



**Full Council**  
13 July 2020

**Report from the Chief Executive**

## Emergency Planning Response to COVID-19

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-Key
<b>Open or Part/Fully Exempt:</b> <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
<b>No. of Appendices:</b>	Three Appendix 1: Schedule of Service Changes/decisions Appendix 2: Schedule of Service Changes/decisions (June 2020) Appendix 3: List of Decision taken under the Chief Executives delegated emergency decision making powers
<b>Background Papers:</b>	None
<b>Contact Officer(s):</b> <small>(Name, Title, Contact Details)</small>	Carolyn Downs Chief Executive Tel: 020 8937 1007 Email: <a href="mailto:Chief.executive@brent.gov.uk">Chief.executive@brent.gov.uk</a>

### 1.0 Purpose of the Report

- 1.1 To provide Members of Council with information about the work that has been undertaken since Emergency planning and GOLD arrangements were established across the Council as a result of the pandemic flu virus COVID-19.

### 2.0 Recommendation(s)

- 2.1 That Members of Council note the actions taken and assure themselves that governance arrangements are appropriate and that the decisions that are being made are sufficiently responsive.

### 3.0 Detail

- 3.1 The Council established its GOLD emergency planning response on 16 March 2020. This is covered under the Civil Contingencies Act 2004 and effectively means that emergency decisions can be made by the Council's Chief Executive pursuant to the following provisions in Part 3 Paragraph 9.3.2. of the Council's Constitution:

*“Exceptionally,.....notwithstanding anything in this Constitution, the Chief Executive shall be authorised to exercise either executive or non-executive functions where the matter is urgent unless this is prohibited by law.”*

- 3.2 Once an emergency is declared, a Strategic Coordination Group (SCG) is put in place by the London Resilience Forum which sits within the GLA. Following direction from the SCG, the Council stood up its BECC and GOLD arrangements. GOLD meetings were originally held daily but have now reduced to once a week, on Tuesdays. The meetings are attended by all members of the Council Management Team (CMT), the Director of Public Health, the Head of Communications, Emergency Planning representatives, the Director of Customer Access and Head of Transformation. It is chaired by the Chief Executive or a her deputy if she is unable to attend. Directors produce Situation Reports for consideration and provide updates within their area, raise any issues and/or decisions to be considered. Until last week we were also joined by a member of the Metropolitan Police to ensure joined up task forcing. This is supported by daily calls with the Metropolitan Police and the Council's Community Safety Manager which continue.
- 3.3 Once an Emergency is declared the powers are automatically available to the Chief Executive to make urgent decisions. Officers continue to make decisions under their delegated powers but in view of the urgency of the situation some of these decisions have to be taken at speed and sometimes without the degree of consultation and debate that is usually considered desirable, because it is not currently practicable. On 22 April 2020 the Chief Executive reported decisions to the Audit Committee. No concerns were raised. These are set out in Appendix 1. A further decision was made by the Chief Executive on 30 June 2020 in respect of the decisions set out in Appendix 2.
- 3.4 The situation in respect of the Coronavirus: COVID 19 remains an exceptional circumstance. Whilst the lockdown is gradually being eased, there is still the occasional need to take urgent decisions. These concern actions taken during the current crisis due to extreme urgency and often in response to specific Government direction and guidance.
- 3.5 Attached as Appendix 3 is a list of the specific decisions also taken by the Chief Executive during this period under the emergency process. These have already been published.
- 3.6 The Council's initial response to the pandemic emergency in early March was to follow government guidance with regard to the scientific evidence and whilst services were reduced and increasing numbers of staff were working from

home we did not shut down all services until the government instituted the nationwide lockdown on 23 March 2020.

