The Manchester Briefing on COVID-19

International lessons for local and national government recovery and renewal

What is ‘The Manchester Briefing on COVID-19’?

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

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

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

This week we have provided four briefings:

<table>
<thead>
<tr>
<th>Briefing A: The Essex Resilience Forum COVID-19 Impact Assessment</th>
<th>Briefing B: Lessons you may find helpful from across the world</th>
<th>Briefing C: The Integrated Review - Considerations for local and national resilience</th>
<th>Briefing D: Useful webinars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page 2</td>
<td>Page 6</td>
<td>Page 13</td>
<td>Page 15</td>
</tr>
</tbody>
</table>

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

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

Join the conversation #RecoveryRenewal #Covid19Recovery

Previous briefings. If this is the first briefing you have received and you’d like to access more, they can be found here.

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

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

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

Methodology

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

- An Impact Assessment questionnaire was used to collect information on actual and anticipated impacts of COVID-19 on strategic priorities
- The RCG agreed twelve ‘themes’ and questions for the questionnaire
- The impact ‘themes’ that were prioritised in this assessment were those of ‘outcomes’ (impacts) at a systems level (e.g. health inequalities, mental health issues, economic outcomes etc.) and did not focus on the impacts on organisations as this was deemed to be the responsibility of organisations themselves

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

- Statutory organisations and other TCGs were invited to complete the questionnaire
- The analysis of these questionnaires was completed by each TCG group

Impact Assessment contributors

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

<table>
<thead>
<tr>
<th>Local authority partners:</th>
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<tbody>
<tr>
<td>Tendring District Council</td>
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<tr>
<td>Education Leads, Southend, Essex and Thurrock</td>
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<tr>
<td>Colchester Borough Council &amp; Community360</td>
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<tr>
<td>Thurrock Council</td>
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<tr>
<td>Children’s Services, Southend Borough Council</td>
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<tr>
<td>Police, Fire and Crime Commissioner for Essex (PFCC)</td>
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<tr>
<td>Castle Point Borough Council</td>
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<tr>
<td>Southend Borough Council</td>
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<tr>
<td>Essex County Council</td>
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<tr>
<td>Uttlesford District Council</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Tactical Coordination Groups (sub groups of the Essex Strategic Coordination Group):</th>
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<tr>
<td>The Faith and Communities Tactical Coordination Group</td>
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<tr>
<td>Resilience Tactical Coordination Group</td>
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<tr>
<td>Waste Tactical Coordination Group</td>
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<tr>
<td>Mental Wellbeing &amp; Covid-19 Tactical Coordination Group</td>
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<tr>
<td>Homelessness and Rough Sleeping Tactical Coordination Group</td>
</tr>
<tr>
<td>Volunteering Tactical Coordination Group</td>
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</tbody>
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1 http://www.essexprepared.co.uk/
Impacts and results summary

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

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

<table>
<thead>
<tr>
<th>Impact</th>
<th>Details</th>
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<tr>
<td><strong>Impact 1: Mental Health</strong></td>
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| • Increased pressure on services: | o Increase in presentation of first episode psychosis  
  o Increase in demand for support with common mental illnesses  
  o Increase in suicide risk  
  • Greater impacts on specific groups:  
  o Young people, isolated people, Domestic abuse victims and some ethnic groups face increased risks  
  • Direct effects of the virus:  
  o After effects of Intensive Care  
  o Trauma and PTSD amongst care workers  
  o Could be long-term affects amongst those who have contracted COVID |
| **Impact 2: Education Outcomes** |  |
| • Disrupted learning programmes: | o Effectiveness of virtual learning still unknown  
  o Trauma and bereavement issues may be felt once schools reopen  
  o Significant longer-term impact anticipated including fall in exam results, and less children attending further education  
  o disadvantaged pupils are expected to be greatly impacted  
  • Accelerated economic decline: |  
  o Closures of Early Years provision could lead to shortage of places for 2-5 year olds  
  o Potential increase in those children Not in Education, Employment or Training (NEET) |
| **Impact 3: Children & Young People** |  |
| • A move to virtual platforms: | o Many children engaged well with virtual visits  
  o Additional risks with children engaging more online  
  • Unaddressed escalating need and risk: |  
  o Potential increases in safeguarding cases may not have been felt yet  
  o Many families just about managing and relying on less stable incomes  
  • Increase in pressure on services: |  
  o An almost 5% increase of children in care who would have exited  
  o Increase in calls to domestic abuse services |
| **Impact 4: Vulnerable Adults** |  |
| • Demand for shielding support: | o Demand for food medication, transport and befriending  
  o Wider impacts on burnout of key workers and those working from home for long periods  
  o Possible increase in food and fuel poverty, and demand of debt management support  
  • Unknown individuals presented as rough sleepers: |  
  o Food, accommodation and security were provided  
  o Additional provisions have resulted in significant costs to local authorities  
  o Funding for new accommodation is now being sought |
| **Impact 5: Mortality and Excess Deaths** |  |
| • Increased mortality rates and excess deaths across the population: | o 163 ‘excess deaths’ per week across between 23rd March and 25th May 2020  
  • Greater impact on specific groups: |  
  o Males, those elderly and frail and those with significant comorbidity are most likely to die after contracting COVID  
  o Nationally, Black males and females and Bangladeshi, Pakistani and Indian males are more at risk  
  • Impacts on health inequality: |  
  o Potential to widen inequalities through impacts on jobs, education and incomes  
  • Impacts of delayed bereavement: |  
  o Traumatic elements of bereavement can make natural recovery to resilience more for loved ones |
| **Impact 6: Physical Health** |  |
| • Concerns around inactivity: | o Inactive people becoming even less active and having less resilience to recover from COVID  
  • Increased risks during shielding: |  
  o Risks of falls and trips have increased  
  o Falls admissions to hospitals has increased  
  • Wider impact on other health and social care needs: |  
  o People are losing confidence to leave their homes with impacts on mental and physical wellbeing and a knock-on effect on informal carers  
  o Increase in smokers transferring to vaping  
  o Increase in adults seeking alcohol addiction support |
| **Impact 7: Health and Care Services** |  |
| • Impacts on service: | o Considerable strain on supply chain and staff. Staff working a 7-day rota are at risk of burnout  
  o Positive joint working with health and community partners.  
  o Care providers may not be able to operate with unsustainable bed vacancies  
  • Greater impact on specific groups: |  
  o People with a Learning Disability and Autism likely to be disproportionately impacted by closure of day opportunities, with increased pressure on families and informal carers  
  o High proportion of BAME people are in health and social care professions  
  o Digital inclusion and access is a concern to partners |
Impact 8: VCS and Volunteering

