

Southend-on-Sea Borough Council

Agenda
Item No.

Report of Chief Executive
To
Cabinet,
Policy & Resources Scrutiny Committee,
Place Scrutiny Committee, and
People Scrutiny Committee
On
9 June 2020
11 June 2020
15 June 2020
16 June 2020 (respectively)

Report prepared by: Stephen Meah-Sims, Interim Head of
Corporate Strategy & Tim MacGregor, Policy Manager

The Council's response to Covid-19

Relevant Scrutiny Committee(s): Policy and Resources; People; Place
Cabinet Member: Councillor Ian Gilbert
Part 1 (Public Agenda Item)

1. Purpose of Report

To inform Cabinet of action taken by the Council in response to the Covid-19 pandemic and its approach to restore and/or adapt services and further assist residents, local businesses, staff and the borough in general. It highlights how the Council will use and review the Southend 2050 programme to drive recovery and build on some aspects of the pandemic response that have been positive, including community mobilisation, adaptation of services and more effective remote working. The report also makes some recommendations to address the emerging arrangements for local outbreak planning and the crucial role of the council in supporting the NHS test, trace and isolate programme.

2. Recommendations

- 2.1 That Cabinet note the action taken to date in response to the Covid-19 crisis;
- 2.2 That, in the light of the impact of Covid-19, Cabinet approve the proposed approach to recovery, including the use the Southend 2050 programme to drive the borough and council's recovery phase and in that context undertake a review of the Southend 2050 outcomes and roadmap content.
- 2.3 That Cabinet thanks residents, staff, businesses and partners for all their efforts to date in responding to the pandemic.
- 2.4 That the governance arrangements for overseeing preparations for a local outbreak of Covid-19 and the production and implementation of a Local Outbreak Control Plan are put in place, as outlined in paragraph 4.15.5. This will see the establishment of

an Outbreak Control Oversight Board and a Local Health Protection Board as sub-groups of the Health and Wellbeing Board.

- 2.5** To note that executive decisions, that would otherwise go to Cabinet, relating to the arrangements for local outbreak planning, the Council's role in supporting the NHS test, trace and isolate programme and associated matters, will be dealt with under the Council's SO 46 procedure, with additional consultation with the 4 Group Leaders in the case of strategic matters.

3. Background

- 3.1 The Covid-19 pandemic represents the biggest challenge to human health and wellbeing since the Second World War. Tragically, about 62,000 people have died in the UK as a result, directly or indirectly, of the virus¹, with **159** confirmed deaths in Southend-on-Sea (at 4 June) and with a cure and/or possible vaccine many months, if not longer, away. It has had, and will continue to have, a fundamental impact on the day to day life of everyone in the UK, the world, national and local economy, national public policy, as well as the services, finances and governance of all local authorities.
- 3.2 The Bank of England has reported that, based on the lockdown being relaxed in June, the UK economy will shrink by 14% this year, the sharpest recession on record, with many sectors taking years to recover and the economy as a whole unlikely to see a quick 'bounce back'.
- 3.3 While the virus and its consequences have affected everyone in the country, the direct impact has been particularly hard on those in care homes, the elderly, those with underlying health conditions, those who are less well-off and those from Black and Ethnic Minority communities. A full, and ongoing, equality impact assessment of the impact of Covid-19 on equality groups for the borough has been undertaken and is attached at **Appendix 1**. This will be developed further as more information/research becomes available.
- 3.4 However, the council, working collaboratively with partners and the community has overseen an unprecedented mobilisation of council, partner and community resources to meet the crisis. This response has helped to significantly mitigate the impact, has saved lives of residents, alleviated a crisis in the NHS and care sector and supported the most vulnerable in our community. This has been done, while keeping other vital day to day services running and with a speed and in a way which staff, councillors, residents and partner organisations can, rightly, be very proud.
- 3.5 There will undoubtedly be lessons learnt both locally (which are being captured) and from the national response. The latter has relied heavily on local authority leadership and capacity, and has come after years of austerity that, some argue, left many services under-resourced to deal effectively with a pandemic. The key areas of the council's response are outlined below.

¹ ONS findings of 'excess deaths' – ie. those higher than the average for the past 5 years, including those registered deaths due to Covid-19. See [here](#)

4.0 The council's response

4.1 Immediate response – Civil Contingency

- 4.1.1 The council's civil contingency arrangements were put into effect in the run up to the national lockdown, which began on 23 March. These arrangements have continued and adapted since, aligning to Government requirements and the Essex Resilience Forum (ERF) operations. The council's Strategic Command (SCG/Gold) and Tactical Command (TCG/Silver) Groups have been meeting, continuously, to address a welter of issues, that often change in nature on a daily basis. While arrangements were inevitably adapted to circumstances, they proved highly effective in ensuring challenges were met, and may provide lessons for future ways of working.
- 4.1.2 Key to the effective response has been the close working and alignment with our partners, both in the borough and across the county, which has taken partnership working to a new level and one which bodes well for future working. This has been helped by a number of senior council officers taking a leading role in co-ordinating the public sector's response across Essex, particularly on homelessness, PPE, care home support and the restoration of services as lockdown eases.
- 4.1.3 These challenges included ensuring that all council buildings underwent a phased closure to the public, ensuring residents could continue to be served on-line or via other means and that virtually all staff could work from home, with minimal numbers in council buildings. This required significant upgrading and changes to the council's ICT infrastructure and a huge culture change for most staff to work from home for a lengthy period, with, among other things, the onset of video conferencing and new ways of working.

4.2 Lockdown enforcement

- 4.2.1 A multi-agency approach, from the council's community safety and licensing teams, the Police, other council services, Business Improvement District Rangers and Beach Welfare Officers, supported by re-deployed Council staff and volunteers, sought to ensure that residents, businesses and visitors abided by the Government lockdown restrictions. Enforcing these sensitively is particularly challenging for a seaside destination, doubly so during good weather and bank holidays. However, work by all agencies, coupled with a strategic approach to parking and highways management and a highly effective 'Don't visit Southend' campaign ensured the restrictions were adhered to by the vast majority of people and businesses.
- 4.2.2 Unfortunately, there were some incidents of assaults on council staff during this period and there were some difficulties experienced following mixed messages on the lifting of lockdown restrictions, when combined with very good weather. The launch of the Beach Welfare Officer scheme has helped to supplement existing resources and, with the multi-skilled volunteers drawn from Chalkwell open water swimming club (Chalkwell Redcaps), has proved an invaluable addition to the town's community safety family.

4.3 Council Services

4.3.1 A phased programme of closure, part closure, and re-configuration of council services was implemented from 18 March. This included the closure of culture and leisure centres, the pier, libraries, children's play areas and sports/recreation facilities and the closure to the public of the civic centre, with customers re-directed to access services on-line or by phone. Parks and open spaces along with the seafront remained open to enable local people to enjoy their exercise entitlement.

4.3.2 Many key front line services continued to provide a near normal service or adapted to circumstances. These included refuse collection, street cleansing, care to the vulnerable and those at risk, a revised cultural online offer from museums, libraries and Focal Point Gallery and a reduced highways maintenance and horticulture service. In addition, a whole range of support services, critical to the successful provision of council and partner services, were successfully maintained.

4.4 Staffing and business continuity

4.4.1 The Council's overall, and individual service, business continuity plans were put into effect and adapted to circumstances, with staff encouraged to work from home, following Government guidance from 16 March. This required a significant, and at times challenging, upgrade to the Council's ICT infrastructure and available software, to enable all staff to work from home, where possible. Only staff critical to key services were allowed to work from the Civic Centre – meaning staff using the building have numbered around 100-130, since the end of March, (compared to the usual 1000) and requiring a raft of measures to ensure social distancing and cleanliness.

4.4.2 A home working plan was rolled out with regular monitoring of staff availability and with staff offered for re-deployment to key areas where shortages developed, such as CCTV and the Covid-19 helpline. Around 100 staff were re-deployed, with a further 400 staff available for re-deployment if required, with some really positive feedback about their contribution, in particular, to Operation Shield and homelessness work has been received. All staff were successfully paid for April, arranged by payroll staff working from home, at what is one of the busiest times for many staff in those areas in managing end of financial year arrangements.

4.5 Social Care

4.5.1 The council worked very closely with health colleagues in ensuring hospital beds could be freed up as much as possible by helping care providers prepare to receive those coming out of hospital. This support included interpreting national guidance, managing workforce challenges, supporting provision of relevant PPE, offering robust infection protection control advice and maintaining regular contact and communication channels. In addition, there has been direct support into Operation Shield where people were identified as having needs that needed a higher level of support. Financial support, initially for 3 months, for both domiciliary care providers and residential care homes has been provided, along with a relaxation of some contract requirements such as providing performance information and seeking authorisation for certain actions.

4.5.2 The Council worked with the Care Quality Commission to track the impact on providers, particularly care homes, which highlighted an increased in death rate as a result.

- 4.5.3 Working with the council, Southend Care, opened a unit to provide residential care for older people who have recently been discharged from hospital following a Covid-19 test and who are awaiting a negative test result. Based at Priory House, the unit provides capacity for 13 assessment beds to support people for a short period before they can return home, return to their care home or go to another Covid-19 free care home.
- 4.5.4 Children's Social Care and Early Help responded effectively to the challenges of Covid 19 supporting children and young people we were aware of and those that came to our attention during the pandemic. This includes 1,263 children in need, 173 of whom are children subject to child protection plans and 310 children who are looked after by the council. Risk assessments were undertaken on all those families the service was already working with and appropriate support put in place. This included face to face visits operating within the lock down requirements of social distancing and virtual visits for those cases where there the assessment indicated lower risk. The service's front door and Multi agency Safeguarding Hub (MASH) continued to operate through the pandemic receiving and assessing referrals to ensure that timely interventions and support was available and provided.
- 4.5.5 Ongoing focus has been given to the multi-agency work to tackle county lines and identify those children most at risk of criminal exploitation. The Edge of Care team has continued to take on cases during and will not close cases at this time to ensure that there is a continued support to vulnerable families and other professionals. Community support workers have provided food vouchers when needed and devised a virtual parenting programme that began in mid-April. Working from home the Youth Offending Service has maintained weekly contact with all cases and the targeted youth service has delivered weekly packs of information, educational and recreational material (including Easter eggs) to those on youth programmes. In addition, young carers have been contacted on a regular basis to check on their wellbeing.