- 3.7 Since that point the council has changed its modus operandi to one where staff are based at home working remotely. We originally retrenched to what we term critical services but at present we are providing the majority of services.
- 3.8 Much 'Business As Usual' (BAU) has continued throughout the lockdown but some services by the nature of the public interface were closed down at some point during the pandemic e.g. Libraries and sports centres. Some services have been projected into greater prominence as a result of the shutdown, for example registrations and mortuaries, with customer services and the Hubs mainly moving online and through phone delivery. They have been very busy throughout but have performed very well.
- 3.9 Moving forward, the decision has been made that now that the lockdown has eased, and risk assessments indicate it is safe, the Civic Centre opened to a carefully managed return of staff, limited initially to not more than 10% of officers working in the Civic Centre. This started from 6 July. All Directorates, in consultation with staff, were asked to submit working arrangements to accommodate this, introducing rotas for the 10% of employees returning. Operational mechanisms and precautions have been put in place to support this. Similar arrangements will be in place in other council buildings. All returning staff have had to complete individual risk assessments which are considered and signed off by Occupational Health.
- 3.10 As reported to Cabinet in April 2020, the initial estimate of the financial impact of the COVID-19 outbreak was c£35m. This was inclusive of additional expenditure pressures as a result of the outbreak (e.g. personal protective equipment for carers and front line staff, emergency accommodation for rough sleepers, overflow mortuary, support for residents that are shielding, etc.), loss of income (fees, charges and other commercial income from planning and building control, parking, rents, venue hires, etc.) and slippage on 2020/21 savings plans. Since then, these estimates have been further refined and are now estimated at £50.2m. This is made up of £45.3m of additional income and expenditure pressures and £4.9m of slippage savings plans for 2020/21. At the point of writing this report the Government has just announced a further financial package. You have a detailed report on your agenda this evening which will cover this.
- 3.11 To counter this the Council is taking a proactive approach to managing the financial impact of COVID-19 and is implementing a drive to identify non COVID-19 related underspends and other mitigating actions to compensate, as much as possible, for the impact of the estimated £4.9m of non-deliverable savings in 2020/21.

#### **4.0 Refreshed London-wide Resilience Arrangements**

- 4.1 London wide arrangements have been in place throughout and remain. The London Resilience forum was stood up and a Strategic Co-ordination Group

(SCG) has overseen the response of all our partners, NHS, PHE, Police, Fire, GLA, central Government. The Chair of the SCG was given powers by the government to direct public services throughout this crisis and at the early stages of the pandemic, we were duty bound to return a situation report to them outlining the resilience of all our critical services. They also provided direction in relation to issues such as shielding, PPE, testing, enforcement of social distancing and we have followed instruction where relevant though in many instances we had already taken appropriate actions before instructions were received.

- 4.2 The role of London Local Authority Gold (LLAG) throughout most of the emergency had been undertaken by Martin Esom, the Chief Executive of Waltham Forest. This has been executed by way of a sub-regional structure with Brent being in the West London sub-region along with Harrow, Hillingdon, Ealing, Hounslow and Hammersmith & Fulham. The sub regional response has been co-ordinated through Brent i.e. myself. This has ensured that all six local authorities have acted as much as possible in unison providing a uniformity of response where appropriate so that residents of different boroughs are not receiving wildly different levels of service. This structure has (in my opinion) worked much better than a whole London co-ordination which can quickly become unwieldy. Much of our response to adult social care has been done through our STP area which includes all six authorities along with Kensington and Chelsea and Westminster and has worked very well to date. However, what this governance demonstrates is that decision-making in relation to the emergency is largely taken at a London wide level, in consultation with all partners and government and that this is adapted operationally at an individual London Borough level.
- 4.3 Following the relaxation of lockdown, new governance arrangements have very recently been put in place, with the introduction of a joint MHCLG/GLA Transition Board. Below this will sit a Transition Management Group which will effectively perform the role of the SCG. I will sit on this body for West London. LLAG is now chaired by Zina Etheridge, Chief Executive of Haringey and the Chair of London Council's Chief Executives. These arrangements are expected to be in place for six months and will coordinate any response to a possible second spike as well as well as the ease of lockdown. For dealing with this our sub regional footprint now includes Westminster and Kensington & Chelsea. Myself and Stuart Love, Chief Executive of Westminster, will alternate coordination on a monthly rota.

## **5.0 Councillor and Staff communication**

- 5.1 During lockdown we have sought to provide at least fortnightly Member web cast briefings with questions and answers. Many Councillors have kept in touch through email and phone in addition to the webcast briefings and the very regular Member email briefings. Since the government changed legislation to enable virtual council meetings we restored essential political decision making in this way with the Cabinet meeting on 20 April being the first such meeting, followed by the Planning Committee and Audit Committees both in April. Scrutiny is returning in July along with today's Full Council meeting. Effectively,

Member led decision making is now back in place for all decisions other than those specifically related to the pandemic.

