects of the covid-19 are still playing out.

There was a reduction in the numbers of people presenting with conditions such as stroke, heart attached and cancer symptoms. Consequently, there will be an increase in late presentation of these conditions and very likely worse outcomes.

Some treatment people were undergoing for cancer were suspended whilst hospitals prepared for the first peak in covid-19 illness.

Levels of Mortality and Excess Deaths

Impacts of delayed bereavement

Natural recovery to resilience more problematic

Residents were unable to grieve properly for lost loved ones. We are anticipating long-term impacts of being unable to grieve loved ones properly.

Bereavement in times of covid have affected the normal funeral practices, which has produced a wide offer of low-level bereavement support.

Traumatic elements of bereavement (witnessing a distressing death, not being able to see the person before such a death, etc.) can make natural recovery to resilience more problematic (Reference: Dr Greg Wood, Clinical Director of Psychological Services EPUT, Trauma issues and COVID-19, Essex Partnership University).

Levels of Mortality and Excess Deaths

Wider ripple effect on jobs, education, income and the economy

Health is largely determined by the wider determinants of health; good jobs, good education, a good income

Health care only contributes a small portion of health, the economic and social consequences of the crisis will have a significant adverse effect on health for many years to come.

Only a minority of people in Essex have had the virus that causes covid-19 (estimates are in the region of 5% to 10%). There is the potential for many more to be infected. This however is likely to be minor in comparison to the effects on education and the economy.

Essex Welfare Service

It is all but inevitable that health inequity will become significantly worse.

Appendix A: The twelve impact themes of the ERF impact assessment

The Physical Health of the Population

The Physical Health of the Population

Concerns around physical inactivity and resilience to recover from COVID
Concern that inactive people are becoming even less active as fitness levels have an impact on recovery from Covid.

Frailty level and risks of falls and trips have increase in shielding

Risks of falls and trips has increased in shielding as frailty levels are increasing. Unable to quantify at this stage though some evidence is available but we need more and falls admissions to hospital has increased.

Whilst some have increased the amount of physical activity they undertake, others are undertaking less.

Although most people recover well from covid-19 a small number take a long time to recovery their former health and some might never.

The Physical Health of the Population

People not leaving their homes

Community Transport Service are seeing less service users because residents have lost confidence to leave their homes. This is likely to have effects on reduced confidence, mobility and weight increase.

The long term impacts of not attending medical appointments, social clubs, mental or physical therapy are a concern. At the moment we can't run weight management programme in the same way, which will increase social isolation.

Long term air quality impacts are an issue due to the fear of using public transport compounded by the onset of winter, which will also have an impact.

There will be a knock-on effect on carers with the most vulnerable not being encouraged to leave their homes.

Increase in vaping and alcohol support

There seems to have been an increase in the number of individuals quitting smoking or transferring to vaping at the start of lock down in March.

The number of adults seeking support for problems with alcohol drinking have increased.

Health and Social Care Services

Health and Social Care Services

Mobilised a new wellbeing service from scratch

Considerable strain on supply chain and staff
A new wellbeing service was mobilised to support people isolating and shielding, including provision of PPE placed considerable strain on supply chain and staff.

Establishment of Care Home Hubs, across the 4 quadrants, with specific focus on supporting residents, staff and owners, to reduce the risk of outbreak. This has included the management of various market facing funds. And positive joint working with health and community partners.

Increased pressure on families
Buildings based services such as day opportunities have been paused and are unlikely to resume in the medium term as social distancing is not possible and transport to and from day centres by mini-busses is not possible. This means a reduction in day opportunities for vulnerable adults and increased pressure on families it is only partially possible to mitigate.

Preparing for a second wave
It is important to note that ASC is still responding to the pandemic and may yet have to address a second wave, for which we have a detailed RAG rating to track impact, and challenges posed by the end of the EU transition period.

In this context discharging statutory functions will take priority, and while recovery activity is well underway it is tempered by the continued high level of demand still in the system from adults requiring long term social care solutions.