4.6 Personal Protective Equipment (PPE)

- 4.6.1 Probably the most challenging aspect of the Covid-19 response has been securing sufficient, and the right type, of PPE for those that need it. Public health and social care colleagues worked through the Essex Resilience Forum to manage the receipt and onward distribution of nationally and local sourced PPE. This has proved to be a daily and on-going challenge, including, amongst other things, ensuring that staff going into people's homes are adequately protected and trained. However, a call was made to the borough's businesses and other organisations to donate equipment, as supplies were insufficient. Over 20 businesses and organisations responded, including restaurants, schools and nurseries, a medical and dental instruments manufacturer and South Essex active travel initiative ForwardMotion, in providing for social workers and community care providers.

4.7 Community Resilience

- 4.7.1 The Southend Coronavirus Action helpline was set up within 10 days, being operational by 26 March. Systems were put in place to buy and distribute food, collect and deliver medication and help with shopping, dog walking and provide other help for vulnerable residents unable to leave their homes.

- 4.7.2 Well over 5000 calls have been made to the helpline, with over 7000 outbound calls made to shielded people. Over 1100 separate households have been supported, with over 600 food parcels, over 600 shopping deliveries and over 550 people having their medication collected and delivered as well as 28 dogs walked. People have also been helped with access to money, their gas and electricity bills and befriending (figures as at 29 May).
- 4.7.3 The new service has been a whole community and cross council effort. In addition, to South Essex Community Hub and Southend Association of Voluntary Services (SAVS), the likes of Storehouse, Salvation Army, Everyone Health, Family Action, Good Sams (NHS volunteers), food retailers and wholesalers (including donations), community pharmacists and others working together was central to its success. South Essex Homes (SEH), customer services, ICT, communications, social care, performance, cleaning, facilities, Pier, commissioning staff and community development leaders, as well as, redeployed staff all stepped up to make this work.
- 4.7.4 Southend Coronavirus Action, a partnership between SAVS, South Essex Community Hub and the Council, was launched with a Facebook page. It asked volunteers to register their interest in helping others in their area with simple tasks. An impressive 929 volunteers stepped forward to offer help during the first 8 weeks of the crisis and of these 234 were placed for specific roles to support the community. This is in addition to the NHS call out which also has local volunteers registered.
- 4.7.5 The group also sought businesses who could volunteer their services and the project has moved into supporting a stronger asset based community development (ABCD) approach with locality leads working with community groups and ward councillors. The legacy of this work will support 2050 active and involved outcomes.
- 4.7.6 Building on this approach, Volunteer Southend, the Clinical Commissioning Group (CCG) and the council launched a Good Neighbours Scheme to encouraging everyone to connect with their neighbours. The scheme asks good neighbours to share their stories to inspire others to get involved. A starter pack of guidance has been produced to help anyone interested in connecting more with others in their local area.
- 4.7.7 All over 70 year olds (over 700) in council accommodation were contacted by SEH staff to ensure they were safe, to provide reassurance and offer support and residents in sheltered housing frequently reminded to maintain social distancing, given they are particularly vulnerable.
- 4.7.8 In addition, the Council has contributed £25,000 to the Southend Emergency Fund to support local third sector organisations working with those most affected by the COVID-19 crisis. It has also established a hardship fund to provide support to vulnerable individuals to enable further reductions in council tax for working age people in receipt of Local Council Tax Support.

4.8 Homelessness

- 4.8.1 All rough sleepers in the borough were provided with temporary accommodation. In the first two days, 85 rough sleepers were temporarily housed by the council's rough sleeper team, with excellent support from partners including homeless charity HARP and GPs, who registered all rough sleepers to ensure they had a health check. 127

people who were sleeping rough were housed in hotels and B&Bs and all agencies worked together to make sure they were safe and well and to deal with the sometimes challenging behaviour from some individuals. The response model created within Southend has proved to be particularly effective and has been adopted by others across the county as a result. A strategy to find pathways into permanent accommodation is being developed as restrictions are relaxed, taking account of individuals complex needs and with support to get them into treatment, with individual care packages, year round wraparound support and on-going medical assessments to help maintain long term housing.

- 4.8.2 Partnership working between the Council and community has ensured that all those temporarily housed have been provided with meals and food provisions during the lockdown. Following the temporary closure of Southend Adult Community College (SACC) for face to face teaching, the college was repurposed and the kitchens there opened, staffed by college staff, to prepare and deliver breakfast and lunch three days a week. [Over 4,000 meals for those in temporary accommodation were prepared and delivered thanks to Southend Adult Community College, Mecca Bingo, HARP, One Love Southend, The Storehouse and local St Vincent de Paul charity, along with other council and community volunteers by 1 June.](#)

4.9 Community safety

While significant council, police and other agency resources have been focussed on lockdown related measures, overall crime in the borough has seen a notable decrease, (of 33%), over the same period (March-10 May) for 2019. As would be expected, crimes such as robbery, shoplifting, vehicle offences, violent crime, commercial burglary, nuisance and sexual offences have all seen a reduction. However, domestic burglary has risen, largely due an increase in thefts from sheds and garages, as has thefts of pedal cycles. Domestic abuse has been a particular concern – although no spike has yet been detected in Southend. As a result a number of measures have been taken to mitigate the risk, including contacting all known previous victims to check on their position and to see if they needed further support.

4.10 Excess Deaths

Sadly, it was necessary to make emergency provision to cope with the potential of large numbers of deaths from the Covid-19. This required work to re-line two cremators at the crematorium and to install two temporary mortuary units at Southend Hospital. Fortunately, there has been a limited need for the temporary mortuary facilities to be used so far. Funerals continued, and were managed effectively, with only small groups of family members present and the online streaming service for services made free for those unable to attend.

4.11 Education

- 4.11.1 The council worked closely with all schools, early years providers and sixth form colleges to support them in managing the required closure to all but the pupils of key workers and vulnerable learners. This helped to ensure appropriate provision and put in place systems to monitor the wellbeing of learners not attending school. Attendance grew significantly after Easter from less than 400 a day to over 600 by mid-May. The council has also worked with school leaders to ensure the on-going

provision of free school meals and the provision of digital equipment for vulnerable and older deprived children, over 500 in total.

- 4.11.2 The council issued guidance to support the return to school for targeted year groups, for 1 June. During this period, both staff in early years settings and in schools have embraced their pastoral responsibilities both towards their own children, their own communities and the wider community, for example through the provision of additional PPE. Furthermore, libraries and museums provided an online offer to support schools.
- 4.11.3 SACC followed a phased reduction in face to face teaching following the same guidelines as schools, finally closing before Easter. Teaching has continued online with high levels of engagement from 14-16 and 16-19 cohorts, in particular, and community learning. Community learning provision, for example, has 60 courses running with participation rates on average of 86% and rates for Maths, English and ESOL running at around 60%. Welfare checks were undertaken with learners and plans made for a phased return from 15 June, in line with Government guidance, with all learners being risk assessed and only vulnerable young people encouraged to attend in the first instance.

4.12 Local Economy

- 4.12.1 As with the rest of the country, Southend's local economy has been hugely affected by the crisis, compounded by being a seaside resort, a commuter town and having a local airport. Retailers in receipt of the 59% retail rate relief have benefited from an automatic increase to 100%, with the measure expanded to include leisure and hospitality sectors for 2020/21. Business rates bills showing a nil balance are being issued to relevant businesses. For its own commercial tenants the council paused rent enforcement measures for three months to June 2020 and this remains under review in line with government guidance. Businesses have been directed to the various business support schemes including those intended to support with direct property costs such as rent. For businesses within the Business Improvement District (BID) area the council has enabled a three-month deferral period for levy payments.
- 4.12.2 The council was given £47.5m from government to pass on to businesses in line with their criteria for the Small Business and Retail, Hospitality and Leisure Grants. The council received around **3,750** applications, processing 99.9% of these and making payments of over **£35.7m to 2,927** local businesses (at 5 June). Applicants who did not meet the criteria could have their application reviewed and be signposted to further avenues of potential help. This required a workaround to the council's Revenues and Benefits system (Northgate) to expedite the issuing of funds. Processing the payments took an enormous effort of the part of Revenues and Benefits staff, supported by the Economic Development Team, to ensure these payments could be begin within 10 days of the Government announcement.
- 4.12.3 The council is working with local businesses to inform a Southend policy for managing the 'Discretionary Grants', announced in early May. These are funded by using 5% of councils overall business grant allocation – so, £2.37m for Southend (leaving sufficient money from the £47.5m to provide grants to the borough's eligible businesses). Discretionary grants are aimed at small businesses with ongoing fixed property-related costs. Businesses must be small (under 50 staff) and be able to

show they have seen a significant drop of income due to Covid-19 restriction measures. These are not available to businesses which have received one of the Small Business and Retail, Hospitality and Leisure Grants. Initial guidance was issued 13 May and it is expected that the grants will go live in early June.

4.12.4 The Economic Development team and Business Essex, Southend and Thurrock (BEST) Growth Hub have continued to support businesses wherever possible - signposting to funding and information. Re-deployed staff have contacted some 300 businesses to encourage grant applications and have managed a large number of inbound enquiries on grants, opening restrictions and Covid-secure workplace guidance.