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

Impact 9: Economy

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

Impact 10: Crime

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

Impact 11: Public Transport

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

Impact 12: Environment

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

Reflections on ERF Impact Assessment

The limitations of this Impact Assessment are noted below:

- The results are reliant on the individual analysis and interpretation of data conducted by each of the organisations and TCGs that completed the assessment, primarily due to the speed at which analysis was required to provide immediate guidance on the next steps to response and recovery
- ‘Light touch’ Impact Assessments are rapid in their design and the speed of assessment translates through to the speed and level at which results are examined

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

Next Steps

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

- How does the legacy of the first wave of COVID infections – and any concurrent challenges (e.g. Brexit, NHS Winter pressures) – affect partners’ ability to plan ahead?
Given that partners work has yet to fully recover from the first wave of infections, are there areas where we are particularly vulnerable to negative outcomes as a result of a second wave?

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

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

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

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

**Table of Contents**

- Humanitarian assistance 7
- Public protection 7
- Mental health and well-being 7
- Economic 8
- Economic strategy 8
- Infrastructure 9
- Health systems 9
- Environment 10
- General environment 10
- Communication 11
- General communications 11
- Targeted communications 11
- Governance and legislation 12
- Planning for recovery 12
- Risk assessment 12
### Humanitarian Assistance

<table>
<thead>
<tr>
<th>Impact on:</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public protection</strong></td>
<td></td>
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**Republic of Ireland:**  
[https://tinyurl.com/yzfijp4s](https://tinyurl.com/yzfijp4s)  
**UK:**  
[https://tinyurl.com/xs9ansri](https://tinyurl.com/xs9ansri)  
[https://tinyurl.com/3pbe79uf](https://tinyurl.com/3pbe79uf)  
[https://tinyurl.com/kh24v3k2](https://tinyurl.com/kh24v3k2)  
Consider measures to protect and support Roma, Gypsy, Traveller and Boater communities during COVID-19. Factors such as underlying health conditions, confined and over-crowded living spaces, limited facilities (e.g. running water, adequate sanitation), stigma and discrimination mean that Roma, Gypsy, Traveller and Boater communities are particularly vulnerable to the risks and associated impacts of COVID-19. Virus infection and death rates of these communities are currently unknown in the UK meaning formal data collection is needed. People in these communities are also likely to not be registered with a GP, to work in precarious job roles or be self-employed, meaning there is a possibility that these communities will fall through the net with regards to COVID-19 vaccine programmes and the business/financial support initiatives provided during the pandemic. Consider:

- Partner with local and national organisations that work with Roma, Gypsy, Traveller and Boater communities to better understand their needs during the pandemic
- Work closely with the owners and managers of all residential sites and waterways for these communities to ensure that they stay open and alternative accommodation is arranged for people who become unwell and are required to self-isolate
- Provide additional temporary water, sanitation and waste disposal facilities to those communities who cannot access public facilities (due to closure of public infrastructure during lockdowns)
- Open additional local authority caravan sites temporarily to prevent overcrowding at designated caravan sites as COVID-19 requires these communities to remain static (e.g. holiday campsites that are not in use and would have basic facilities such as running water already in place)
- Establish a designated helpline in partnership with local health authorities (e.g. HSE Midlands Traveller Health Unit) to deal with COVID-19 queries
- Introduce a temporary moratorium to prevent people from being evicted from unauthorised camp locations
- Relax rules temporarily so those living on canal boats can moor in a safe place for an extended period of time
- Establish a targeted education support programme for children in these communities who are at risk of digital exclusion during periods of school closure
- Communicate with Roma, Gypsy, Traveller and Boater communities and the organisations that represent them to ensure that they are aware of and have access to social support mechanisms provided during the pandemic, e.g. Self-employment Income Support Scheme, vaccine programmes
- Include people who are living in these communities in research and outreach programmes to ensure learning is gained from their experiences and the diversity of impacts of COVID-19 on their lives is taken into account when planning for recovery |
| **Mental health and well-being** | 
**Australia:**  
[https://tinyurl.com/sehrjadk](https://tinyurl.com/sehrjadk)  
Consider how to support people who may be anxious about lockdown ending. People have experienced different levels of isolation during the COVID-19 lockdowns. Many people will be enthusiastic about socialising again, but others may be nervous or anxious about resuming activities that they once took for granted, such as returning to shops or busy spaces. Having to process and remember new rules as restrictions ease may be an additional concern for people who are already feeling overwhelmed. Consider:

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

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

[https://tinyurl.com/8p447tn8](https://tinyurl.com/8p447tn8)

[https://tinyurl.com/6emcsh88](https://tinyurl.com/6emcsh88)
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<th>Infrastructure Actions</th>
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<td>Consider lessons learned from the USA, UK and Canada in addressing the backlog of people needing healthcare. In health systems across the world, screening programmes and non-emergency surgical operations have been postponed and cancelled to reduce transmission and free up capacity to treat Covid-19 patients. The USA, UK and Canada have been working to re-start non-COVID related healthcare since the first wave of COVID-19, with subsequent COVID-19 surges creating further challenges, particularly for those countries who are yet to tackle healthcare waiting lists. Those working to reduce the backlog report that some patients continue to defer seeking care so not to increase pressure on services, or because they fear catching the virus. Continued delays will decrease quality of life, increase treatment costs, and worsen outcomes, as the conditions individuals are suffering from deteriorate. There may also be knock-on effects on social care. Consider the measures explored by the UK, USA and Canada:</td>
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<td>■ Proactively engage the public (e.g. through local communications) to instill confidence in the safety and continued functioning of healthcare systems and encourage them to seek care if they need it</td>
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<td>■ Ensure ample PPE is available to prevent unnecessary challenges in the delivery of health and social care</td>
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<td>■ Inform plans by developing rigorous forecasts of future patient demand and service pressures</td>
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<td>■ Enhance national and local partnerships developed during the pandemic to address the backlog of people needing care. For example:</td>
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<td>o Begin to increase resource capacity through recruitment now to ensure sufficient capacity is available in the future</td>
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<td>o Extend surgical operating hours, including at weekends</td>
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<td>o Draw on volunteers to support vaccination programmes to enable trained healthcare staff to focus on elective care</td>
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<td>o Pool resources between local hospitals and centralize waiting lists so that patients can be treated wherever there is capacity</td>
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<td>o Make greater use of virtual care to increase outpatient access</td>
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<td>o Pilot alternative health care testing programmes (e.g. home testing kits for HPV)</td>
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<td>Environment</td>
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<tr>
<td><strong>Impact on:</strong></td>
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<td><strong>General environment</strong></td>
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<td>UNDP (pg. 61), Burkina Faso, Philippines, Iraq, Haiti, Mali, Mozambique, Guatemala: <a href="https://tinyurl.com/bk87btjt">https://tinyurl.com/bk87btjt</a></td>
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<td><strong>Communications</strong></td>
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<td><strong>General communications</strong></td>
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Consider how positive news and stories can relieve the mental fatigue of COVID-19. COVID-19 has dominated news, media, and local and national government communications for the best part of a year since the pandemic began. One study found that excessive media use was associated with negative psychological outcomes, such as anxiety and stress. Positivity can aid stress management and reduce levels of anxiety/depression. Consider:

- Demonstrate that there is a world outside of COVID-19 by communicating positive stories unrelated to COVID-19
- Encourage more positive COVID-19 stories to come through, for example:
  - Create a local news special that celebrates the effort of local volunteers or local government during the pandemic
- Use communication channels (e.g. social media/newsletters) to communicate positive stories:
  - Invite local community members to share positive news and stories that can be shared and promoted through these channels
  - Invite school children to draw and write positive messages and hang them on the trees/fences of local parks/buildings
  - Encourage people to take regular breaks from consumption of COVID-19 news (signpost to community groups that may be running weekly bingo/quizzes online)
- Create a call-to-action for local volunteers and begin inviting the community to take part in and create new positive local initiatives that are focused on recovery and renewal from COVID-19

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<tr>
<th><strong>Targeted communications</strong></th>
<th><strong>Impact on:</strong></th>
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| **UK:** [https://tinyurl.com/37zpmfnm](https://tinyurl.com/37zpmfnm) [https://tinyurl.com/42zcybbu](https://tinyurl.com/42zcybbu) | **Consider the value the Census can bring to local recovery planning.** The 2021 UK Census offers a unique opportunity to increase our long-term understanding of the health, social and economic impacts of COVID-19 on different communities. In due course, local government can use the insight that the Census provides to plan and provide funding for services that will be critical in recovery and renewal, such as changes in housing, education and healthcare. Grassroots organisations, charities and businesses can also use this information to inform their future work and to secure funding. Consider:

- A targeted and localised communications campaign that highlights issues that are relevant for local people in their community:
  - Engage local community members/groups that may have influence and knowledge on the priorities of specific communities to inform communications and support the encouragement of people to take part
- Partner with organisations that work with different communities to promote the value and benefits that the information gained through the Census will bring
- Tailor communications and ensure that the value and benefits detailed are relevant to particular groups (e.g. people with disabilities, ethnic communities)
- Develop a variety of resources that support people to take part, for example:
  - Create a variety of resources (e.g. animation films) that explain how to complete the Census and where people can get support with filling out the Census form, signpost people to organisations that can help
  - Ensure all resources are accessible in terms of language and consider access needs of people with disabilities |
### Governance and legislation

<table>
<thead>
<tr>
<th>Impact on:</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning for recovery</td>
<td>Consider the activities and partnerships required to initiate the recovery planning process. Strong collaboration between local government and their partners, communities and local businesses is required to anticipate challenges in the aftermath of COVID-19. Further, co-operation in the design of recovery strategies is critical to ensure communities are engaged and empowered in their recovery. Recovery strategies will need to be tailored to address the diversity of impacts and needs of different communities. Consider how to:</td>
</tr>
<tr>
<td>Australia:</td>
<td>Conduct an Impact Assessment to identify where COVID-19 has created effects, impacts and opportunities (see TMB 8) – and identify which of these impacts will bring longer-term challenges in recovery</td>
</tr>
<tr>
<td></td>
<td>Refresh Impact Assessments with updated information as other effects, impacts and opportunities become known</td>
</tr>
<tr>
<td></td>
<td>Identify other challenges that lie ahead as we progress to living with COVID</td>
</tr>
<tr>
<td></td>
<td>Review what planning is required and what partnerships will support recovery:</td>
</tr>
<tr>
<td></td>
<td>o Define recovery goals in partnership with the community and local organisations, and account for the need to measure progress and outcomes in the future</td>
</tr>
<tr>
<td></td>
<td>o Plan for the need to adapt/pivot and establish new local resources, services and programmes to address pre-existing, new and emerging needs of communities, e.g. infrastructure planning to address housing supply challenges/employment programmes for young people</td>
</tr>
<tr>
<td></td>
<td>o Maintain and enhance partnerships that have been developed through the pandemic, by bringing these partners together to co-produce plans and actions to address the new and emerging challenges</td>
</tr>
<tr>
<td></td>
<td>Identify logistical and operational challenges that may occur as continuous management of the virus is required</td>
</tr>
<tr>
<td></td>
<td>Review lessons from previous phases of track and trace/vaccination programmes, recognise the challenges, such as people not responding to track and trace or vaccine hesitancy, and prepare strategies to address these (see TMB 31)</td>
</tr>
<tr>
<td></td>
<td>Manage the expectations of communities, to ensure that they understand that potential future outbreaks may mean restrictions may be re-introduced</td>
</tr>
<tr>
<td></td>
<td>Review communication strategies for previous localised restrictions, consult with local partners on their effectiveness</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Consider the concept of “as low as reasonably practicable” (ALARP) when assessing risk as we live with COVID. The ALARP principle acknowledges that we might not be able to eliminate all risk, as risk is part of life, but we may be able to manage it. It is necessary to control risk, particularly when it comes to public health and safety. Throughout the pandemic we have continuously acknowledged the existence of COVID-19 risk and managed this risk to as low a level as practicable through various containment measures. When assessing COVID-19 risk ALARP, consider:</td>
</tr>
<tr>
<td>New Zealand:</td>
<td>What level of COVID-19 risk is as low as reasonably practicable and acceptable, e.g. for lockdown to end (this could be based on factors such as levels of hospital admissions due to COVID-19, or the number of people vaccinated)</td>
</tr>
<tr>
<td>UK:</td>
<td>The likelihood of the hazard or the risk occurring and what degree of harm might result from the hazard or risk</td>
</tr>
<tr>
<td></td>
<td>What actions are available to minimise the risk</td>
</tr>
<tr>
<td></td>
<td>What cost is associated with available ways of minimising the risk - Is the cost proportionate to the risk</td>
</tr>
<tr>
<td></td>
<td>Communicate with the public and educate them about risk being ALARP, to increase understanding that we will continue to live with COVID-19, and that recovery will consider risk in terms of ALARP</td>
</tr>
<tr>
<td></td>
<td>Develop guidance for businesses (e.g. nightclubs) on operating according to the principles of risk ALARP in relation to COVID-19 containment</td>
</tr>
</tbody>
</table>