Delays in accessing support
There was a reduction in referrals during covid-19, increasing risk of vulnerable adults not accessing support needed, and increasing need for interventions due to delays in accessing services and support.

Temporary closure of day opportunities, with need to support those using these services in innovative ways. People with a Learning Disability and Autism impacted on changes to day opportunities provision.

Health and Social Care Services

Additional demand will not have been accounted for in planning cycles
There has been a reported increase in adults who, having been diagnosed and treated for Covid-19, are unable to manage and requiring services for the first time. This additional demand will not have been accounted for in planning cycles. Implications of lockdown and social isolation, with less people seeking support and impact of this.

People with a Learning Disability / Autism / people with a Mental Health need / People with Physical / Sensory need are key groups who have been affected and currently we are assessing longer term impacts.

Impacts on the prevention work planned and underway.

Management of long term conditions is more difficult.

Ability to have positive outcomes to treatment plans are limited.

Higher need for support by different parts of the community.

More responsibility taken on by carers - less respite.

A comprehensive tracking system for vulnerable and EHCP pupils

[In some parts of the county], to assure, as far as we could, the wellbeing of vulnerable learners not attending a school or setting, we established at an early stage a comprehensive pupil level tracking system for vulnerable and EHCP (Education, Health, Care Plan) pupils very early into lockdown (Reference: Southend Borough Council, Eastern Region ADCS, Children's Services COVID19 Recovery Plan 2020)

Health and Social Care Services

The sector's capacity to manage physical health more broadly have not been major to date

Staff burn out identified
Introduction of 7-day rota for all adult social care teams, to provide capacity and response across the system during the crisis. Staff working long hours with risk of burn out being identified – a new focus on wellbeing has been essential for the workforce to enable them to continue delivering during this unprecedented time.

Social distancing in offices makes it impossible for social work teams to return in significant numbers meaning medium term changes in working practices that may impact professional development and performance.

Unsustainable bed vacancies
Care market which was already fragile heavily impacted with care homes in particular seeing dramatic falls in occupancy and self-funder placements. Market impacts can be seen in reduction in bed occupancy in care homes and providers with unsustainable bed vacancies.

Financial impacts on care market as providers are unable to continue to operate, so reduction in bed base is expected. This is likely to result in care home closures as many businesses are unable to recover. There is also impact on the domiciliary care market and sustainability.

Market changes as a result of impact of COVID could reduce choice e.g. closure of day services (Reference: ADASS, Personalisation Network, Notes of Meeting, 29/07/2020) .

Health and Social Care Services

Inequalities and digital inclusion

High proportion of BAME staff in Health and Social Care professions
Statistics from ONS would suggest that BAME people in Health and Social Care professions have been particularly at risk from COVID. Some cultural issues about how BAME people relate to their organisation and how they are treated by it. We are still doing some work on this and will continue this work through the Autumn.

Need to address digital access barriers and blockers.

Digital access
Impact on ability to do face to face visits and group sessions, we've had to use telephone and video calls. Tested video calling including ECC/Alcove tablets which have been anecdotally well received particularly for those without previous digital access.

Change in access to services can be difficult for some parts of the community - elderly, learning needs, sensory impairments, English not first language.

GP surgeries less of a community hub for support and holistic.

Surprising level of family engagement using technology
More use of technology, good examples of using technology to connect with each other as well as wider partners/stakeholders and surprising level of family engagement across all service groups [however it is] very limited face to face contact so in conducting assessments – difficult to get the full picture on line as cant use all the senses (Reference: ADASS, Personalisation Network, Notes of Meeting, 29/07/2020).

Volunteering, Voluntary Sector and Civil Society

Volunteering, Voluntary Sector and Civil Society

Emergence of the 'new vulnerable'

Many are approaching a food bank for the first time
View from VCS partners is that they are seeing the emergence of the 'new vulnerable' i.e. those that would have previously never accessed certain services, but as a result of coronavirus (job losses, furlough, housing issues, mental health issues) are self-referring/being referred in greater quantity.

Communities engaged and empowered through digital platforms
The power of digital platforms to engage and empower communities for social good was very important. Food Banks, Mental health, housing, domestic abuse, older peoples charities have seen an uptake in referrals.