4.13 Communications

The council's communications has focussed on being a trusted source of information for local people, protecting public health and ensuring local people are clear on the changes and impacts on local services. A coronavirus hub (www.southend.gov.uk/coronavirus) was quickly set up and has evolved and grown as the situation has changed.

Key communications and campaigns have included:

- Southend Coronavirus Action (SCA) line – driving volunteer sign up and promotion of the helpline
- LiveWell booklet – production and distribution of booklet to every home in the Borough – this followed the production and delivery of a leaflet promoting the SCA helpline.
- Don't Visit Southend - a targeted campaign to deter visitors to the borough, as part of operational measures such as parking bans and car park closures.
- Don't stay, take it away – countywide campaign to encourage people to take their takeaways home rather than congregating – this was a short campaign run before the government announcements on 10 May
- Stay safe, stay apart and Think Twice – campaigns to urge visitors and residents to take responsibility for maintaining social distancing during easing of the lockdown.
- A variety of media and external communication pieces covering the whole scope of the Coronavirus response
- Regular communication with care providers offering advice, guidance and support to enable them to provide care safely
- Regular communication to staff to ensure they have the most up to date advice and guidance, including the 'Shine a Light', morale boosting campaign to enable staff to say thank you to their colleagues for the work they are doing, either directly coronavirus related or enabling business as usual to continue
- A daily briefing to councillors to keep them informed and up to date
- Regular communication with businesses (via social media, email and e-newsletters) to make them aware of the support available and particularly to encourage those who might be eligible but not yet applied.

4.14 Governance

4.14.1 New arrangements were put in place to ensure that councillors could continue to make key decisions and to ensure access by the public. As permitted by new Government Coronavirus related regulations the council has established a system for

meetings to be held remotely, by using video or phone conferencing. April and May is a relatively quiet time for formal council meetings, but during these months the Appointments and Disciplinary Committee, Audit Committee and Development Control Committee have already been held virtually. The council is likely to move to a hybrid system of in-person and virtual participation, when circumstances permit.

4.14.2 Furthermore, unlike some councils, there has not been any additional delegation of functions to officers. In line with usual practice the 'Standing Order 46' procedure has been used to make some urgent or routine decisions that would normally go to a Cabinet or Committee, with a decision being taken by a chief officer in consultation with the relevant cabinet member. This has been used for four issues relating to:

- Updating the SACC scheme of delegation;
- The closure of recycling centres, public toilets, suspension of gully cleansing and suspension of certain waste collections;
- Suspension of taxi licensing conditions that prevents drivers from seeking alternative short term work.
- Delivering improvements to the next phase of London Road S-CATS/Sunrise project.

4.14.3 In the case of two decisions of significance (those relating to Southend United Football Club stadium plans and the council pausing all commercial rent enforcement measures for three months) SO46 procedure has been used following consultation with the Group Leaders. For comparison, there were four SO46 decisions reported to the June 2019 Cabinet meeting.

4.15 Testing & Contact Tracing and Local Outbreak Control Plans

4.15.1 Mobile testing for the Southend-on-Sea area started at London Southend Airport on 19 May, following joint work between the council, health colleagues and the airport, and building on the availability of testing at Stansted Airport. People can now ask for an NHS test if they have symptoms of coronavirus, whatever their age. Priority testing via Gov.uk is available to: essential workers, anyone over 5 who has symptoms of Covid-19 and lives with an essential worker, children under 5 who has symptoms of Covid-19 and live with an essential worker. The main route for testing is, however, expected to be via the NHS app.

4.15.2 Contact tracing – the process of reducing virus transmission by finding and isolating close contacts of confirmed cases - was paused in the early stages of the pandemic. On 28 May, contact tracing recommenced nationally as the Test and Trace programme and will identify close contacts of confirmed cases and require them to self-isolate for 14 days. A key strand of the new Test and Trace programme is the role for local authorities to provide leadership and oversight with regard to complex local situations.

4.15.3 The integration of local and national data (via the Joint Biosecurity Centre) will provide a more nuanced and timely Southend perspective, including warning of a local surge in Covid-19 infections. This is essential for the safe, flexible and responsive progress towards recovery among our communities and businesses.

4.15.4 By the end of June, the Director of Public Health is required to produce a Local Outbreak Control Plan, which will be centred around seven themes:

1. Care home and schools
2. High risk places, locations and communities of interest
3. Mobilise local testing arrangements
4. Contact tracing and infection control in complex settings
5. Integrating national and local data and scenario planning with the Joint Biosecurity Centre
6. Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.
7. Governance arrangements and support.

4.15.5 Initial guidance has emphasised the need to put in place appropriate governance arrangements to:

- Oversee production of the Local Outbreak Control Plan;
- Manage deployment of broader resources to prepare for and respond to a local outbreak;
- Provide political oversight of the local delivery of plans and the effective communication and engagement with residents and communities.

It is, therefore, recommended that, the borough's Health and Wellbeing Board undertake the role of political oversight and communication/engagement with residents. To ensure this can be done at speed and to maximise effectiveness, it is recommended that the Board establish a sub-group - the 'Outbreak Control Oversight Board', with a membership of:

- Chair of the Health and Wellbeing Board
- Vice-Chair of the Health and Wellbeing Board
- Leader of the Council and
- Chair of People Scrutiny

To prepare the Local Outbreak Control Plan, manage the deployment of resources and local testing capacity in preparing for a local outbreak and to liaise with the Joint Biosecurity Centre and Essex Resilience Forum it is also recommended that a Local Health Protection Board is established, as a further sub-group of the HWB, and which reports to the Outbreak Control Oversight Board, and with a membership of:

- Chief Executive
- Director of Public Health
- Executive Director Children & Public Health
- Deputy Accountable Officer for the CCG

It is anticipated that a police representative will sit on one or both of these bodies.

However, it is anticipated that there will be a need to take decisions at speed, in respect of matters that would otherwise go to Cabinet, relating to the arrangements for local outbreak planning, in supporting the NHS test, trace and isolate programme and other associated matters. It is, therefore, proposed that such decisions will be dealt with under the Council's SO 46 procedure, with additional consultation with the 4 Group Leaders in the case of strategic matters (recommendation 2.5 refers). The

SO 46 procedure will not be required in connection with decisions taken by the Director of Public Health, Chief Executive, Local Resilience Forum, the Strategic Command Group and others under the Civil Contingencies Act, other relevant legislation and Government guidance; only in respect of decisions that would have gone to Cabinet.

4.16 Service re-mobilisation

The Council has, and continues, to develop plans for the re-opening of services and Council buildings, in line with government guidance and in a co-ordinated way, where appropriate, with neighbouring authorities. In addition to supporting schools begin a phased return, the recycling centres opened on 18 May, revised grass cutting programme started from 18 May. Belfairs golf course, free to use tennis and basketball courts and outdoor multi use games areas opened on 22 May. The civic centre has remained partially opened to staff throughout and the relevant Covid-secure measures will be put in from 1 June to enable a small number of additional staff to return where essential for work or wellbeing reasons (with strict limitations on numbers). Mandatory training for staff working in the building has been rolled out on the Council's e-learning platform. SACC is due to re-open to 14+ learners from the 15 June. Re-opening of some buildings or facilities is likely to require additional investment or equipment and facilities to enable them to operate safely and the relevant risk assessments are being planned and completed as resources permit.

4.17 Response to relaxation measures

The council has taken a balanced approach following the government's announcement on 10 May to relax some of the lockdown measures. This has particularly focused on high footfall areas such as the seafront. The measures below are kept under constant review and discussed with a wider stakeholder group that includes local businesses, Southend Business Partnership, Business Improvement District and Essex Chamber of Commerce.

- Setting up a marshalled contraflow road system to allow more road space to be used by pedestrians on Western Esplanade
- A phased approach to reopening car parks and seafront parking bays, with many still suspended to enable the contraflow
- Putting queue management, sanitisation stations and extra cleaning in place at central seafront public toilets such as Jubilee beach, alongside bringing in further portaloos for City Beach and working with Adventure Island to enable them to open their private toilets
- Working with local businesses to enable them to put queue management systems in place at takeaways for example
- Used redeployed council staff, volunteers and beach welfare officers alongside community support officers to encourage and remind people about the need to observe social distancing
- Stepped up parking enforcement to help ensure safe and responsible parking
- Asking people to think twice before visiting, and if they are here to observe social distancing and signage, not congregate in crowds and 'stay safe, stay apart'
- Signage and banners reinforcing social distancing messages along the seafront, in parks, and in council facilities

Work to support local businesses, Southend BID and other organisations is underway ahead of the reopening of outdoor markets from 1 June and non-essential shops from 15 June

5. Recovery, Southend 2050 and roadmap

- 5.1 The Covid-19 outbreak has presented a challenge that touches on all aspects of life that affect individuals, community groups and businesses in very different ways. It has demanded that institutions and organisations rapidly plan and operate differently, with their resilience being tested as never before. This includes having to react and respond with a range of new systems, priorities and challenges such as business continuity risks, the need for rapid decision-making, changes to workforce wellbeing and productivity, dealing with a vast range of communication channels, and new security risks. All of this is set against a backdrop of seemingly new levels of awareness and support for key public services, including local government, and a new wave of community spirit exemplified by the level of C-19 volunteers and C-19 and VE Day related community activity springing up across the borough.
- 5.2 The council has adapted in a variety of ways to respond to the Covid-19 challenges, that have included rapid ICT developments to enable services to continue uninterrupted or differently, significant workforce redeployment into prioritised services. The council also acted rapidly to develop new council services that supported the most vulnerable communities, which resulted in a benchmark for other councils. Efforts to proactively respond and think ahead, by considering new opportunities created by the situation and the possible impact of Government policy has enabled the council to open conversations with a wide range of individuals and groups affected. This has helped many to be on the front foot with preparations and ensure that they are well placed to start resuming their course of work.
- 5.3 The change in the way the council has provided some of its services and managed itself behind the scenes, with rapid advances in ICT, puts the council in a strong place to consider how to return to the 'new normal'. This potentially includes dramatic changes in how some areas of the workforce operate, new ways in which some services can run and taking advantage of new opportunities, such as promoting a greener Southend.
- 5.4 In this context, it is worth highlighting that emissions of carbon dioxide and nitrogen dioxide have fallen sharply as a result of the lockdown - by about 17% globally for CO₂ and up to 50% for NO₂ in parts of the borough in early April, although these are expected to return to original levels. Many people have commented that the cleaner air, a more peaceful environment, bluer skies, along with more cycling and walking may see enhanced support for greener measures taken by local authorities. For example, the government's provision of £250m emergency active travel fund may enable the council to promote cycling and walking through, among other things, pop-up bike lanes, wider pavements, safer junctions, and more cycle and bus-only corridors, where appropriate. Some cities have taken advantage of the fall in car use during lockdown to reallocate car space to cycling and walking and seen green investment as a central part of their economic recovery plans.
- 5.5 The borough's economic recovery will also continue to be driven by the delivery of key schemes, which will bring job and financial opportunities to the town. Schemes

as Better Queensway, the airport business park, the high street renewal projects, the housing regeneration pipeline programme, SUFC and Seaway, may face some delay due to labour, materials and finance availability, but have even greater significance in the light of the sharp economic downturn. The position in terms of funding implications and the need for re-prioritising, re-phasing and re-sequencing will, therefore, be subject to continual review.