[https://tinyurl.com/563w3ujj](https://tinyurl.com/563w3ujj)
[https://tinyurl.com/2k9hkned](https://tinyurl.com/2k9hkned)

[https://tinyurl.com/6ur9we68](https://tinyurl.com/6ur9we68)
[https://tinyurl.com/54zjh8pj](https://tinyurl.com/54zjh8pj)
The Integrated Review of Security, Defence, Development and Foreign Policy provides a comprehensive view of the UK’s national security and international policy. This case study will detail key messages from this review relative to local and national resilience.

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

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

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

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

- The development of a ‘comprehensive national resilience strategy’ (p.88):
  - A ‘whole-of-society’ integrated approach to resilience that focuses on: ‘improving public communications on preparedness; strengthening the role and responsibilities of local resilience forums (LRFs) and assessing the resilience of critical national infrastructure (CNI)’
  - Review risk assessment approaches, increase local and national capabilities (‘people, skills and equipment’) and ‘strengthen analytical, policy and operational tools’ (p.89)

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

**Climate change agenda**

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

- ‘Accelerate the global and national transition to net zero by 2050’ through a variety of initiatives (e.g. increasing support for net zero innovation and new industries)
- Drive ‘sustainable and legal use of natural resources by supporting agriculture that regenerates ecosystems’ and increases the availability of and accessibility to sustainable food resources (p.90)

**Connecting resilience, health and migration**

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

- Equitable access to healthcare (e.g. COVID-19 vaccines) for global, national and local recovery from the current pandemic through ambitious domestic vaccination strategies and by providing support for developing countries to increase access to vaccines globally (e.g. via the Covid-19 Vaccines Global Access Facility initiative)
- Reviews of biosecurity strategies to recognise the interconnecting relationships between population ‘health, animals and the environment’ and the development of a robust approach to the resilience of healthcare supply chains (p.94)
- Increase of crisis response capabilities at local levels by providing funding (£5.4bn) to support local authority response capabilities (p.104)
- Investment and cooperation in the reformation of the global health system that recognises the potential value of data and identifies the strengths required between health and economic institutions for resilience (p.94)
- Global coordination and collaboration to increase and improve research and development for vaccination, therapeutics and diagnostics, to strengthen preparedness for pandemics on global scales (p.94)

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3. [https://www.who.int/initiatives/act-accelerator/covax](https://www.who.int/initiatives/act-accelerator/covax)
Migration poses a multitude of complex challenges, such as risk to the lives of the most vulnerable and pressures on host country institutions and systems (e.g. health). To build resilience in this capacity, the UK is committed to providing support that addresses the root drivers of migration, e.g. to improve ‘stability and socio-economic conditions in fragile regions’ (p.95).

Implementation of the Integrated Review

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

- ‘Flexibility, agility, accountability for delivery and strong ministerial oversight when dealing with complex strategic issues, to increase coherence, structure, the ability to react quickly to and deal with cross-cutting challenges and effective implementation’
- Building support for strategy implementation through strategic communications and community engagement
- This review reinforces the view of The National Risk Register on how community engagement and participation in risk planning is essential. The pandemic has provided local and national governments with a unique opportunity to harness and develop volunteers and community response and recovery capabilities to strengthen community resilience and increase its positive impacts on preparedness for future challenges caused by COVID-19 and future crises in a broader sense
- The attainment of a culture that supports ‘integration, adaption and innovation’ through inclusion and participation. To do this, the review acknowledges the need to further develop and harness the opportunities provided by the pandemic, those that will achieve a culture that manifests the collaborative, agile and inclusive behaviours that enable integration, for example (p.98):
  - The mitigation of cognitive biases that impact decision-making through a systematic process of challenging procedures, decisions and strategies
  - Increase awareness of, connectedness to and representation of all people in the community
- The importance of having the right people with the right knowledge, skills and abilities (KSA) to form ‘flexible, diverse and multidisciplinary teams’. To accelerate progress towards professionalisation, training and skills, the UK will review the viability of a dedicated College for National Security, in preparation for the next SR (p.99)
- The establishment of a ‘Performance and Planning Framework’ and an ‘Evaluation Taskforce’ to provide continuous review and assessment of integration performance and impact measurement (p.99)

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

Briefing D:
Useful Webinars

Upcoming webinars

24/03/2021: Psychological health in the wake of Covid-19
Register: https://tinyurl.com/tjt5f9av

25/03/2021: One Year of COVID-19: Delivering a Green and Just Recovery
Register: https://tinyurl.com/encjpmtr

26/03/2021: Recovery and renewal from Covid-19: A year of The Manchester Briefing
Register: https://tinyurl.com/4yfu2v5n

Webinars from last month

15/02/2021: LTC covid Webinar - The provision of unpaid care during the COVID 19 pandemic
Watch: https://tinyurl.com/at32dm4w

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

25/02/2021: British Red Cross: Get your facts straight to keep your family safe (Covid-19 vaccine)
Watch: https://tinyurl.com/wt6mpa9d
Appendix A: The twelve impact themes of the ERF impact assessment

The Mental Health of the Population

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

Disproportionate impacts on students
- Pupils have been away from school in the main for 5 months. The impact of this may only be known once they return, but it is likely to include concern about the return, friendships issues and the impact that they may feel as a result of missing school.