- 5.2 Staff have also been regularly briefed through their own line management, through weekly video messages from myself and have also undertaken webcast question and answer sessions with colleagues. Staff have found these very useful adding a more personal element to the situation and now incorporating 'shout outs' to teams that have been put forward.
- 5.3 We have also conducted an all staff survey, focusing on, amongst many things, staff wellbeing. We have compiled an action plan to respond to the comments. 55% of staff responded to the survey and the findings show that the majority of staff feel they have been well supported and communicated with during the lock down. 89% said that they were proud to work for the Council during the crisis; 88% felt that communications were keeping them informed and up to date; 87% felt that they were still able to work effectively as a team; and 82% felt supported by their manager. The survey also showed that home working had worked well for most staff but that there were concerns about health and safety in the context of any future return to the workplace.

## **6.0 Directorate Updates**

### **6.1 Community Wellbeing**

#### Adult Social Care (ASC)

- 6.1.1 Focused initially on ensuring hospital discharges happened quickly, supporting care homes and home care, getting PPE to carers and front line staff, and supporting vulnerable people through the wellbeing helpline; the focus has now widened to maintaining infection control in care homes and other care providers, continuing to supply PPE and restoring as many services as possible to full BAU.
- 6.1.2 A new Wellbeing helpline service was set up, working alongside our regular Duty Team and Brent Customer Access colleagues. This initially ran seven days per week from 8am-8pm. In addition to supporting the delivery of calls to the shielded group (which are still ongoing), this team undertook over 900 assessments since the beginning of March to put in place short term packages of support for individuals who needed extra help as a result of Covid-19 and could not be supported via any other mutual aid or community route.
- 6.1.3 All teams across ASC were asked to put in place contact and support arrangements for the families and individuals we were most concerned about during this period. The Complex Care teams put in place communication arrangements with our most anxious clients to help manage the volume of contact and complaints from them during this period, as obviously anxieties were increased during this time.
- 6.1.4 Everyone who cancelled or suspended a care package, or who was unable to attend their regular day care provision received a call from the community

review team who completed risk based assessments on their care arrangements, and who followed up with everyone who we assessed and supported through the new wellbeing service as a result of covid-19.

- 6.1.5 Direct services staff undertook outreach work with day centre attendees, including creating tailored activity packs for all users and doing outreach with those individuals who are willing and able (taking them for walks etc.). Other Direct Services staff contacted users and families regularly (daily in some cases) to provide telephone support where families cannot or will not allow contact.
- 6.1.6 Brent has a diverse population, with 61 care homes covering residential, nursing, learning disabilities and mental health and with a total capacity of 1,189 beds. Of the people placed in care homes in Brent, only c. 30% are funded by Brent Local Authority, with the remainder being a combination of self-funders and individuals placed by other local authorities or health partners. We also have 7 extra care schemes. Brent has a relatively high proportion of care facilities than other boroughs, and is a net 'importer' of care residents from central London Boroughs. Brent therefore has had a significant safeguarding responsibility in supporting residents funded through other boroughs.
- 6.1.7 Brent has been one of the hardest hit areas nationally in terms of Covid-19 incidences and deaths. Despite the high level of early incidences, we have responded quickly and comprehensively from the initial outbreak, working with care homes and extra care schemes to protect our vulnerable residents. As a result, we have been able to minimise the uncontrolled expansion of infections through our homes. Recent data suggests that despite Brent having the second largest number of deaths in London, and also having seen the impact of Covid-19 earlier on in the pandemic than the rest of London, our care homes have fared proportionately far better than many other London boroughs with a lower number of Covid-19 related deaths. Tragically, a total of 195 deaths in care homes have been recorded in Brent since the beginning of March 2020 to date. However, it is not possible to identify how many of these deaths are directly attributable to Covid-19 as regular community testing and testing in care homes was not achieved until the end of April 2020. However, Public Health Analysis suggests that Brent has the 6<sup>th</sup> lowest rate of deaths in care homes (for any reason) during this period across London. There should however be some caution in relation to the data, as it has been drawn from multiple data sources and reporting of data from different sources and areas is not always aligned and accurate. Further analysis will be done in future to review the position once there is more confidence in the source data.