- 5.6 Beyond the operational adjustments, the council's preparations for 'recovery' and moving to a 'new normal' of operations began in April, with an expectation that the ways of working, processes for decision making, the shape of particular services and the financial resources available to the council could be fundamentally different.
- 5.7 The council is one of a small number that has recently invested in substantial engagement and co-design with stakeholders and communities to develop a shared vision of the future - the Southend 2050 ambition, 23 outcomes and delivery roadmap. The ongoing engagement activity is a real advantage to the borough as a whole, as it has brought together people and communities to identify where they want Southend to be in the future. The focus on how Southend recovers from the Covid-19 experience to achieve the 2050 ambition remains as strong as ever. However, the council, along with other stakeholders and community groups will need to think about how to achieve that ambition, in light of Covid-19.
- 5.8 The 2050 outcomes may, therefore, require some adjustment, with a focus on the review on the 2050 roadmap which sets out key milestones connected to delivery against the outcomes. As a result of the Covid-19 experience, parts of the roadmap may need to be sequenced differently, with additional milestones added.

5.9 Joint Administration response to Covid-19 with 6 political Recovery priorities

- 5.9.1 In determining what Recovery means, specifically for Southend and the council, the Joint Administration has developed six political Recovery priorities. These have been developed by Cabinet and the Corporate Management Team to establish the 'key considerations' that should factor in future planning for Southend, under the 2050 ambition. The political Recovery priorities are set out below and are not designed to replace the original Southend 2050 five themes, but more act as critical prompts to ensure that the outcomes and roadmap which sit under the themes take account of the political Recovery priorities.
- 5.9.2 The 6 political Recovery priorities are set out below.

Priority 1) Economic focus on a stronger and safer town

Southend rebuilds and supports a local economy and social infrastructure, that recognises recent challenges but is clear about the ambition for the future.

Cabinet leads Cllr Kevin Robinson and Cllr Martin Terry
Officer leads Andy Lewis

Priority 2) Green City and Climate Change

An ambitious place that is committed to tackling the climate emergency and takes steps towards making sustainable, long lasting and far reaching impacts across Southend.

Cabinet leads Cllr Carole Mulroney and Cllr Anne Jones
Officer leads Larissa Reed

Priority 3) Travel and Transport

Understanding the needs to move in, out and around Southend, our travel and transport infrastructure will address the present challenges and look to future options that support Southend's Green city ambitions.

Cabinet leads Cllr Ron Woodley and Cllr Carole Mulroney
Officer leads Larissa Reed

Priority 4) People and communities

Understanding who is more socially excluded resulting from Covid-19. Working with people and communities to understand the issues, build capacity, resilience and finding solutions in response to the local and individual challenges.

Cabinet leads Cllr Trevor Harp and Cllr Anne Jones
Officer leads Michael Marks and Tandra Forster

Priority 5) Major projects

Delivering on key pieces of work that strongly position Southend socially, environmentally and economically for the future, enabling the town to draw in opportunities and secure investment.

Cabinet leads Cllr Ron Woodley
Officer leads Joe Chesterton

Priority 6) How we learn and recover as an organisation

A proactive and forward-thinking council that embeds and sustains the recent transformation in how the organisation works. Continues to adapt, respond and reshape to current challenges, that future-proofs with the delivery of quality services.

Cabinet leads Cllr Ian Gilbert
Officer leads Joanna Ruffle and John Williams

5.10 Updating Southend 2050 outcomes

- 5.10.1 The Southend 2050 outcomes and roadmap were due to receive a stocktake, review and update as part of an annual process, and in the context of the outcome of the May 2020 local election. Ordinarily, the review would have taken place and assessed progress against the current 23 outcomes. Since the Covid-19 events, there has been a significant response effort across organisations and communities in Southend. The original outcomes under Southend 2050 aimed to grow Southend as a prosperous town, with communities that thrived and visitors that enjoyed the experience, returned and spread the word. Post Covid-19, Southend is in a different place. The 2050 ambition is the same, but how Southend gets there may be somewhat different. This approach is the basis for ensuring that the outcomes are right, along with an updated roadmap. Therefore, the outcomes and roadmap review will aim to build on positive aspects of the crisis and point the way to rebalance and restore the damage caused in recent months. It is important to note that some aspects of recovery may take a considerable time to fully rebalance. In some cases, things may change completely.
- 5.10.2 Each of the 6 political Recovery priorities is set up with Cabinet and CMT leads and under this leadership, in collaboration with Southend 2050 officer theme leads will initiate the review of the 23 outcomes. A range of stakeholders will be engaged as part of the process of review, with a target date for refresh of the 2050 outcomes and roadmap for Cabinet in July 2020.

5.10.3 It is also important to recognise that there are new details concerning Covid-19 and its impact that affect Government decisions and policy makers. Therefore, it is essential that the Recovery plans in Southend are fluid enough to respond to changes and this will mean the 2050 outcomes and roadmap will be closely monitored and updated to ensure the very best for the borough.

6. Other Options

6.1 The council could choose not to outline its response to Covid-19 or agree not to set out its path to recovery or review its current ambition and desired outcomes. This would mean failing to set out and recognise the huge impact the crisis has had on the borough, its people and the council and the council's approach to recovery. A review of the current 2050 ambition and outcomes would most likely be required in any case, given they were agreed in 2018. [To not agree to local arrangements being put in place for addressing local outbreak planning could leave large numbers of residents at serious risk of catching Covid-19 and leave the Council subject to Government intervention and legal action.](#)

7. Reasons for Recommendations

To ensure the council has an opportunity to review action taken to date to tackle the Covid-19 crisis and to consider the appropriate approach to be taken to enable the borough and council to recover. [It also sets out the council's approach to addressing the emerging arrangements for local outbreak planning and the crucial role of the Council in supporting the NHS test, trace and isolate programme.](#)

8. Corporate Implications

8.1 Contribution to the Southend 2050 Road Map

The report outlines the range of measures taken by the council to address the Covid 19 crisis. The report also outlines the council's approach to using the Southend 2050 programme as the primary vehicle for recovery and recommends that the council undertakes a review of the 2050 ambition and outcomes in the light of the huge impact the crisis has had on the borough, its people, the council and other stakeholders.

8.2 Financial Implications

There are no specific financial implications related to this report. However, the significant financial implications for the council of the impact of Covid 19 are addressed in the separate report on the agenda: 'Initial Local Financial Assessment of Covid-19'.

8.3 Legal Implications – none specific

8.4 People Implications

A number of the aspects of the impact of the pandemic on council staff are outlined in paragraph 4.4, including the need to adapt to new ways of working, dealing with the need for new forms of communication, contact and networking and maintaining good staff morale. Future working arrangements may, therefore, look very different for many staff and the implications for this and how that is managed will be a key element of the recovery work undertaken.

8.5 Property Implications

The council will need to review the current use of buildings and facilities in the light of the re-mobilisation programme, in the context of recovery, and the on-going need to meet the health requirements of staff and visitors.

8.6 Consultation

The report highlights that the response to the pandemic has been one of community, partners, staff, councillors and other stakeholders continuously working closely to ensure the best possible outcomes in very difficult circumstances. The approach to recovery will look to continue this approach, develop new tools for engaging communities and partners to adapt to circumstances and continue to use co-design and co-production approaches in particular service areas.

8.7 Equalities and Diversity Implications

An Equality Impact Assessment has been undertaken to assess the impact Covid-19 has had on equality groups (and includes a summary of findings). This is attached at **Appendix 1** and will continue to be updated as more research and information, becomes available.

8.8 Risk Assessment

The Council is reviewing the Corporate Risk Register in the light of the impact and implications of the pandemic.

8.9 Value for Money – non specific

8.10 Community Safety Implications

These are addressed in the report at paragraph 4.9

8.11 Environmental Impact

These are addressed in paragraph 5.4. In addition, Green City and climate change is one of the six priorities identified for assessing the council's approach to recovery.

9. Background Papers

None

10. Appendices

Appendix 1 – Equality Impact Assessment – Covid-19.

COVID-19: Southend Equality Impact Assessment

The Equality Act 2010, requires public authorities to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation and to advance equality of opportunity between people from different groups. There is also a requirement that public authorities foster good relations between people from different groups with protected characteristics. This includes, for example, ensuring such groups have the ability to access information and eligible services on an equal basis and to have reasonable adjustments made to enable that to happen. The duty to 'advance equality' requires the council to be proactive in reducing inequalities.