- It is possible that greater impact may be felt by the more vulnerable groups. SEND, look after families.

The Mental Health of the Population

Children and young people’s mental wellbeing
Young people are anxious about their futures
Increased anxiety in those who have missed crucial exams (in particular the year 11, 12, 13 cohorts) who have seen their workload increase to cover time lost. Those who are struggling to make the transition into adulthood due to limited opportunities.

- The Mental Health of the Population

Impacts on older people
Adults over the age of 65 are expected to have the same rate of increase in anxiety and depression as working age adults. Based on population volumes, this will result in the total population of common mental health conditions by 2050.

- The Mental Health of the Population

Mental health impact is being felt now. There has been a large leap following the physical Covid-19 restrictions as mental health demand is increasing currently and is projected to increase further.

The Mental Health of the Population

Prevalence of mental health issues in more deprived areas and amongst more deprived and socially isolated people
- African Caribbean communities: Prevalence of mental illness is higher in more deprived areas and people from African Caribbean communities and of mixed race are more likely to be diagnosed with serious mental illness.

Social isolation
- Lockdown has brought social isolation to many of the district’s residents, particularly people living alone or those who had to shield.

Domestic violence
- Voluntary of domestic abuse being locked down with perpetrators. The impact on victims of domestic abuse being locked down with perpetrators.

After-effects of being in intensive care
- People who have been in intensive care can experience mental illness associated with delirium and trauma and come will go on to develop post traumatic stress.

- The Mental Health of the Population

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- The Mental Health of the Population

Unpaid carers - responsibilities has increased and with this added to stress, many carers are having suicidal and desperate thoughts.

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

Changes in presentation of first episode psychoses
- We are modelling based on experience of other pandemics that predicts 10-20% escalation of serious mental illness for evidence of serious mental illness, which we are seeing happening.

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

Increase in PTSD requiring support among staff, carers and wider population is beginning to make itself visible. The longer term impacts of Covid-19 on physical and mental health will need further audit and research.

Factors effecting Working Age Adults

- Factors effecting Working Age Adults include bereavement, unemployment, effects on frontline staff and additional development of mental health due to lockdown. For all adults, research indicates that rates of physical isolation may offer an impact of 11% of the population to 20.8%. Anxiety levels may rise from 50% typically in 20.8%. Further research suggests that 15% of those in unemployment will experience mental health difficulties because of the pandemic. (A 160 people in Essex)

- The Mental Health of the Population
Appendix A: The twelve impact themes of the ERF impact assessment

Educational Outcomes

Whole scale impact on children’s development and academic attainment

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

Virtual Learning

- Efficiencies of virtual learning are undoubtedly vary in both quality and the quality of safeguarding for the student.
- Once the performance is reported many schools will be considering some form of recovery curriculum.

Trauma and Bereavement

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

Financial Viability

- Early years provision not being able to service financially due to closures with more of placements for 2-3 year olds, which will have increased impact on those eligible for Free Entitlement Place.
- Also reduced financial impact specifically in relation to children and young people who can get to school transport.

Accelerating Economic Decline

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

Drop in Further Education

- Increase in children who are Not in Education, Employment or Training (NEET)
- Employment or Training (NEET)
- Further Education (including Vulnerable Children)
- Children living with unaddressed escalating need and risk
- Families on low income
- Anticipated impact on vulnerable children, many of whom live in families with higher incomes, disproportionally in comparison to other groups.

Children and Young People (including Vulnerable Children)

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

### Disadvantaged pupils

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

- Increase in activity
- Attendance
- Online teaching and return to school impacts

### Calls to Domestic Abuse services have risen

All children young people and their parents/carers have needed increased support. Services to young people and their families with educational needs.

- Calls to Domestic Abuse services have risen since the start of lockdown, due to increased economic and social stress.
- A number of children not returning to school due to anxiety of their parents and their own emotional wellbeing.
- Families who may not have experienced a need to access support previously are now seeking intervention from all levels.

### Increase in inactivity

- Increase in significant drop in attendance.
- Long term social development due to lack of family and other contact.

### Increase on service demands

- A likely spike in new referrals in October
- The gap between expected and actual referrals, the expected need was due to the pandemic. A likely spike in new referrals in October once children in the Child Protection System, and around 250 new children in care this last year. This has a profound impact on costs, expected to be in excess of £10m pa, at a time Children & Families is expected to reduce spending by £6.5m pa.
- Voluntary community support services to vulnerable groups of pupils, in particular, have been stretched as capacity was redirected to provision of food and essentials.

### Vulnerable Adults

9 months worth of social isolation demand in 3 months

- Increase to service demand for food, medication, transport & befriending
- Food and Fuel poverty.
- Debt management needed.
- Support for key workers - risk of burn out.

### Disproportionate effects of COVID-19 on BAME communities

- Black and Bangladeshi communities more adversely affected
  - Effect of COVID on BAME communities. A reportedly disproportionate effect on BAME communities, particularly on the Black and Bangladeshi communities.
  - We have not been able to measure this at a local level.
  - Details were not reported but evidence was still very clear. Surveys from National Statistics did suggest that this is considerable.

### Vulnerable Adults

- Large numbers of previously unknown individuals presented as rough sleepers.
- Initial estimates of rough sleeper numbers were quickly exceeded and by 15th April. Essex authorities reported 358 individuals, with 267 safely accommodated. This exceeded and by 15th April. Essex authorities reported 358 individuals, with 267 safely accommodated. This exceeded and by 15th April. Essex authorities reported 358 individuals, with 267 safely accommodated.
  - Initial estimates of rough sleeper numbers were quickly exceeded.
  - Large numbers of previously unknown individuals presented as rough sleepers.

### Vulnerable Adults

- Definition of vulnerability has changed through this process
  - Multigenerational living in BAME communities may be a factor in the spread and increasing of COVID.
  - Support for key workers - risk of burn out.
  - Impact on working for a long period of time.

### Food insecurity

- Many accommodation sites to prevent drug use and antisocial behaviour.
- Food, security and other necessities were provided at many accommodation sites.
- Future funding
  - There has been a funding opportunity from central government but no new accommodation and support for rough sleepers.