The key elements of the additional support provided to care homes in Brent are summarised as follows:

- **PPE** - Local and sub-regional procurement and distribution of PPE, funded through the funding provided to councils, distributed to homes on an equitable basis to ensure that no care home was short of essential personal protective equipment. Purchase and distribution of PPE by Brent Council started on 27 March, with Brent being the first borough to distribute PPE

directly to all providers. To date £1.5m of PPE has been purchased by Brent local authority and distributed to care providers on a weekly basis and 100% of respondents to the care home survey reported they felt they had sufficient PPE as a consequence. We are forecasting that we will be spending £6m per year on PPE going forward. None of these costs have been passed onto any care providers in Brent. However, clarity of funding for PPE is required given that we anticipate that all care providers will require an ongoing supply until an effective vaccine has been developed and deployed.

- **New accommodation** - Establishment of a new council commissioned 11 bedded extra care facility to support people being discharged from hospital who are Covid+ or are needing to self-isolate due to vulnerable individuals at their usual place of residence for up to 14 days, and to minimise additional outbreaks in homes. This facility at Peel Road was set up within a week and was open to accept patients from 9 April. This included fitting the building out with hospital beds and other required equipment, and sourcing, training and commissioning a care provider to provide care over a 24/7 contract. This has cost the council £86k to set up and furnish the facility as well as ongoing care costs.
- **Staffing** - Support in providing and co-ordinating agency staff to care homes where there are staff self-isolating or shielding, including management capacity, to ensure that care provided remained high quality and safe throughout the pandemic. This included establishing a dedicated team within the local authority that operated 7 days a week, and out of hours, and both sources and co-ordinated agency staffing and deployment of council employed carers. This ensured that wherever possible staff were allocated consistently to a single place of care, minimising the risk of cross infection and improving the consistency of care. The team began working with providers on 4 April and have placed 41 staff in 8 homes covering 1476 hours of care to date.
- **Daily monitoring of pressures or support needs** - Daily calls through Provider Relationship Officers to all care home provider Registered Managers directly to monitor Covid-19 incidences, infection control procedures, staffing levels, testing utilisation, access to GP or NHS support. This is recorded in a daily record and escalated to senior leaders within both the council and CCG, and appropriate actions are put in place as required. Each care home has also been given a dedicate officer to be their single point of contact allowing for the building of a two way relationship and communication and not just data and information reporting requirements for homes. A consistent and named officer to support all homes was already established in Brent, allowing us to move immediately to a system of daily contact and communication. Therefore, this has been in place since 16 March, and support provided has ranged from advice and guidance, to resolving very practical issues at the beginning of the crisis such as officers going out to get groceries and personal hygiene supplies for homes and residents, and sourcing hard to get items such as

thermometers so that homes had sufficient basic equipment to manage infection.

- **Support and guidance** - Weekly care home forum (hosted virtually) for all providers to ensure all providers are sighted on the latest guidance, support and best practice from national and local partners. These calls have had regular attendance of approximately 40 people each week. Additional training and support includes bereavement and mental health support, infection control, medications management and a range of other national offers. Further, the local authority has funded, commissioned and is managing a Positive Behaviour Support worker to support providers to manage individuals with mental health issues, dementia or other conditions that mean that they are struggling to comply with social distancing requirements or infection control measures in both care homes and in Extra Care and psychologists from CNWL are providing bereavement and loss support to care home staff and residents.
- **Infection control and training** - Additional training has been provided for infection control, swabbing and other support through local public health and through a NW London NHS team. This has included daily virtual training, access to public health advice on weekly calls and visits to homes from the clinical NW London support team. Public Health colleagues in Brent have developed and are delivering weekly web based training in infection control and have undertaken visits to specific homes where there are concerns to train staff in person. 95% of care homes report through the care home survey that they have accessed training delivered by Brent in infection control and proper use of PPE. They have also provided risk assessments for care home staff to support and encourage staff to return to work where they have been concerned about the risk of infection, and they have provided on going advice to care homes around infection control.
- **Clinical support** – Expansion of existing Enhanced GP care home support to cover all care homes, in addition to further support provided through a NW London clinical nursing support team to advise on infection control, shielding residents and good practice and nursing requirements. This is in addition to the existing support provided by GPs and the NHS 111\*6 services. Coverage of the NHS 111\*6 service and nominated clinical leads have also been extended to Extra Care providers.
- **Testing** - Local co-ordination of testing through the Provider Relationship Officers, to try and ensure that testing provided through the myriad of routes (local, sub regional and national) is targeted at care homes with the highest risk or with Covid-19 incidences. The ambition is to move towards regular testing to ensure more effective prevention of further outbreaks. Many homes in Brent have been supported by the NWL Care Home Support Team, working with the local authority PROs, to co-ordinate and undertake testing and at the same time train and support care home staff to be able to administer the tests themselves in the future accurately. Survey responses show this has been both effective and valued. The ability for local commissioners to share local knowledge, prioritise homes to test and