The impact of, and response to, coronavirus will affect people differently, with evidence suggesting the impact will be disproportionately higher on those who are already disadvantaged in other ways. This assessment, therefore, considers how the Council and others can continue to meet the needs of all of our residents in these unprecedented times.

This EIA assesses the impact of COVID-19 upon protected groups in Southend, by reviewing national and local evidence, where available. Much of the evidence used is formed of rapid data reviews – with new research being regularly published, so that the EIA will be regularly reviewed and revised to reflect this. Potential equality risks and impacts are, therefore, assessed for the nine protected characteristics (Disability; Age; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation) and additional areas such as socio-economic and carers. In addition, the cumulative impact on those in multiple groups is explored, where possible.

Key findings

Race – BAME groups are at highest risk of developing and dying from COVID-19 (ONS, 7 May). Non-white individuals form 8.1% of Southend's population (2011 Census). The risk is higher for certain groups than the general population by:

- 3.24 times for Black African groups (2.1% of Southend residents).
- 3.29 times for Pakistani groups (0.61% of Southend residents).
- 2.21 times for Bangladeshi groups (0.54% of Southend residents).
- 2.21 times for Black Caribbean groups (2.1% of Southend residents)
- 1.7 times for Indian groups (1.04% of Southend residents).

Age – The majority of deaths involving COVID-19 have been among people aged 65 years and over (36,639 out of 41,220), with 46% (16,962) of these occurring in the over-85 age group. Nationally, 35% of care home deaths are attributed to COVID-19. Southend's care homes have seen 17 COVID-19 death registrations in 2020 (Until 8 May). Residents aged 70+ make up 15% (26,867 people) of Southend's 184,882 residents (ONS Population projections, 2020). For all age groups, including children, there are equal risks of contracting COVID-19 (ONS, 14 May). For children, while complication risks are lower, multiple factors exist which will result in long-term impact:

- Exposure to stress is most difficult for youngest children to manage and leads to an increased stress response, with long term negative impacts in multiple areas.
- Risk of physical development delay due to overcrowding and reduced access to outdoor play. In Southend, 33.2% of households are in flats/maisonettes/apartments, or temporary accommodation.
- During lockdown, there was no in-school provision for those with draft EHCP plans or needs assessments. Guidance has since been updated with recommended approaches that local authorities, educational settings and parents should follow.

Disability – This group are most likely to have underlying health conditions, raising risk. 45.1% of disabled adults felt worried about COVID-19 vs a third of non-disabled adults, and two thirds (64.8%) felt these concerns affected wellbeing (ONS, 2020). There are messaging concerns for effective communication. PHE is analysing COVID-19 deaths of people with learning disabilities and autism as this impact is currently unpublished. 820 working-age individuals in Southend receive Disability DWP payments, and 7490 receive ESA and incapacity benefits – however the true number of those with disabilities is higher as non-working age individuals are un-counted (DWP, 2016).

Sex – There are higher mortality rates for men than women. 63% of COVID-19 deaths have been among men (WHO, 2020). In Southend, 66.35% of COVID-19 deaths were male (1 March - 11 April). Southend has 55,500 men of working age (16-64), and 50,100 who are economically active (IMD, 2019). Women form the majority of the frontline health, social care and educational workforce and are more likely to be informal carers for children and elderly, so may face increased risk to contracting COVID-19.

Sexual orientation - Due to a number of health inequalities that LGBT people experience, some sections of LGBT communities may be at higher risk from being severely affected by the virus.

- LGBT people aged 50+ are more likely to be living with long-term health conditions (International Longevity Centre UK, 2019), increasing risk of serious illness.
- 51% of those diagnosed with HIV are gay and bisexual men (THT, 2018). Severe COVID-19 could be greater for those not receiving HIV treatment (Avert, 2020).
- 24% of homeless people aged 16-24 are LGBT, affecting ability to self-isolate and access care.
- 52% of LGBT people experienced depression in 2017-18 (Stonewall, 2019). COVID-19 related factors can cause detrimental effects for those living with long-term mental health conditions which disproportionately affect LGBT people.
- Older LGBT people are more likely to be socially isolated, and LGBT people of all ages are more likely to have 'chosen families'. Lockdown may lead to separation from those closest, or exposure to LGBTphobic families.
- LGBT Foundation's helpline saw 70% more calls about transphobia and 36% more calls about homophobia this 16th March to 5th April than last year.

Socio-Economic – 6.15% of Southend's 4963 households are 'Families with limited

resources who budget to make ends meet', a group likely to face financial hardship during the pandemic. Characteristics include; age 31-35, household income <£15k, with children, and routinely facing limited resources and tighter budgets.

Domestic Violence – Potential for increase in rates of domestic violence and abuse during shielding/lockdown. Can affect all, with women and LGBT individuals in highest risk groups.

Equality Impact Assessment on groups with protected characteristics

	Impact - Please tick				
	Yes			No	Unclear
	Positive	Negative	Neutral		
Race		X			
Age		X			
Disability		X			
Gender reassignment		X			
Marriage and civil partnership				X	
Pregnancy and maternity		X			
Religion or belief		X			
Sex		X			
Sexual orientation		X			
Carers		X			
Socio-economic		X			

Descriptions of the protected characteristics are available in the guidance or from:
[EHRC - protected characteristics](#)

Race

	Impact
BAME	<p>The risk of death involving COVID-19 among some ethnic groups is significantly higher than that of those of White ethnicity. The disproportionate impact includes the majority of healthcare worker deaths being from BAME communities, and high numbers of healthcare workers testing positive (1.33% of patient-facing workers testing positive, ONS 14 May). Overrepresentation among critically ill COVID-19 patients, form 35% of all critical patients (The Intensive Care National Audit and Research Centre).</p> <ul style="list-style-type: none"> <u>The risk of dying among those diagnosed with COVID-19 was higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. This inequality does not replicate previous years, as was previously higher in White ethnic groups (PHE, June 2020).</u> <u>Black ethnic groups were most likely to be diagnosed (PHE, June 2020).</u> <u>After sex, age, deprivation and region effects, people of Bangladeshi ethnicity had approximately 2x risk of death than those of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had 10-50% increased risk of death (PHE, June 2020).</u>

- There was a high increase in all cause deaths among those born outside the UK and Ireland. The biggest was for people born in Central and Western Africa, the Caribbean, South East Asia, the Middle East and South and Eastern Africa, and may be a driver behind mortality rate differences between ethnic groups (PHE, June 2020).
- Risk of developing and dying from COVID-19 for Black African groups was 3.24 times higher than the general population; Pakistani groups by 3.29; Bangladeshi groups 2.21; Black Caribbean groups 2.21 higher, and Indian groups 1.7 times higher ([Razaq, Harrison, Karunanithi, Barr, Asaria, Khunti, 2020](#)).
- Black males are at 4.2 times more risk of death, Black females are at 4.3 times more risk than White ethnicity males and females (ONS, 7 May). After accounting for age, socio-demographic characteristics, health and disability measures, the risk of COVID-19 death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity ([ONS, 7 May](#)).
- Potential causes - overrepresentation in lower socio-economic groups, multi-family and multi-generational households, disproportionate employment in lower-band key worker roles, and co-morbidities ([Razaq, Harrison, Karunanithi, Barr, Asaria, Khunti, 2020](#)).
- 37% of black people have no access to a private garden, patio or balcony during lockdown, compared to 10% of white people ([ONS, 2020](#)). Park closures would therefore disproportionately affect this group four times higher.

Southend race statistics:

Of 173,658 Southend residents in the 2011 census, non-white ethnicities form 8.1% of the population;

- 2.1% Mixed / Multiple ethnic group (3651)
- 2.1% Black / African / Caribbean / Black British (3,647)
- 1.04% Asian / Asian British: Indian (1,810)
- 0.89% Asian / Asian British: Other Asian (1,554)
- 0.62% Asian / Asian British: Chinese (1,084)
- 0.61% Asian / Asian British: Pakistani (1,059)
- 0.54% Asian / Asian British: Bangladeshi (933)
- 0.51% Other Ethnic Group (897)
- 0.09% Gypsy / Traveller / Irish Traveller (162).

Potential Mitigating Action:

- Recommendations from BME groups to back review using local real-time data.
- Recommendation to record protected characteristics of all patients in hospital.
- Government review into the disproportionate impact of COVID-19 on black, Asian and minority ethnic has been announced. It will explore thousands of health records to review COVID-19 impacts by ethnicity alongside measures such as deprivation, age, gender, and obesity.

BAME (particularly Chinese or perceived Chinese).	<ul style="list-style-type: none"> An increase in hate crime was predicted <p>SBC Provision:</p> <ul style="list-style-type: none"> Information on reporting is available at: Essex police - how to report hate crime. Supporting Police with comms messages around hate crime. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> Messages that promote positive contribution of BAME people during the crisis.
BAME – asylum seekers	<ul style="list-style-type: none"> Those with ‘No Recourse to Public Funds’ face additional barriers and insecurity as they cannot access life-saving refuges, and are barred from other forms of public support. <p>SBC Provision:</p> <ul style="list-style-type: none"> COVID-19 exempt from NHS charging – ensure this is communicated.
BAME with families abroad	<ul style="list-style-type: none"> Isolation as unable to connect with families during reduced travel. Sources of emotional and practical support reduced – particularly young families. <p>SBC Provision:</p> <ul style="list-style-type: none"> Ensure inclusion in district hub arrangements for targeted/community support. All organisations with high level BAME workforce to promote workplace wellbeing support. Consider a message of acknowledgement to all staff with families overseas.
BAME, young, carers	<ul style="list-style-type: none"> Economic impact when self-isolating/unable to work. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> Measures to mitigate financial hardship are essential for gig economy workers self-isolating, with few protections in employment law. Are likely to be younger, from an ethnic minority, or have caring commitments.
Gypsy, Roma and travelling communities	<p>The term ‘Gypsy, Roma and Traveller’ (GRT) encompasses a wide range of individuals defined in relation to their ethnicity, heritage, way of life and how they self-identify. It includes English or Welsh Romany Gypsies, European Roma, Irish Travellers, Scottish Gypsy Travellers, New Age Travellers, Showpeople, People living on barges/boats, and some in settled accommodation (UK Parliament, 2019). Recognising this diversity is important to identifying, understanding and addressing the needs of individuals and the impact of measures within these communities. Some GRT individuals are particularly vulnerable and have the potential to be disproportionately impacted by COVID-19, in terms of:</p> <ul style="list-style-type: none"> Adversely affected through income loss, limited health access and risk of contracting virus through transience. Social-distancing or self-isolation may be challenging due to often confined and communal households, and restricted living conditions. Access to amenities such as water to limit the virus spread may be less accessible. Restricted movement leads to loss of income, particularly for Showpeople communities. Less GP registration and higher levels of poor health. Traditional travelling season starts in early summer. Those on winter sites will still need to move. Some live permanently between two or more sites and may be forced to live in unsuitable locations such as residential roads. Site visits could put people at risk. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> Targeted dialogue to ensure they are informed and supported.