### Significant costs to local authorities

- Essex County Council in partnership with districts have had to fund £700,000 in accommodation costs by June.
- District, City and Borough authorities had incurred over £10m pa, at a time Children & Families is expected to reduce spending by £6.5m pa.
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Appendix A: The twelve impact themes of the ERF impact assessment

Levels of Mortality and Excess Deaths

Disproportionate deaths of elderly people, and Black and Asian males

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

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

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

- Full analysis on the characteristics of those who died in Essex are not available. We do know that 17% of deaths attributed to COVID-19 in Essex occurred in those living in care homes.
- Notably we know that excess males have 2 times the risk of death from COVID-19 than white males and 3 times the risk than white females. Males of Bangladeshi, Pakistani and Indian ethnic background also had a significantly higher risk (1.5 to 1.6 times) of COVID-19 death than white males but this was not found in females.
- Males are more likely to die from COVID-19 than females, which is why male death rates are generally higher than female death rates. Issues in Essex, Epping Forest, Southend and Thurrock have significantly higher death rates than England, as do females in Maldon.
- All residents (male & female) in Essex & Epping Forest have significantly higher COVID death rates compared to England. Southend & Thurrock have significantly higher male death rates.

Late presentations of other conditions

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

There is an assumption that there will be further deaths with people not having presented at GP surgeries with other health conditions. Indirect effects of COVID-19 may lead to increased late presentation of these conditions and very likely worse outcomes.

Impacts of delayed bereavement

Natural recovery to resilience more problematic;

Resident were unable to grieve properly for lost loved ones, this is amplifying the experience of being unable to grieve loved ones properly.

Bereavement in times of COVID-19 have affected the normal bereavement processes, which has produced a wide offer of bereavement support

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

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

If it is all but inevitable that health inequality will become significantly worse.

Table of levels of mortality and excess deaths

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mortality Rate</th>
<th>Age Standardised Rate</th>
<th>Excess Deaths Rate</th>
<th>Age Standardised Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>133</td>
<td>129</td>
<td>129</td>
<td>125</td>
</tr>
<tr>
<td>Female</td>
<td>115</td>
<td>112</td>
<td>115</td>
<td>112</td>
</tr>
</tbody>
</table>

* Indicates a rate significantly higher than England
Appendix A: The twelve impact themes of the ERF impact assessment

The Physical Health of the Population

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

Fruity level and risks of falls and trips have increased in shielding
Risks of falls and trips have increased in shielding as fruity levels are increasing. Unable to quantify at this stage through evidence available but we need more and falls admissions to hospital has increased.

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

Although most people recover well from covid-19 it is likely that this fall number will take a longer time to recover their former health and some might never.

People not leaving their homes

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

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

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

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

Increase in vaping and alcohol support

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

The number of people seeking support for problems with alcohol drinking has increased.

People not leaving their homes

Mobilised a new wellbeing service from scratch

A new wellbeing service was mobilised to support people needing and seeking help, including providing of PPE placed considerable strain on supply chain and staff. 

Establishment of Care Home Hubs, across the 4 quadrants, with specific focus on supporting residents, staff and owners, to reduce the risk of outbreak. This has placed considerable strain on supply chain and staff.

Increased pressure on families

Health and Social Care Services

Considerable strain on supply chain and staff

A new wellbeing service was mobilised to support people needing and seeking help, including providing of PPE placed considerable strain on supply chain and staff.

Mobilised a new wellbeing service from scratch

Health and Social Care Services

Delays in accessing support

There was a reduction in referrals during covid-19. The long term impact of not accessing support for vulnerable adults requiring long term social care solutions.

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

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Preparing for a second wave

It is important to expect that we will still responding to the pandemic and may yet have to address a second wave, for which we have a detailed plan using its back impact and challenges posed by the end of the EU transition period.

In this context decoupling statutory functions will be priority, and while account activity is well underway it is important to ensure we have a plan for those people not accessing support needed, and impact of this.

Higher need for support by different parts of the community

A comprehensive tracking system for vulnerable and EHCP pupils
Appendix A: The twelve impact themes of the ERF impact assessment

**Volunteering, Voluntary Sector and Civil Society**

The sector’s capacity to manage physical health more broadly has not been major to date

Staff burn out identified outline of ‘knowledge’ for all adult social care teams, to provide capacity and response across the system during the crisis. Staff working long hours with risk of burnout being identified – a need for wellbeing, less time to make decisions and continue delivering during this unprecedented time.

Increased uptake in volunteering (formal and informal) – e.g. 7,900+ volunteers registered with CAVS – comprising approx. 7,000 volunteers.

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

Increased uptake in volunteering.

A strong response from volunteers

How could momentum be sustained?

Citizens self-mobilised at hyper-local levels

Local groups played a significant role

Stronger community groups working together in localised areas. Many of these volunteers or ‘unusual’ have worked with other local organisations and general contact. Local groups established and supported by the district council Community Hubs.

Changes in community support is a position.

Increased uptake in volunteering.

Unsustainable bed vacancies

Care markets which were already highly stressed with care homes in particular seeing dramatic falls in occupancy, and self-funder placements. Market impacts can be seen in reduction in bed occupancy in care homes and providers with unsustainable bed levels.

Financial impacts on care market as providers are unable to continue to operate, so reduction in bed base is expected. This is likely to result in care home closures, as well as business rates and VAT support is a positive.

Volunteering, Voluntary Sector and Civil Society

Health and Social Care Services

Higher proportion of BAME staff in Health and Social Care professions

Statistics from CAVS would suggest that BAME people in Health and Social Care professions have been disproportionately affected in terms of some of the ‘new vulnerabilities’. Building on this, issues around language, culture and limited connections with services and wider communities have exacerbated things.

High proportion of BAME staff in Health and Social Care professions

The sector’s capacity to manage physical health more broadly has not been major to date

The importance of volunteers, including unpaid family carers.

How could momentum be sustained?

How will volunteers feel supported?

Volunteers to be valued for the importance/value that they add.

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Volunteering, Voluntary Sector and Civil Society

Health and Social Care Services

Digital access

Impact on ability to do face to face visits and support, the need to see face-to-face and video calls. Tested video calling including ECC/Alcove tablets which have been incredibly well received particularly for those without previous digital access.

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The Essex Economy

Tourism

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

Hospitality sector also relies on summer and winter trade - food costs remain but little opportunity to make income during winter period for most.

The Essex Economy

Retail

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

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

National retailers closing down, or disappearing and closing their branches in parts of Essex. Other sectors have less. Fewer national brands.