to work with local health partners to deliver a responsive service has worked well. In contrast, survey responses highlight ongoing issues accessing testing kits via the portal or other centralised routes.

- **Cost pressures** - Inflationary uplifts in both the council and Funded nursing care (FNC) rates went live from 1 April, in line with modelled underlying cost bases in care homes. Additional pressures around staffing and PPE have been supported directly through the council. All providers have been paid in advance up to June 2020 and the offer has been made to providers for the council to fund loans to support cash flow if required.
- **Infection Control Grant** – distribution of the central government grant for infection control has been achieved in Brent, with care homes receiving payments per bed to support infection control. Just under £1.2m has been distributed to care homes since Mid-May.

6.1.8 Using a combination of local agreements and partnership with health and the Government self-registration scheme, all Brent care homes have now been tested, including MH and LD homes. Very few positive infections have been found and the testing is working well. Testing is also now being undertaken in other care settings, including Extra Care and Supported Living. Work is being undertaken to agree the regularity of this on an ongoing basis across the system. Where necessary and if there is ongoing concern, homes to be tested are prioritised by the Brent Commissioning Team and testing visits are arranged and coordinated by them, with tests being carried out by NWL CCG staff. The majority of homes are arranging their own testing and re-testing via the online government portal.

6.1.9 In a more general sense, commissioners continue to provide support where they can, providing staff and PPE, and co-ordinating additional support where necessary. Local authority public health colleagues are providing on going daily on line training sessions as well as telephone support on PPE guidance, infection control and other issues, but where more support is needed, the NWL Care Homes Team or the Enhanced Care in Care homes Team will undertake support visits to homes.

### Public Health

#### ONS data

6.1.10. The most recent data published by ONS on 12 June reported on COVID-19 deaths between 1 March and 31 May. Brent had the highest age standardised death rate (of all authorities in England and Wales) at 210.9 deaths per 100,000 population. Age standardisation is used by ONS to allow valid comparisons between areas with different aged population (generally an area with more older residents would have a higher death rate than one with more younger residents).

6.1.11 Brent has the second highest number of confirmed cases in London, 1491. Earlier in the outbreak and pandemic there were limitations in obtaining tests

and so many cases may have been missed. There were also limits on individuals who were asymptomatic obtaining testing and so the data on confirmed cases is largely driven by hospitalised cases.

- 6.1.12 The Health and Wellbeing Board, on 29 June, received a specific report on the disproportionate impact of Covid 19 on BAME communities in Brent. The link for the agenda papers can be found [here](#).

#### Test and Trace

- 6.1.13 The national system was introduced on 29 May. We receive information and data daily on the number of positive cases detected, the number of contacts and the completion rate of tracing cases and contacts.

#### Outbreak Control Plan and arrangements

- 6.1.14 The draft service agreement between PHE and the Local Authority as well as draft Standard Operating Procedures (SOPS) for each setting (e.g. schools, care homes, businesses) have been received from PHE. The Health Protection Board is meeting weekly, is chaired by the DPH and reports to Gold. The Board has identified a PH lead and a service lead for each setting (e.g. early years staff for nurseries). The Board has completed the six point London framework action plan. The [Outbreak Plan](#) was signed off at the Health and Wellbeing Board on the 29<sup>th</sup> of June.

#### Health Protection Training

- 6.1.15 The public health and PII teams have developed training on health protection and infection control which was delivered to social care staff, early year's settings and schools as well as council services. Over 875 people have attended the early years and schools training.