Older people continued to be support
As age was one of the risk factors of severe illness from COVID-19, many older people in the Borough were asked to shield and could access support from the local hub managed by the Association of Voluntary Services (CAVS). This group, therefore, has not suffered as much as others from strain on capacity of the voluntary sector because they continued to be supported.

BAME groups adversely affected
BAME groups are felt to have been adversely affected (in accordance with national findings). Outside of existing health inequalities, issues around language, culture and limited connections with services and wider communities have exacerbated things.

Volunteering, Voluntary Sector and Civil Society

Citizens self-mobilised at hyper-local levels

Local groups played a significant role
Stronger community groups working together in local areas. Many of those vulnerable or shielded have been supported either with food, medicines and general contact. Local groups established and supported by the district council Community Hubs.

Changes to community support is a positive.

Local impacts have worked well.

Volunteers should not be seen as just a free resource. Volunteers to be valued for the importance/value that they add.

Increased uptake in volunteering
Increased uptake in volunteering (formal and informal) – i.e. 7,000+ volunteers registered with EWS – completing approx.12,000 tasks.

A strong response from volunteers
There was an initial steep increase in offers from the public to volunteer to help the community. Both locally and nationally opportunities to be involved in supporting the community were publicised and there was a very strong response.

A degree of frustration from some volunteers was identified in that volumes of people volunteering to help were not always matched to the type of role that was required i.e. loads of people offering help but the help required was not what they were offering.

One of the largest single-issue volunteer recruitment drives was instigated nationally and locally to assist vulnerable people through the pandemic.

How could momentum be sustained?
Can we retain the high level of will and make a long lasting local impact beyond lockdown? Will close working relationships during lockdown be sustained? Could more services rely on volunteers to support delivery? Is there a need for a coordinated response in relation to volunteer training.

How will Volunteer Centres be supported in the future?

Volunteering, Voluntary Sector and Civil Society

Demographics of volunteers shifted rapidly

More volunteers aged 20-30 and 40-59
The response to COVID saw an increase in the number of volunteers in the 20-39 and 40-59 age groups. At the same time volunteers over 70 decrease as these volunteers were stood down in part due to their vulnerability.

Former volunteers have not yet returned to their crucial roles
In the culture service area many of our volunteers were in shielded / vulnerable groups some have not yet returned and for example the historic cliff lift on the seafront is entirely operated by volunteers and has not been able to reopen though there are social distance issues there too. Home Service from the library is operated by volunteers and is working well providing much needed support to the vulnerable.

Many 'new volunteers' have gone back to work
The numbers of 'new' volunteers who were offering support during the lockdown period have gone back to work so not as many around at present. Volunteers come and go in cycles so too early to see what trends may occur. Higher unemployment may lead to volunteers stepping forward to add or maintain skills.

Volunteers at risk of reducing their hours
The NHS data is starting to show a decline in demand and EWS analysis shows a number of volunteers are at risk of reducing their volunteering. This is likely due to the combination of factors including workplaces reopening, schools and nurseries reopening, lockdown relaxation, former volunteering commitments resume and normal lifestyles, social, leisure and travel resume.

Appendix A: The twelve impact themes of the ERF impact assessment

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Further investment into voluntary action

Additional resource to harness volunteers
There is an opportunity to create more capacity in the sector as people have stepped forward and engaged with their communities. Support is not free and therefore thought needs to be given as to an appropriate level of additional resource.

We have seen a massive uptake in social action across Essex, and we hope to use this foundation to develop a more citizen-led approach to working with our communities moving forward.

Key successes to build upon

Connecting people with resources, existing networks, and other voluntary or charitable groups . Providing spaces and digital infrastructure to help groups organise, interact, and plan their activities.

Improving communication with volunteers. Volunteers expected that if they were offering their time, they would hear back, however this was not always the case. We need to make sure process are in place to respond to each offer of support, even if people will not be required to volunteer at this time.

Tailoring communication methods and channels to the specifics of each community. Use combination of leaflets, social media and mobile chats to ensure we reach the people who do not use social media.