Loses of football and other pre-school return = no income / Coronavirus / Christmas period will possibly lead to business closures in town centres.

Some retailers are hanging on by their fingertips.

The Essex Economy

Unemployment has risen significantly in all districts
Unemployment is at a 20 year high - 30% of the workforce were furloughed at the peak of the pandemic. ~ 43% of businesses are drawing on the scheme.

Highest unemployment for 30 years in (Greater) Essex - the claimant count has risen from 29,793 (29,793) in March 2020 to 52,395 (69,200) in July 2020. This peaked in May 2020 at 54,160 (71,070), but has reduced since then.

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

The Essex Economy

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

Impacts of the financial downturn
Some charities have been able to adapt their work or furlough staff in order to save money, but some have really struggled.

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

Longer term impacts remain unknown
Although in parts of Essex, support for local and essentials has been introduced - the Salvation Army has agreed to play the principal role for this type of support – giving back valuable capacity to others in the voluntary and community world; the long-term impact of disrupted support services on health and social care remains un-unknown.

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The Essex Economy

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

Volunteering, Voluntary Sector and Civil Society

Further investment into voluntary action

Additional resource to harness volunteers

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

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

Key successes to build upon

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

Improving communication with volunteers. Volunteers expressed that they were offering their time, they would not have done, however they said not always the case. We need to make sure processes are in place to respond to each offer of support. Many of people will not be responded to volunteer at this time.

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

Volunteering, Voluntary Sector and Civil Society

Many organisations running at greatly reduced capacity

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

**The Essex Economy**

**Lower paid, lower skilled more greatly affected**
Where local economies have a preponderance of low paid and low skilled jobs (SOC 8-9), there may be greater impacts from Covid restrictions on trade e.g. Castle Point, Epping Forest, Harlow, Maldon (& Thurrock). The low paid, notably young people and women, have been most adversely impacted by redundancies and furlough arrangements under Covid lockdown and restrictions.

There were 1.0 million claims made in Universal Credit in the period 13 March 2020 to 4 April 2020. This reflects over 6 times more than in the same period last year and more in a single month since the introduction of Universal Credit in April 2013.

The nature of jobs lost appears to have affected lower paid employees the greatest. Sectors such as accommodation, retail, arts, entertainment and recreation have borne most of the impact. It is not clear whether enhanced furlough measures will have preserved these jobs. This has meant that town centres and service areas were particularly badly affected.

**Changes to the local economy, both positive and negative**

The total lockdown caused many sectors to suffer as businesses were shuttered, supply chains were interrupted, and businesses adjusted to remote working and social distancing. Companies have had to adapt, continue and wait patiently. Langer the: the impacts on some sectors are harder to quantify as people choose to stay more local which may support longer term recovery.

A significant amount of retail spend has shifted online and some of this behavioural change is likely to persist. Footfall is down in town and village centres, through some businesses reporting customers spending more on average in each visit.

**Demand and support for business growth**

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

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

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

Business starts up in parts of Essex is down 21% in 1st half of 2020, compared with same period in 2019.

Businesses will be more likely to explore incentives to participate in skills development as they seek to improve resilience and enhance their share of business support so that they plan their economic and adapt to pograms in a post-Covid economy.

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

Pennywise; cautious; and cautious from businesses as to reliability for different plans. We have had more applications than expected for the furlough scheme. There has already been a 75% decline in the number of apprenticeship starts in September 2020 for 16-18 year olds.

Specifically, young people are feeling isolated and more anxious. Demand for the increase in local jobs. They are also more likely to suffer as a result of the economic downturn with less employment and training opportunities available to them.

Ambitions to close skills gap compromised

Our aim to close the skills gap with regional and national averages notably at NVQ3 & 4 may be compromised past September. Acs and other public funds are under pressure. Apprenticeship levy unspent and expired. Apprenticeship levy raised from £35 to £75. There has already been a 70% decline in demand for apprenticeship starts in September 2020 for 16-18 year olds. This is vital money lost to the local skills system. The levy will be compensated in the coming year – e.g. There has already been a 15% decline in demand for apprenticeship starts in September 2020 for 16-18 year olds.

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**Uncertain impacts on overall prosperity**

Concerns:

- Housing and Regeneration as the long-term economic impacts are uncertain and the subsequent impact on overall prosperity, housing demand and associated regeneration schemes.
- Health and Community Safety as the future of the COVID-19 pandemic is still uncertain, but impacts arising from unemployment and recession for many cultures are likely to be far-reaching.

Regeneration delayed

Impact of people not at school and or work resulting in some anti social activity. Some delays to some regeneration projects due to partner agencies being stretched / unavailable, availability of supplies, site safety, etc.

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

Cancellation of travel into Southend from Essex / London.
Appendix A: The twelve impact themes of the ERF impact assessment

Public Transport

**Bus**

Patronage is now at around 40% of pre-Covid levels. The entire bus network is currently in a state of wholesale market failure. It is not possible for services to operate commercially at that level of patronage. Therefore without taxpayer support the bus network would collapse. Patronage is now at around 45% of pre-Covid levels although on rural routes is significantly lower. The network is now operating at just over 60% of pre-Covid mileage. Passenger numbers around 40% of pre-Covid levels.

There is a significant risk of large scale route withdrawals and operation ceasing. Cost curve is now below lower revenue cost at start of pandemic. This is now the most significant risk.

Female, those with a disability, older people, most residents and people on lower income more adversely affected.

Bus passengers are more likely to be female, have a disability, be older and from lower income groups. Twenty one Newcastle services have been disproportionately affected by the reduction in service. Rural routes have also been disproportionately impacted as the issue has been on supporting higher usage rates.

**Rail**

Passenger numbers are currently 10% of normal rail travel pre-Covid.

National and highly significant wholesale market failures of the passenger rail sector and franchise model. Emergency clauses within TOC franchise agreements have been applied that effectively nationalise the passenger rail system. TOC currently operating as publicly funded concessions.

All financial risks currently sit with Government, counted as public sector expenditure, rail employees currently classified as public sector employees. Passenger numbers fell to less than 5% of normal following Government advice to avoid public transport, currently back up to about 10% of normal now that rail travel with appropriate precautions is encouraged.