	<ul style="list-style-type: none"> • Monitor impact of holiday site closures on permanent residents. • One Council (Dorset) established a unit to monitor impact. <p>SBC Provision:</p> <ul style="list-style-type: none"> • Follow government guidance in relation to mitigating impacts on gypsy and traveller communities. • Southend Coronavirus Action on 01702 212497 – providing local infrastructure to deliver supplies to those people with no other means of support and to ensure that no-one slips through the net. Residents are also able to access financial help, benefits, employment support and housing advice • Caravan site owners are asked to keep sites open to allow people to remain if they would otherwise be homeless (Letter, Luke Hall MP).
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Age

Elderly	<p>There is no evidence of differences in the proportions testing positive between the age categories (ONS, 14 May). However the elderly have greatest complication risk if they contract COVID-19, and are disproportionately affected by adverse impacts on service quality – with isolation, safety and wellbeing issues.</p> <ul style="list-style-type: none"> • Those aged 70+ form 15% (26,867 people) of Southend’s 184,882 residents. • 6.58% of Southend’s 80,758 households are 76-80, live alone in small houses/flats, income <£15k, need support, and are not technology users. • Providers need to consider “social distancing” impact on the human rights of older people. • Some have caring responsibilities • 35% of care home deaths are COVID-19 attributed nationally. There are 10 COVID-19 confirmed care home deaths recorded until April 26 in Southend. For all causes of death, Southend’s care homes saw 11 weekly deaths as an average early this year (Jan 1 to April 13). But peak weeks April 13 and 19, saw this rise to 28 then 24 • <u>A PHE data review (PHE, June 2020) on disparities in the risk and outcomes from COVID-19 saw the largest disparity to be by age. Of those with a positive test, those aged 80+ were 70x more likely to die when compared with those under 40, a finding consistent with previous UK reports.</u> • <u>Care home deaths accounted for 27% of COVID-19 deaths (to 8 May 2020) (PHE, June 2020).</u> • <u>There were 2.3x the expected care homes deaths (20 March to 7 May) than previous years. COVID-19 deaths form just 46.4% of this excess, suggesting many deaths from other causes - or under-reporting of COVID-19 deaths (PHE, June 2020).</u> <p>SBC Provision:</p> <ul style="list-style-type: none"> • Financial support to secure cash flow for care providers to manage the impact workforce absence, to continue to deliver care. • Local resilience forum working to improve care home testing.
Working	53% of Southend’s COVID-19 confirmed deaths are working age (33.5 to 52.7, all

age	<p>genders) (ONS, March 1 to April 11).</p> <ul style="list-style-type: none"> • The WHO has reported that 63% of deaths have been among men, placing this group at particular risk. • <u>Working age males diagnosed with COVID-19 were twice as likely to die as females – a PHE finding consistent with previous reports in the UK (PHE, June 2020).</u> • <u>A high increase in all cause deaths in certain professions, including - Taxi and minicab drivers and chauffeurs; security guards and related occupations; caring occupations (incl. social care, nursing, assistants) and roles within care homes.</u> <p>Southend has 89,400 men; 55,500 are aged 16-64. This is also a known high risk group for suicide and least service engagement. Mental health implications are high, particularly those impacted by loss of earnings, and with social connecting activities unable to meet.</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Support community organisations in finding alternative ways to provide wellbeing outreach/support to this cohort.
Young people	<ul style="list-style-type: none"> • Isolation - Increased anxiety and long term impact on mental health and wellbeing. • May not perceive risk. • Less access to accurate news and information and/or overwhelmed by rumours. • Potential online safety risks may increase. • Likelihood of increased domestic violence in the home around and/or involving young people. • Employees under 25 were 2.5 times as likely to work in a sector now closed (Institute of Fiscal Studies). <p>SBC Provision:</p> <ul style="list-style-type: none"> • Support for organisations working with young people. • Mental health services need to seek different ways to support young people. • Young people’s charities providing accurate and up to date information for young people in a young people friendly format. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Targeted communications from SBC about staying safe and social distancing for young people.
Children	<p>Smaller health risks than other groups, but greater long-term issues in multiple areas.</p> <ul style="list-style-type: none"> • Physical development delay due to overcrowding and reduced access to outdoor play. • Of all households in Southend (74,678), 33.2% are flats/maisonettes/apartments, or temporary accommodation. • Increased exposure to stress – most difficult for youngest children to manage and leads to increased stress response with long term negative impacts. • Potential for parents to permanently withdraw children from schooling <p>SBC Provision:</p> <ul style="list-style-type: none"> • Southend charities providing accurate information for children (Child-friendly guide to COVID-19). • School-Child contact for children most in need of consistent adult relationship. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Guidance for parents to be aware of their stress responses, and to recognise children’s signs of stress.

	<ul style="list-style-type: none"> • Promotion and access to exercise, art, and other creative activities. • Provide education, routine, and reassurance whilst limiting timetable expectations • The temporary extension of FSM eligibility for children of families with no recourse to public funds.
Children with SEND (Special Educational Needs and Disability)	<p>The effects of school closures, medical equipment shortages and social distancing are amplified for families of children with disabilities.</p> <ul style="list-style-type: none"> • Some children may require medication, personal protective equipment (PPE, such as gloves and masks), home care, respite and rehabilitation services. These resources are scarce or unavailable given PPE shortages, delayed or cancelled dispensing of medical equipment, cancellation of respite and group programs and the potential for staffing shortages. • A number of school staff and therapists may self-isolate or become unwell. • Where home support is available, families may suspend the service to limit exposure when staff are providing service in multiple homes. Reduced support and resources, may compound the physical and mental health challenges already experienced by the parents of, and children with disabilities. • LAs have a legal duty to review and amend EHC plans when a child transfers from one phase of education to another. The Coronavirus Act does not alter timescales or legal process to comply with for EHC needs assessments or issuing EHC plans. • The Coronavirus Act 2020 allows for the Secretary of State to temporarily disapply the requirement for an annual review of an EHC plan to be held where 'appropriate' and 'proportionate', which could delayed revised plans to be in place for these children. <p>(See also Disability)</p>
Mental illness/disabled/older people	<ul style="list-style-type: none"> • Redeployment of care professionals to respond to COVID-19 places risk upon vulnerable older people and those living with mental health conditions exposed. [EHRC] <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Redeployment to support those at risk but not life critical.

Disability

	Impact
All disabilities	<p>For all shielded, there are mental health risks of prolonged isolation. A third of disabled adults reported spending too much time alone during shielding. The non-shielded yet vulnerable individuals risk contracting COVID-19 if making additional visits to access health services. 45.1% of disabled adults felt worried about COVID-19 vs a third of non-disabled adults. Two thirds of disabled adults (64.8%) felt COVID-19 concerns affected their wellbeing (Opinions and Lifestyle survey, ONS, 2020).</p> <p>COVID-19 related deaths are not routinely published for this group, in line with other protected groups.</p>

	<p>Potential Mitigating Action: PHE is analysing COVID-19 deaths of people with learning disabilities and autism.</p> <ul style="list-style-type: none"> • A learning disabilities mortality review will publish COVID-19 data.
Deaf people/Hard of Hearing	<p>In-effective/non-practical communication forms the greatest risk to this group.</p> <ul style="list-style-type: none"> • Limited understanding of English; require information in BSL. • Use of phone contact during social isolation is not suitable for people with profound/severe hearing loss. • Facemasks are problematic for people who lip read. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Where considered a 'reasonable adjustment', provide information in BSL video or Easy Read. • BSL interpreter 'in vision' signing as part of important spoken word video/TV. • Ensure staff have basic BSL skills and know how to access a remote video interpreting service if likely to contact Deaf people. • Provide BSL video versions for key information on websites. Alternatively, allow Deaf people to access the remote video interpreting service (via a link on the webpage) in order to have key information about the pandemic from the website translated where this isn't already provided in BSL video (it is probably more cost effective to produce BSL video translation for static information if there is demand). • Include options for SMS contact to helplines etc. • Recognise that for some, face to face visiting is the only option. • Provide SMS and email contact routes. • Provision of clear face masks needed <p>SBC provision:</p> <ul style="list-style-type: none"> • Information is available in different formats such as large print, Braille, BSL and different languages and dialects spoken in Southend. • BSL resources on Home Isolation produced by PHE (PHE resources). • BSL users can talk to NHS111 using the InterpreterNOW app, or connect via a PC or laptop.
Partially sighted/Blind	<p>Suitable means of communication not as widely available as for other groups. Potential risk of isolation as familiar things may change and put them at risk, e.g. shop layouts, items on shelves. Also if alone, will be wary of opening door to strangers.</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Priority/first tranche group for targeted support for people who are shielding? <p>SBC provision:</p> <ul style="list-style-type: none"> • Ensuring web based information compliance with new web accessibility legislation so that it works with screen-readers. • Ensuring written information can be available in audio and large print where required, or via phone contact. • The Southend Coronavirus Action (SCA) Helpline. • Helpline advertised via a radio campaign
Long term health	<ul style="list-style-type: none"> • Difficulties obtaining prescription medicines <p>SBC Provision</p>