Many organisations running at greatly reduced capacity
The COVID-19 outbreak has had a significant impact on the capacity of the voluntary sector to continue to provide the support services they were engaged in pre-COVID. Although some new organisations emerged in response, most existing voluntary and community bodies have stepped in to provide large scale support for food and other essentials.

Impacts of the financial downturn
Some charities have been able to adapt their work or furlough staff in order to save money but some have really struggled. Especially as staff return from furlough and as grant making bodies distribute less funds due to financial downturn.

Organisations will have been hit financially (e.g. the Church of England in Essex and East London predicts a deficit this year of £4M). All faith groups have been affected.

Increased pressure on the public sector
NCVO predict that with many VCS orgs are running at greatly reduced capacity or closing as a result of coronavirus which will increase pressures on public sector.

During lockdown (between 23rd March and the 12th May) 84% of charities reported a decrease or a significant decrease in their income.

Longer term impacts remain unknown
Although in parts of Essex, support for food and essentials has been rationalised – The Salvation Army has agreed to play the principal role for this type of support – giving back valuable capacity to others in the voluntary and community sector, the longer-term impact of disrupted support services on health and wellbeing remains an unknown.

Concern that the VCS in Essex could shrink in the short-term. Social distancing measures and reduction in people's disposable incomes (job losses etc.) will impact on the sector's ability to fundraise. May lead to job losses, reduction in services or closures of some small charities. This will naturally impact on ECC who often rely upon the VCS to support with many health and social care needs.

The Essex Economy

Tourism

Tourism industry significantly impacted
Coastal Tourism is often based on a three to four month window for the year. With that lost it is a year lost and not just a few months. So effectively the time period is two years gap - 2019 to 2021 with no / limited income in 2020 due to shop closures as no summer trade. The knock on effect will only be really known to supply chain etc when we know the impact on the remainder of the summer.

Hospitality and tourism sector significantly disrupted and during the busiest period. Closures of retail and seafront areas leading to loss of earning.

Hospitality sector in coastal town relies on spring and summer trade- fixed costs remain but little opportunity to raise income during winter period for many.

Work commissioned across South Essex shows that some sectors have been harder hit than others – retail, hospitality, leisure and creative are likely to suffer job losses this year and more in 2021.

London Stansted Airport and associated businesses hit very hard.

Retail

High Street likely to continue facing changes
Big brands are dealing with changing markets. We know that M&S and Debenhams have already made redundancies this year in some parts of Greater Essex and other big names are preparing to cut staffing further.

The Christmas season may mitigate some of these losses as staff are retained to deal with a peak in demand but based on conversation with retailers and market analysis more retail losses are likely to come between now and February.

There is an additional risk towards the end of year as the Brexit transition period ends – Covid has meant a disruption of many months for businesses who may not yet be prepared for all that is required in a post EU world.

National retailers closing down, or downsizing and closing their branches in parts of Essex. Other centres have less, if any national brands.

Loss of footfall and sales pre-school return / Halloween / Carnival / Christmas period will possibly lead to business closures in town centres.

Some retailers are hanging on by their fingertips.

Unemployment has risen significantly in all districts

Unemployment is at a 30 year high. 30% of the workforce were furloughed at the peak of the pandemic – 43% of businesses are drawing on the scheme.

Highest unemployment for 30 years in (Greater) Essex – the claimant count has risen from 21,720 (29,705) in March 2020 to 52,395 (69,200) in July 2020. This peaked in May 2020 at 54,160 (71,070), but has plateaued since then.

As we emerge from the lockdown and the Government support schemes are coming to an end (mainly furlough and rate grants), we are seeing unemployment rise as businesses readjust to the new normal.

Risks of a further hike in unemployment when furlough ends at the end of October

Unwinding of furlough scheme at the London Stansted Airport.

According to recent figures 204,000 people are currently on furlough in Essex (252,900 including Southend & Thurrock).