Large scale increase in passengers in electric trains not as a viable option for mass sustainable transport. The case for accelerated William’s Review is believed to address replacement of the franchise system and new fare structures. It is likely that some of these may be applied to an accelerated timetable. There may be a need for ‘Williams 2’ to look at long term impacts.

Public Transport

**The wider implications of changing travel behaviours**

Many more working from home, furloughed or unemployed

Legitid impact on commuting market, many may not return to former normal.

It should be noted that not all commuters are office workers and some former commuters may have found themselves furloughed or otherwise unemployed.

The season ticket is only viable for use 4 or more days per week. If we are not to drive passengers away from rail we need a new ticket structure to reflect potential new ways of working. This could be a reduced price of a monthly ticket, split by day. Bus operators are also significant local businesses and employers.

The bus network in Essex is the main alternative to our for longer journeys. There is a potential risk to economic recovery and sustainable travel. There is a key role of economic growth, and for access to training, work, shopping and leisure. There is also a risk to sustainable travel outcomes including air quality.

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Risk to economic recovery and sustainable travel

There is a key risk to economic recovery as transport is an enabler of economic growth, and for access to training, work, shopping and leisure. There is also a risk to sustainable travel outcomes including air quality.

The season ticket is only viable for use 4 or more days per week. If we are not to drive passengers away from rail we need a new ticket structure to reflect potential new ways of working. This could be a reduced price of a monthly ticket, split by day.

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

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

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

**The Environment and Climate Change**

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

Changes in consumer behaviour

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

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

There are now more people in households. Demand for particular waste types has reduced. Waste types that have increased include food waste, paper and card, and household DIY.

Progress to achieve higher levels of waste diversion, recycling and minimisation may be pushed back

If this continues in the long term then a more fundamental change may be necessary in terms of funding and investment in waste handling and treatment capacity. The scale of any longer term effect will be dependent on the impacts of consumer and working behaviour waste arisings within the local authority sphere.

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

**Crime and Community Safety**

**High risk occupations**

A high proportion of people from BAME communities work in public transport (including taxi and private hire). Biggest concern was for taxi drivers for whom the guidance was scattered over many documents and who are on very low wages. We are aware of key workers coming into Essex and London from the USA and from the Caribbean. ONS statistics put risk of being in the higher risk occupations after Health and Social Care professions.
Appendix A: The twelve impact themes of the ERF impact assessment

Crime and Community Safety

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

Anticipation of rising demand in domestic abuse

Essex has not yet seen the scale of increase in reported domestic abuse cases that was anticipated during the initial stages of the pandemic. The reduction in ASB and Police presence has made it more difficult for victims to access help. There may be a higher proportion of cases that are not being reported due to the increase in stay-at-home measures. However, Essex Police have encouraged crime prevention by putting homes forward.

**Anticipation of rise in reported child abuse cases in September**

Likewise, Essex has not seen a rise in reported child abuse cases during the pandemic; however, we remain alert to, and have reported a number of cases that have emerged as restrictions are lifted, and particularly, as children from other groups return to school in September.

**Vulnerable people may become less willing to accept home visits**

There is also a risk growing forward that Covid-19 will make vulnerable people who are at risk of domestic abuse, sexual assault and support from Essex Police and/or the Essex County Fire and Rescue Service less willing to invite even these trusted services into their homes.

**Hate crimes**

Reported concerns nationally (especially for the Muslim population and LGBTQ+ people) have not appeared to be a problem more recently but continue to resurface. We are still following up the wider effect on BAME communities and LGBTQ+ people.

Crime and Community Safety

**Demand on policing generally has returned to pre-COVID levels**

ASB incidents were mostly related to social distancing measures

Overall crime reduced during the pandemic and, as at 29 April 2020, outstanding suspects for the force were at their lowest level since 2017.

However, within this, Essex experienced a 38% increase in ASB incidents in the 12 months to June 2020 compared with the prior 12 months, which was mostly related to the social distancing measures implemented in response to the COVID-19 pandemic. As lockdown restrictions have eased, the demand on policing generally has returned to pre-COVID levels.

**Police are working with key partners to ensure public safety**

Essex Police has undertaken additional patrols of key locations throughout the summer. Essex Police has worked closely with government, local authorities, voluntary and community agencies and others to ensure that the most vulnerable were identified.

**Reduction in the number of people killed or seriously injured**

Between 1 March and 7 August 2020 the total number of people killed or seriously injured on Essex roads in the 12 months to June 2020 was slightly lower than the five-year average. Overall, these were the highest five-year average, up until mid-July, after which general numbers reduced.

**Fire and Rescue services costs recovered but reimbursement by the Home Office of Police force is yet to be defined**

While the Essex Fire and Rescue Service has already been reimbursed in full for these costs, there is no reimbursement by the Home Office of the police force.

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

With any large gatherings etc it’s always concerning whether or not there’s going to be a rise in scams. We have been inundated with applications from Essex Police and / or the Essex County Fire and Rescue Service. We have seen an increase in some forms of identity theft and scams.

**New awareness, insights and collaborations**

The coming-together of public sector agencies to respond to the COVID-19 pandemic has greatly increased the availability of data, which can now be used to inform our wider预防, protection and community safety work.

**Backlog of court cases are building up**

Notably, it is already apparent that we are facing something of a crisis in the wider criminal justice system due to the backlog of court cases which is currently running at 50.4% higher than last year. The backlog of court cases is due to restrictions on court processes that caused the delays, and specifically the requirement for social distancing. New mandatory forms of court processes as required by the court were not heard or progressed during the initial weeks of the pandemic.

**Reduction in the number of people killed or seriously injured**

Dealing with the backlog of court cases means that both victims and suspects are left waiting for justice, and it is vital that courts consider the backlog carefully.

Police and Fire services have already begun reimbursing the Essex Fire and Rescue Service. The fire and rescue services has already been reimbursed in full for these costs, however it is not clear what the reimbursement by the Home Office of the police force will be.

**New awareness, insights and collaborations**

There is a risk of the amount of information available to these new forms of intelligence.

**Risks of victims and witnesses becoming disengaged**

The police and Fire services have heard that both victims and suspects are left waiting for justice, and it is vital that courts consider the backlog carefully.

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**Increase in public awareness**

Public awareness of the risk of COVID-19 has greatly increased, and more frequent widespread messages and local guidelines were distributed.

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**More insight on vulnerable population needs available**

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