condition, (not shielded)	<ul style="list-style-type: none"> Local volunteer prescription delivery support Redeployed council staff working on the helpline are arranging prescription and medicine delivery.
Community support initiatives – dropping off prescriptions Learning disability or limited English language	<ul style="list-style-type: none"> Few central government translations in Easy Read. Complex and changing information difficult to follow. Potential higher risk of falsely reported visitors (8 ‘residential visitors’ reports in Southend (25 Mar - 05 Apr). <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> Include an ‘alternative format statement’ in all correspondence. Hand washing guidance in Easy Read, Larger Print and BSL (handwashing guidance). <p>SBC response:</p> <ul style="list-style-type: none"> Consistent, plain English in all communications, with information in Easy Read format. Providing information in different formats such as large print, Braille, British Sign Language and in the many different languages and dialects spoken in Southend on request or if known that the person requires it. Helpline has access to a foreign language telephone interpreting service. Information in community languages, matching NHS guidelines and Stay at Home guidance has been shared with Southend’s community groups (COVID-19 Info). Promotion of government/official guidance provided in alternative formats/languages (e.g Stay at home guidance).
SEND (Special Educational Needs and Disability)	<p>The children attending school constitutes a small proportion of children with special educational needs and disabilities, reduced support will have a profound impact on these families. The effects of school closures, medical equipment shortages and social distancing are amplified for families of children with disabilities.</p> <ul style="list-style-type: none"> Some children may require medication, personal protective equipment (PPE, such as gloves and masks), home care, respite and rehabilitation services. These resources are scarce or unavailable given PPE shortages, delayed or cancelled dispensing of medical equipment, cancellation of respite and group programs and the potential for staffing shortages. A number of school staff and therapists may self-isolate or become unwell. Where home support is available, families may suspend the service to limit exposure when staff are providing service in multiple homes. Reduced support and resources, may compound the physical and mental health challenges already experienced by the parents of, and children with disabilities. LAs have a legal duty to review and amend EHC plans when a child transfers from one phase of education to another. The Coronavirus Act does not alter timescales or legal process to comply with for EHC needs assessments or issuing EHC plans. The Coronavirus Act 2020 allows for the Secretary of State to temporarily disapply the requirement for an annual review of an EHC plan to be held where ‘appropriate’ and ‘proportionate’, which could delayed revised plans to be in place for these children. <p>(See also Age – Children with SEND)</p>

	<p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • School closure decisions should be taken only when ‘strictly necessary’ and for the shortest time possible, as set out in the legislation [EHRC]. • Relaxed regulations enabling this group to exercise more frequently than others throughout lockdown has been effective.
Neurodiversity and all groups with communication difficulties	<ul style="list-style-type: none"> • Lack of direct instruction and use of metaphor unhelpful. • Inconsistencies in messages can be confusing. • There have been numerous cases of information being changed slightly – for example “avoid all non-essential contact and travel” became “avoid all contact and non-essential travel” on BBC Spotlight. These subtle changes in the message can cause confusion. • Changes between 7 day and 14 day isolation has confused people as has “essential work”, “travel to work when it can be done at home” and “critical work”. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Use plain English and be direct and consistent - avoid changing messages without being clear of the reasons for the change. • Ask that news/media follow these principles too. • PHE is analysing COVID-19 deaths of people with learning disabilities and autism.
Neurodiverse people/autistic people	<ul style="list-style-type: none"> • Panic buying has resulted in certain food items becoming unavailable – impacting selective eaters. This creates stress for the individual and their household. • May prefer to have the same care worker/point of contact. • Change in routine particularly difficult and can be traumatic <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Consider a point of contact for neurodiverse people, with training where necessary for shielded support. • Consider needs of selective eaters if distributing food parcels. • Wellbeing support for parents/carers under strain.
Neurodiverse people/autistic people/dementia	<ul style="list-style-type: none"> • Greater need for physical activity – particularly those with ADHD. Staying indoors might not be possible for all and thus may risk selves or others. • Routine disruption can cause anxiety - sometimes leading to verbal or physical aggression to themselves or others. • Difficulty engaging those ‘not-known’ with support networks. At greater risk of isolation and lack of essentials if ill. • Challenge for care homes with these specific resident groups to adhering to advice and policies. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Advise police that autistic people and especially those with ADHD may find it difficult to comply, and may have fixed thinking patterns. • Advise organisations to receive autism training for example, not to touch.
Dementia	<ul style="list-style-type: none"> • Difficulties coping with change – particularly where affecting routine. • Visitors unable to check in.

	<ul style="list-style-type: none"> • Additional pressure of carers as day centres closed. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Priority/first tranche for targeted support for people who are shielding
Mental Health	<ul style="list-style-type: none"> • Adjustments to delivery of psychological services • Effects of confinement and social distancing – challenges for those with existing MH concerns, children, those with ASD. • Impact of job insecurity • Management of psychological difficulties incl. PTSD, confusion. • SBC Internal workforce impact should be expected upon colleagues due to social distancing, homeworking with dependents, lockdown. <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Appropriate and effective use of online services • Mitigation of social isolation through promotion of online/telephone services • Promotion of physical activity/exercise • Mental health and domestic abuse support contacts. <p>SBC Response:</p> <ul style="list-style-type: none"> • SBC staff considerations include promoting organisational well-being for remote workforce. Promotion of individual and team self-care practices and MH first aider peer support. Team support and workload flexibility.

Gender reassignment

	Impact
Gender reassignment	<ul style="list-style-type: none"> • Older LGBT people are more likely to be socially isolated, and LGBT people of all ages are more likely to have ‘chosen families’. Lockdown may lead to separation from those closest, or exposure to LGBTphobic families. • LGBT Foundation’s helpline saw 70% more calls about transphobia this 16th March to 5th April than last year. <p>Social distancing may have a higher impact for transgender people who:</p> <ul style="list-style-type: none"> • Are older and rely on external contacts for social contact in care settings. • Are hospitalised, as suitable hospital bed availability may be affected. • Are older and have experienced discrimination. Social distancing of providers may reinforce a sense of stigma. <p>Potential Mitigating Action:</p> <p>To promote and support LGBT helplines and services linking LGBT people to provide social contact over the phone/online.</p>

Marriage and civil partnership

	Impact
Marriage and civil partnership	No differential impact anticipated. Potential Mitigating Action: N/A

Pregnancy and maternity

	Impact
Pregnancy and maternity	<ul style="list-style-type: none"> • There may be a reluctance/inability to access sexual health clinics and hospital including dealing with unplanned pregnancy. • Potential fear and anxiety due to media report of deaths in hospitals. Potential Mitigating Action: <ul style="list-style-type: none"> • Pregnant women and on maternity leave, should not be disadvantaged in their careers by following government advice to stay at home [EHRC]. • Clarity over attending health appointments, screenings • Clear communication with health providers..

Religion or Belief

	Impact
Faith/religion and belief	<p>Social distancing may impact religious groups differently, for example, where it is more important in some religions that the person sees their family or a religious or spiritual leader or official when nearing death and reduced ability to observe religious practice at end of life / funeral in cases of excess deaths.</p> <ul style="list-style-type: none"> • Mosaic data for Southend identifies the groups more likely to be part of a religious group. These three groups are all aged 56-80, and include: • Elderly people with assets who are enjoying a comfortable retirement (11.4% of Southend's households). • Families in large detached homes (6.98% of Southend's households). • Residents of settled urban communities (4.98% of Southend's households). Potential Mitigating Action: <ul style="list-style-type: none"> • Use guidance, and note that cremation is not acceptable under Islam. • Information is available from the Muslim Council of Britain: in particular note the potential need to identify land for burial. • Consulting with faith/belief groups on plans/policy - two groups have been set up for Southend, one for the community at which council representation is not requested and, another for the local authority leads. • Southend's excess death support is to work closely with faith groups and community leads.

Sex

	Impact
Men	<p>Studies are seeing that more men are being affected by COVID-19 than women in deaths.</p> <ul style="list-style-type: none"> • The WHO has reported that 63% of deaths have been among men. • In Southend 66.35% of COVID-19 deaths in Southend were male between 1st March and April 11th. Of 80 confirmed COVID-19 deaths in Southend 53 were male, and 27 female (March 1 - April 11). Southend has 89,400 males, 55,500 are of working age (16-64), and 50,100 are economically active. • <u>A PHE data review found the risk of dying among those diagnosed with COVID-19 was higher in males than females (PHE, June 2020).</u> • <u>Working age males diagnosed with COVID-19 were twice as likely to die as females. This also considers factors such as ethnicity, deprivation and region – but not comorbidities or occupation (PHE, June 2020).</u> <p>Potential Mitigating Action: A Public Health England review has been announced. It will explore thousands of health records to review COVID-19 impacts, this will include gender, alongside measures such ethnicity, deprivation, age, and obesity.</p>
Women	<p>According to the Institute of Fiscal Studies and Resolution Foundation low-paid, young people and women in the UK are likely to be the hardest hit by the coronavirus shutdown economically. Women were a third more likely to work in a sector now shut down. 17% of female employees were in such sectors, compared to 13% of male employees. Southend has 93,100 females, 56,200 are of working age, and 50,100 are economically active.</p> <p>In addition to economic impact:</p> <ul style="list-style-type: none"> • Women make up the majority of the frontline health and social care workforce, so may be disproportionately likely to contract COVID-19 • Women are more likely to be informal carers for older or disabled people, who are more likely to have serious illness as a result of COVID-19. • Women still bear the majority of caring responsibilities for both children and older relatives. With schools and nurseries now closing, the need for this unpaid work will only increase in the weeks to come. • Shortage of care services (childcare, healthcare, elderly care) will have a disproportionate impact on women as providers of unpaid care work. Coronavirus will exacerbate a situation where cuts to public spending have already fallen on women. [Amnesty] • There may be lapses in breast/cervical screening, increasing cancer risks. • Increased risk of domestic abuse (Expanded upon with LGBT below). <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Women, including pregnant women and on maternity leave, should not be disadvantaged in their careers by following stay at home advice [EHRC]. • Clarity over attending screening/written reminders.