Appendix A: The twelve impact themes of the ERF impact assessment

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Lower paid, lower skilled more greatly affected

Where local economies have a preponderance of low paid and low skilled jobs (SOC 8-9), there may be greater impacts from Covid restrictions on trade e.g. Castle Point, Epping Forest, Harlow, Maldon (& Thurrock).

The low paid, notably young people and women, have been most adversely impacted by redundancies and furlough arrangements under Covid lockdown and restrictions.

There were with 1.5 million claims made to Universal Credit in the period 13 March 2020 to 9 April 2020. This reflects over 6 times more than in the same period last year and the most in a single month since the introduction of Universal Credit in April 2013.

The nature of jobs lost appears to have affected lower paid employees the greatest

Sectors such as accommodation, retail, arts, entertainment and recreation have been most affected during the lockdown and social distancing measures. This has meant that town centres and coastal areas were particularly badly affected.

Changes to the local economy, both positive and negative

The initial lockdown caused many sectors to suffer as businesses were shuttered, supply chains were impacted, and businesses adjusted to remote working and social distancing. However, some businesses have managed to adapt, continue and even prosper.

Longer term, the impacts on some sectors are harder to quantify as people choose to stay more local which may support longer term recovery.

A significant amount of retail spend has shifted online and some of this behavioural change is likely to persist.

Footfall is down in town and village centres, though some businesses reporting customers spending more on average in each visit.

Business activity not yet back to pre-lockdown levels

Footfall
Manual footfall counts completed in June and August, showed footfall up 1% in two Essex towns but businesses reporting levels not yet back to pre-lockdown.

Car Park Visitors
Car park data suggests visitor numbers not yet back to pre-lockdown figures, with August 2020 being 38% lower than August 2019 in some Essex towns.

Pay and Display Sales
Pay and display car park ticket sales for an Essex district show 43.55% decrease in July 2020, compared with July 2019, with a slight improvement to 38% decrease in August 2020, compared with August 2019.

Demand and support for business growth

There is increasing interest and demand across business support services including start-up as people look to start their own business as an alternative to employment.

Take up of business growth services are struggling to meet demand and there is a 6 week wait for a detailed business support appointment at present.

Even well-chosen small investments and incentives can serve to encourage businesses to protect and even create jobs as they adapt their businesses to the challenges of working differently, building in technology to their business models, and to improving their productivity.

Business start-ups in parts of Essex is down 21% in 1st half of 2020, compared with same period on 2019.

Businesses will be more likely to require incentives to participate in skills initiatives and are more likely to require enhanced levels of business support as they plan their recoveries and adapt to operating in a post-Covid economy.

The long-term impacts arising from changes to behavioural patterns are also yet to be understood, as it is uncertain whether behavioural changes will revert to 'business as usual' or a 'new normal'.

Anxiety / concern / confusion from businesses as to eligibility for different grants. We have had fewer applicants than expected for all grants, particularly the latest round of discretionary grants. Viability concerns from those not eligible for any grants.

Many home-based businesses that ineligible for Government support grants are struggling.

Loss to investments in local skills

Apprenticeship levy unspent and expired
By September 2020, £93.5m of apprenticeship levy raised from Greater Essex businesses have remained unspent and have expired after 2 years (out of £3.2bn nationally).

This is vital money lost to the local skills system. This will be compounded in the coming year – e.g. There has already been a 70% decline in demand for apprenticeship starts in September 2020 for 16-18 year olds.

Specifically, young people are feeling isolated and more recently 'blamed' for the increase in covid cases. They are also more likely to suffer as a result of the economic downturn with less employment and training opportunities available to them.

Ambitions to close skills gap compromised
Our aims to close the skills gaps with regional and national averages notably at NVQ3 & 4 may be compromised post September. ACL and other post 16 skills providers have adapted many of their courses to deliver them online. This has come at a cost.

Whilst contract values have been protected by government for the 2020-21 academic year, as yet there is no commitment to extend this protection to subsequent years. Hence, any impact on demand in 2020-21, notably for apprenticeships, may reduce the funding available to them to maintain (and enhance) their current number of annual skills outcomes, which we need to address the skills gap.

Enrolments for future courses are down so a financial impact for the College and possible impact on skills /work readiness is expected across the borough.