#### Staff safety

- 6.1.16 Occupational health and public health worked together on risk assessments and provision of advice for staff.

#### Hyper local testing centre in Harlesden

- 6.1.17 A Hyper local testing site opened in Harlesden, run by Deloitte and the Department for Health and Social Care. The centre, the first in London, opened on 10 June aimed at those hard to reach groups in the area, with particular emphasis on the BAME community. With walk in appointments scheduled via the Customer Access designated line, officers are also able to identify and triage service users to other services, such as Debt Management, Welfare and Homelessness making the appropriate referrals.

#### Housing

- 6.1.18 Plans were put in place to ensure that rough sleepers were accommodated and additional accommodation was provided for those that were in danger of becoming rough sleepers. A total of 249 people have been placed in four different hotels, the main one being the Ambassadors, where 135 rooms were block booked until 10 July. An exit strategy has now been developed and agreed, which will see each person moved on to alternative accommodation that meets their needs.
- 6.1.19 A new team has been created in ASC and working with Housing and PII, assessments are being carried out to ascertain the support needs of each person placed in emergency accommodation. The objective is to ensure they do not have to return to rough sleeping.
- 6.1.20 Housing Management have continued to deliver essential services to tenants and leaseholders. Caretaking, repairs and planned works to communal areas (internal and external) have all continued, as they are essential services to residents. Also, vulnerable residents were identified, so that contact can be maintained with them and the service's improved support and signposting provided to those struggling to maintain payments.

## **6.2. Regeneration and Environment**

### Temporary Mortuary

- 6.2.1 During the period of the pandemic, the Council built an additional mortuary capacity and worked with funeral directors to ensure funerals happened as quickly as possible. The operation at Marsh road was in action until the end of May when it was decommissioned. Those officers who were deployed to the site have been contacted individually and offered counselling support.

### Parks and Open Spaces

- 6.2.2 Enforcement of social distancing in parks and open spaces and high streets along with the effective monitoring of which shops should and should not be open, keeping the bins emptied given much higher levels of domestic waste have all continued. Plans have now been drawn up for a possible local lockdown as well as how to manage social distancing with non-essential shops opening on 15 June. These documents have been shared with Members.

### Social Distancing in our Town Centres and Neighbourhoods

- 6.2.3 Neighbourhood Managers worked with business owners to help them better understand social distancing measures, reinforcing communications.
- 6.2.4 Social distancing measures on Highways and Footways were put in place from 11 May.

### Business Support

- 6.2.5 Government guidance on the Discretionary Grant Scheme was published identifying Brent's allocation at £3.3m. The implementation of this is being led by Regeneration and Environment with input from Customer Services, Finance, Audit, Anti-Fraud and employment, skills and enterprise colleagues. Criteria for eligibility was considered by CMT, Lead Members and Cabinet.
- 6.2.6 The Economic Growth team have been providing advice and support for local businesses, on matters such as the grant and loan schemes available, and how to re-open safely. The Brent Business newsletter now has 7,000 subscribers and has increased to twice weekly. Brent for Business has been running webinars to enable discussion and advice on relevant matters.

#### Brent Start

- 6.2.7 Brent Start followed government advice on educational establishments and closed the building at the start of the lockdown. The educational offer was moved on line to enable students to still access learning. The Stonebridge centre is now beginning a limited re-opening to some learners and tutors, following social distancing rules.

#### Regeneration

- 6.2.8 In terms of construction, a number of regeneration projects have been re-instated with social distancing measures in place.

### **6.3 Customer and Digital Services**

#### Customer Access

- 6.3.1 All public facing staff in customer access were redeployed to ensure that increased benefits and council tax enquiries were efficiently expedited and all calls answered. Face to face customer service remains closed and is due to open on 6 July from 10.30 to 14:30 initially, with a limited service. This is in line with the initial offering of library and Hubs services.
- 6.3.2 Telephone lines are open 9am to 5pm with the usual out of hours emergency service provided. A special enquiry line and email inbox was established to help residents with COVID-19 queries. The Customer Access contact centre is managing the appointments for the test site at Harlesden from w/c 8 June. The team will also be supporting from the LA perspective the Track and trace app.