	<ul style="list-style-type: none"> • Clarity over accessing sexual health and family planning centres.
Women, young people, neurodiverse /learning disability, homeless, mental ill health etc.	<p>This intersectional vulnerable group face increased risks in criminal exploitation:</p> <ul style="list-style-type: none"> • Modern slavery/trafficking and cuckooing as fewer people around to witness unusual activity.. • Perpetrators taking advantage of fewer visitors to a vulnerable person's home. • Evidence of exploitation of domestic workers in other countries – e.g. being forced to work without a break. <p>Potential Mitigating Action: Train postal workers and delivery drivers in spotting signs as these workers remain out and about. The same action could be taken to raise awareness of safeguarding and DVA.</p>

Sexual orientation

	Impact:
LGBT	<p>While there is no robust evidence to demonstrate that LGBT people are more likely to catch COVID-19 or that mortality rates are higher in LGBT communities, however, due to a number of health inequalities that LGBT people experience, some sections of LGBT communities may be at higher risk from being severely affected by the virus.</p> <p>This cohort already experiences higher levels of loneliness and poor mental health, there is also a high likelihood of intersectionality of LGBT needs across other areas.</p> <ul style="list-style-type: none"> • Lockdown impacts poorly on LGBT youth – if not 'out' in family. Risk of isolation, self-harming, and unsafe online activity to socialise. Also an issue for adults in households where feel isolated from other LGBT people. • LGBT people aged 50+ are more likely to be living with long-term health conditions (International Longevity Centre UK, 2019), increasing risk of getting seriously ill. • 51% of those diagnosed with HIV are gay and bisexual men (THT, 2018). Severe COVID-19 could be greater for those not receiving HIV treatment (Avert, 2020). • 24% of homeless people aged 16-24 are LGBT, affecting the ability to self-isolate and access care. • 52% of LGBT people experienced depression in 2017-18 (Stonewall, 2019). COVID-19 related factors can cause detrimental effects for those living with long-term mental health conditions which disproportionately affect LGBT people. • Social distancing' can have a greater impact for LGBT older people who rely on external social networks for advocacy/social contact in care settings • Older LGBT people are more likely to be socially isolated, and LGBT people of all ages are more likely to have 'chosen families'. Lockdown may lead to separation from those closest, or exposure to LGBTphobic families. • LGBT Foundation's helpline saw 70% more calls about transphobia and 36% more calls about homophobia this 16th March to 5th April than last year. <p>Potential Mitigating Action:</p>

	<ul style="list-style-type: none"> • To promote and support LGBT helplines and services linking up LGBT people to provide social contact over the phone/online. For example NHS Advice on mental health issues if you're gay, lesbian, bisexual or trans. • Share COVID-19 advice specifically targeted for people with HIV, such as https://www.bhiva.org/BHIVA-and-THT-statement-on-COVID-19-and-advice-for-the-extremely-vulnerable • Support youth organisations to provide safe means for LGBT young people to stay in touch. • Highlight issues for equality groups in guidance and communications
<p>Domestic abuse - LGBT and women as higher risk groups</p>	<p>Anticipated impact includes increased domestic violence and abuse during shielding/lockdown. Potentially fuelled by income loss, frustration, increased anxiety leading to drug/alcohol abuse. Abusers could take advantage of victim's reduced social interaction with others. Women are at higher risk of sexual exploitation and abuse. Adolescent girls at increased risk of forced marriage, FGM and abuse during school closure. In some cases FGM has been used against lesbian/gay women.</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Maintain dialogue with DVA agencies. • Extra housing for DVA victims needing to isolate. • Communications about DVA (both perpetrator behaviour and help sources). The Southend response has included A "Stay Safe at Home" campaign has been launched countywide by Essex Police. This is being shared by the Council. Part of the campaign focuses on domestic abuse and this part will be communicated locally. • Innovation in China and Italy - utilising technology to address DVA. • Staff can speak to their manager if homeworking is an issue of risk or health, with signpost to support sources (<u>Internal Page - Working from home guidance</u>). Make adjustments to enable staff to work safely, including working from council buildings if appropriate.

Carers / People with caring responsibilities

	Impact
Carers	<p>The clearing of hospitals to make way for coronavirus patients by releasing people early will put strain on carers. Changes to the quality or availability of health and social care services during the COVID 19 outbreak will impact upon informal carers. (Also see Race - BAME, young, carers.)</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Ensure care plans are in place and information is provided on where to get support/adaptive aids. • Responses to the preparedness of services to deal with increased numbers of people will have an impact on carers.

Socio-Economic

	Impact
Low income families	<p>According to the Institute of Fiscal Studies and Resolution Foundation low-paid, young people and women in the UK are likely to be the hardest hit by the coronavirus shutdown economically.</p> <ul style="list-style-type: none"> • <u>People living in deprived areas have higher diagnosis rates – Greater than the inequality in mortality rates in previous years, indicating greater inequality in death rates from COVID-19 (PHE, June 2020).</u> • <u>54 men and 13 women of no fixed abode were diagnosed with COVID-19, estimated as 2% and 1.5% of known rough sleepers. Data is poor quality, but suggests a much higher diagnoses rate than the general population (PHE, June 2020).</u> • Low earners are 7x more likely work in shutdown sectors. A third of employees in the bottom 10% of earnings work in shut down sectors versus just 5% of those in the top ten per cent. • ‘Panic buying’ affects those unable to stockpile – Leading to more trips. • Public transport use brings greater risk, compounded with lower income jobs – including essential such as caring and retail (groceries). • 6.15% (4963 households) of Southend’s 80,758 households fall are ‘Families with limited resources who budget to make ends meet’. Characteristics include; age 31-35, Terraced property, Household income <£15k, with children, Limited resources, Low cost home ownership/renting, often squeezed budgets. • Southend residents are impacted by lack of private outside space. Particularly Victoria ward, where 39% of households have no private outside space, and 22% in Southend Central (ONS, 2020) • <u>Responses from 351 of 425 Trussell Trust food bank charities saw in April 2020, 89% more emergency food parcels were delivered compared to April 2019. Almost twice as many families with children are now receiving food parcels (+95%).</u> • <u>The Independent Food Aid Network (over 346 independent food banks), has</u>

	<p><u>reported a 175% increase in need in April 2020 to April last year.</u></p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Community support – foodbanks. Wider initiatives being implemented such as supermarket rationing and government support e.g. council tax relief. • Keeping allotments open – many people ‘grow their own’ helping maintain food supply, and contribute to good health and wellbeing. Social distancing can be enforced on allotments by asking people to stay strictly on their own plots and having a safe system of unlocking the gate • Free school meals available as supplies or vouchers.
Rural communities	<p>Social distancing is easier to apply in a rural setting. Policies addressing social distancing issues in an urban setting could have an unnecessary disproportionate economic/wellbeing impact in a rural setting.</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • To alert government of policies where it could be beneficial to adapt a different approach in a rural setting.
Homeless people (often mental health/neuro-diverse/care leavers)	<p>This group is more at risk of illness/ill health in general, and may be unable to self-isolate or maintain social distancing. There may be challenge in accessing information and advice. Reduced town centre footfall may also raise tensions amongst the homeless community who may have experienced a drop in income.</p> <p>Potential Mitigating Action:</p> <ul style="list-style-type: none"> • Targeted support via homeless charities/district housing staff. • Availability for accommodation via empty hotels/B&Bs • All of Southend’s known rough sleepers were placed into accommodation. A media release was issued and can be read on our website

Sources and further Reading:

- [LGiU briefing - local government and COVID-19, issues for disadvantaged groups](#)
- [BBC News: Are minorities being hardest hit by coronavirus?](#)
- [BMJ blog: How can we involve communities in managing the COVID-19 pandemic?](#)
- [Coronavirus \(COVID-19\) guidance for the charity sector](#)
- [Guidance on Hardship Fund](#)
- [Mayor of London: Information on Covid-19 for non-UK nationals](#)
- [Race Equality Foundation: Coronavirus information and resources](#)
- [Runnymede Trust: Coronavirus will increase race inequalities, Zubaida Haque](#)
- [Scottish Community Development Centre: What community groups are telling us about their response to COVID-19](#)
- [Scottish government emergency help for those most affected by coronavirus](#)
- [Equality human rights - How we're responding coronavirus pandemic](#)
- [New law journal- COVID-19 impact on protected groups](#)
- [BPS - Psychological impact of social distancing - gender, sexuality and relationship diversity](#)
- [BPS - Responding to the coronavirus - psychological impact on older people.](#)
- [BPS - Coronavirus and UK schools closures support and advice.](#)
- [CEBM - BAME COVID Rapid Data Evidence Review - Hidden in Plain Sight](#)
- [Resolution foundation - Women, the young, and low-paid workers are bearing the](#)

biggest health and economic risks from the coronavirus crisis

- ONS - Coronavirus (COVID-19) Infection Survey pilot: England, 14 May 2020
- ONS - Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 (7 May)
- ONS Economy Environmental accounts One in eight British households has no garden - 2020-05-14
- Public Health England: Disparities in the risk and outcomes of COVID-19 (June 2020)