Uncertain impacts on overall prosperity

Concerns

- **Housing and Regeneration** as the long-term economic impacts are uncertain and the subsequent impact on overall prosperity, housing demand and associated regeneration schemes.

- **Health and Community Safety** as the future of the COVID-19 pandemic is still uncertain, but impacts arising from unemployment and recession for many cohorts are likely to be far-reaching.

Regeneration delayed

Impact of people not at school and or work resulting in some anti –social activity.

Some delays to some regeneration projects due to partner agencies being furloughed / refocused, availability of supplies, site safety etc.

Severe impacts on retail, arts and leisure, construction, manufacturing, (air) transport, etc.

Cancellation of routes into Southend from Easyjet / Flybe.

Public Transport

Appendix A: The twelve impact themes of the ERF impact assessment

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Bus

Patronage is now at around 40% of pre-Covid levels
The entire bus network is currently in a state of wholescale market failure. It is not possible for services to operate commercially at that level of patronage. Therefore without taxpayer support the bus network would collapse. Patronage is now at around 40% of pre-Covid levels although on rural routes it is significantly lower. The network is now operating at just over 80% of pre-Covid mileage. Passenger numbers around 40% of pre-Covid levels.

There is a significant risk of large scale route withdrawals and operators entering receivership. Essex saw one operator enter receivership at the start of the pandemic. This is now the most significant risk.

Females, those with a disability, older people, rural residents and people on lower income more adversely affected
Bus passengers are more likely to be female, have a disability, be older and from lower income groups. Therefore these groups will have been disproportionately affected by the reduction in service. Rural routes have also been disproportionately impacted as the focus has been on supporting higher usage routes.

Rail

Passenger numbers are currently 1/3 of normal rail travel pre-covid
National and highly significant wholesale market failure of the passenger rail sector and franchise model. Emergency clauses within TOC franchise agreements have been applied that effectively nationalise the passenger rail system. TOC currently operating as publicly funded concessions.

All financial risks currently sit with Government, counted as public sector expenditure, rail employees currently classified as public sector employee. Passenger numbers fell to less than 5% of normal following Government advice to avoid public transport, currently back up to about a 1/3 of normal now that rail travel with appropriate precautions is encouraged.

A large scale increase in passengers is need to maintain rail as a viable option for mass sustainable transport. The as yet unpublished William's Review is believed to address replacement of the franchise system and new fare structures. It is likely that some of these may be applied to an accelerated timetable. There may be a need for "William's 2" to look at long term impacts.

High risk occupations
A high proportion of people from BAME communities work in public transport (including taxis and private hire). Biggest concern was for taxi drivers for whom the guidance was scattered over many documents and who we operating throughout the crisis (including transporting people to and from the hospitals). ONS statistics put them among the higher risk occupations after Health and Social Care professions.

The wider implications of changing travel behaviours

Many more working from home, furloughed or unemployed
Largest impact on commuting market, many currently working from home. However, it should be noted that not all commuters are office workers and some former commuters may have found themselves furloughed or otherwise unemployed.

The season ticket is only viable for use 4 or more days per week. If we are not to drive passengers away from rail we need a new ticket structure to reflect potential new ways of working. This could result in an increase in longer commutes by car.

Bus operators are also significant local businesses and employers.

The bus network in Essex is the main alternative to car for longer journeys.

Risk to economic recovery and sustainable travel
There is a key risk to economic recovery as transport is an enabler of economic growth; and for access to training, work, shopping and leisure. There is also a risk to sustainable travel outcomes including air quality and carbon, as the bus network in Essex is the main alternative to car for longer journeys.

The main risk is in relation to ambitions to increase rail travel as a means to deliver sustainable mass transport for many people in Essex.

A lack of affordable rail services could reduce employment options both within Essex and London, Cambridge etc. and access to training etc.

Dramatic decrease in rail commuting, and impact on night time economy businesses near rail stations.

The Environment and Climate Change

Some waste types have increased by 10-20% during the outbreak period

Changes in consumer behaviour
Changes in consumer behaviour have impacted waste composition and total arisings. It is unknown if this is a short term change or a more permanent shift require infrastructural/system changes.

In the short term this, together with necessary operational changes, has impacted the capability of waste systems and infrastructure to manage demand.

The focus on recycling and people taking their rubbish home has reduced.

We have seen an increase in fly tipping.

Progress to achieve higher levels of waste diversion, recycling and minimisation may be pushed back
If this continues in the long term then a more fundamental change may be necessary in terms of funding and investment in waste handling and treatment capacity. The scale of any longer term effect will be dependent on the impacts of consumer and working behaviours waste arisings within the local authority sphere.

If this is a permanent shift then it will likely impact on capacity and capability of planned waste handling infrastructure. If permanent and infrastructural investment is necessary it may push back progress made to date to achieve higher levels of waste diversion, recycling and minimisation.

Crime and Community Safety

Appendix A: The twelve impact themes of the ERF impact assessment

Slide 1

Rise in domestic abuse and child abuse cases are yet to be seen by Police

Anticipation of rising demand in domestic abuse
Essex has not yet seen the scale of increase in reported domestic abuse cases that was anticipated during the pandemic. However, the force remains alive to, and are working to understand the hidden domestic abuse demand that may emerge as restrictions are lifted further.

Anticipation of rising demand of child abuse in September
Likewise, Essex has not seen a rise in reported child abuse cases during the pandemic, however we remain alive to, and working to understand. Awaiting the hidden demand that may emerge as restrictions are lifted, and particularly as children from all year groups return to school in September.

Vulnerable people may become less willing to accept home visits

There is also a risk going forward that CoVID will make vulnerable people who are most in need of information, advice and support services from Essex Police and / or the Essex County Fire and Rescue Service less willing to invite even these trusted services into their homes.

Hate crimes
Reported concerns nationally (especially for the Muslim population and LBGTQ+ people) have not appeared to be a problem more locally but we continue to monitor this. We are still following up the affects on BAME communities and LGBTQ+ people.

Our greatest concern is the small number of families who have used Covid-19 as a reason to prevent social workers access into the home. On the rare occasions that this has happened a risk assessment is undertaken to determine what additional safeguarding action is required.

Slide 2

Increase in Anti-Social Behaviour
Increased low level ASB and inconsiderate behaviour and illegal trading. So many beaches have been inundated with visitors in places not normally experiencing the high volume of visitors.

This has created tensions with local people and some poor behaviour by visitors such as blocking driveways, ignoring social distancing and littering.

With any large gatherings etc it's always concerning that we may see a local spike in infections etc but so far Police have responded quickly.

Reduced tolerance levels due to restrictions
We are seeing slightly different types of ASB now and more neighbour disputes which may be due to reduced tolerance levels due to the restrictions etc.

We have seen an increase of unauthorised/unlicensed music events/raves but are working well with local Police to prevent them in the early stages.

Anti-Social Behaviour from combined sources has almost doubled when comparing the last three months of data with the same period last year.

Increase in scams (old and new) especially targeted at the elderly and vulnerable.

General nuisance and disturbance type incidents remain the most prolific, but levels appear to have stabilised
Nuisance Noise up 254% and now 7th most frequent type of ASB reported. The lack of social venues able to play loud music appears to have given rise to loud music being played in the home setting. *Steep rise in alcohol intake.*

Government encouragement of reporting groups of more than 6 people together will increase ASB figures.

Drugs incident types increased by 38.6% since last year.

Nuisance vehicles increased by 50.4%.

Slide 3

Demand on policing generally has returned to pre-COVID levels

ASB incidents were mostly related to social distancing measures
Overall crime reduced during the pandemic and, as at 29 April 2020, outstanding suspects for the force were at their lowest level since 2017.

However, within this, Essex experienced a 3.8% increase in ASB incidents for the 12 months to June 2020 compared with the prior 12 months, which was mostly related to the social distancing measures implemented in response to the CoVID-19 pandemic. As lockdown restrictions have eased, the demand on policing generally has returned to pre-CoVID levels.

Essex Police are working with key partners to ensure public safety
Essex Police has undertaken additional patrols of key locations throughout. These locations have been identified through analysis of Calls for Service and ASB reporting. More than half of the FPNs issued by Essex Police in relation to breaches of the Coronavirus regulations were to people already known to the police. Around three-quarters of offenders reside in Essex.

Reduction in the number of people killed or seriously injured on Essex roads
There was a 9.2% reduction in the number of people killed or seriously injured on Essex roads in the 12 months to June 2020 compared with the previous 12 months. Lower traffic volumes during the Coronavirus lockdown in Quarter 1 also contributed to a 15% increase in vehicles speeds across the road network and the detection of 5,300 speeding offences in May alone.

Slide 4

False alarms were higher than the five-year average though mostly raised with good intent
Between 1 March and 7 August 2020 the total incidents attended by the Essex County Fire and Rescue Service was slightly lower than the five-year average. Overall, false alarms were higher than the five-year average, up until mid-July, after which demand steadied.

An increase in accidental fires, the number of garden fires peaked at the start of lockdown
There was a decrease in the number of deliberate fires attended but an increase in the number of accidental fires. The number of garden fires peaked at the start of the lockdown period and again in June. 15 targeted interventions were delivered, leafleting high risk areas and visiting 522 properties, following continuous outdoor fires, burning of rubbish etc.

Fire and Rescue services costs recovered but reimbursement by the Home Office of Police force is yet to be defined
Both the force and the service have also already invested significant sums in the immediate response to CoVID. The fire and rescue service has already been reimbursed in full for these costs however, reimbursement by the Home Office of the police force has not yet covered spend to date, and the mechanism for claiming the remainder is as yet undefined.

Slide 5

Backlog of court cases are building up
Nationally, it is already apparent that we are facing something of a crisis in the wider criminal justice system due to the backlog of court cases that is building. The unique characteristics of CoVID-19, and specifically the requirement for social distancing, have made the normal functioning of the court process very difficult. Consequently, many cases that were already in the system pre-CoVID were not heard or progressed during the initial weeks of the pandemic.

Reducing the backlog
PCCs and PFCCs across the country, including the Essex PFCC, chair their Local Criminal Justice Boards and are raising their concerns up to the Lord Chancellor and Home Secretary. They have also pushed for a roadmap to recovery from HMCTS setting out the steps it will take, in what timescales, to increase capacity to deal with the backlog.

Significant increase of more than 50% remanded into custody
Statistics for Essex show an increase in the number of arrests made per week during the lockdown period, along with a significant increase (of more than 50%) in the number remanded into custody.

Risks of victims and witnesses becoming disengaged
Backlogs in the criminal justice system mean that both victims and suspects alike are left waiting for justice, and there is a risk of cases collapsing or being discontinued as victims and witnesses disengage from the process and / or prosecutions are deemed no longer to be in the public interest.

Slide 6

New awareness, insights and collaborations

Increase in public awareness
Public awareness of the role of the PFCC grew by 4% during Quarter 1 of 2020/21, which is likely to be at least partly a result of our efforts to provide more frequent reassurance messages and local amplification of national COVID-19 safety messages during the pandemic. And support for Essex's policing approach rose as the pandemic progressed.

More insights on vulnerable population made available
The coming-together of public sector agencies to respond to the CoVID-19 pandemic has greatly increased the availability of data concerning vulnerabilities in the population, which can now be used to inform our wider prevention, protection and community safety work.

Introduced new ways of delivering Police and Fire services
The PFCC, Essex Police and ECFRS have all had to introduce new ways of delivering functions and services. For the PFCC, all business as usual has been maintained, with all governance, performance management and community engagement activities transitioning onto digital platforms. Some of these new ways of working will be retained post-CoVID.

Collaboration between emergency services have flourished in the pandemic
Momentum has been maintained on the "big ticket items" and the pandemic has cemented multi-agency relationships and precipitated several excellent examples of operational collaboration across police, fire and rescue and ambulance services. Lessons learned through this are to be developed and debriefed to support future collaboration activity.