#### Shielding

- 6.3.3 The Council has made contact with 19,931 NHS Shielded residents and others referred to us as vulnerable and provided food and medicines to those who were in need. Work is ongoing to clean the data received from the NHS but this will need to be done on an ongoing basis as more data is received daily.
- 6.3.4 We have implemented a technical solution to contact the latest batch of 9,000 residents and have sent text messages to 8500 mobile phone numbers. 1100

only had land line numbers for whom outbound calls were arranged. 122 residents did not have any phone numbers and those have been written to. In addition to this, 593 letters were sent to residents whom the council had been unable to reach after three attempts, advising them to contact via 1234.

- 6.3.5 The food delivery service running out of Bridge Park proved very successful, delivering a total of 18,275 food parcels for shielders and non-shielders. The process of a food delivery service for non- shielded vulnerable residents was approved by Gold at the end of May. This allowed for a reduction in the operation ensuring that the food service was focussed on a smaller group who were in the most need of support. Wider support is also being offered to these residents via our Community Hubs.

#### NNDR

- 6.3.6 For NNDR, the council continue to work with Capita on the new reliefs and grants relating to business rates. A report was approved by the Chief Executive under emergency powers on 30.3.20. The report enabled the application of discounts and the payment of grants to business. The payment of grants has been up and running since 4 April. It relies on obtaining details from rate payers, E-forms for this went live on the web site on 1.4.20. The return to government is amber given the volume of work yet to be completed, it is estimated not all grants will be paid until the end of June. Grants processed are at 3,894 worth £57.365m that's 85.60%.

#### ICT

- 6.3.7 Our ICT has coped exceptionally well and has enabled remote working to operate effectively. At the start of the lockdown, the majority of staff were able to use laptops to work from home. The rapid roll out of Microsoft Teams (within three days) and Zoom (within a week) has supported continued interaction within teams and externally. The number of users logging in remotely has been around 2,100 per day and a recent survey of employees shows that the majority have been able to carry out their roles effectively using online systems. A new telephone support line has also been implemented. Through our digital transformation team we have also been able to quickly develop new systems to support the response to the Pandemic such as online forms and databases to manage work to support people who are shielded or vulnerable.

### **6.4 Assistant Chief Executive**

#### Voluntary and Community Sector (VCS)

- 6.4.1 Work continues in partnership with the voluntary and community sector to support the most vulnerable, including Mutual Aid Groups, the Food Aid Network and the Multi Faith Forum, to provide support and food and transport to foodbanks and to support the VCS in providing advice and support to residents.

#### Communications

- 6.4.2 Communications have constantly been responding to media enquiries and ensuring information is given to residents in the Borough through the web, social media channels, leaflets, Brent Magazine and banners and advertising to support public health messaging.
- 6.4.3 A new communications and engagement plan has been in place, focused on a more direct, targeted line of approach focused on risk groups including BAME residents (who are up to 4 times more likely to die from Covid) – as well as harder hitting borough-wide messaging.
- 6.4.4 The approach works on delivering these messages through borough-wide communications channels while simultaneously mobilising more advocates (secondary voices) to deliver these messages to various audiences and thereby maximise reach especially with those who remain most at risk. The council is working with key partners such as the Multi Faith Forum, community organisations and radio stations that provide messages and targeted information to key groups within our communities.

#### Governance

- 6.4.5 Successful zoom meetings have been held, including the Planning Committee on 6 May; Audit & Standards Advisory and Audit and Standards Committee on 5 May. Scrutiny forward plan for both committees has been drafted and two scrutiny committees are scheduled for July 2020.

### **6.5 Children and Young People**

#### Schools & Early Years Settings

- 6.5.1 From the outset of the pandemic, arrangements have been put in place to ensure that contact was maintained with vulnerable children and young people known to Brent, either through home visits or video calling. At the beginning of the epidemic, practice guidance was updated to ensure that face to face visits to the most vulnerable children and families could continue.
- 6.5.2 Referrals to the Brent Family Front Door were lower than average through April and May but referrals are now returning to similar levels prior to the pandemic, which is an indication that other professionals and partners are operating at reasonable capacity and identifying safeguarding risks in the community.
- 6.5.3 Vulnerable pupils, including Looked After Children and Care Leavers in education, have been supported to obtain government funded laptops and these are now being distributed.
- 6.5.4 The council has been active in supporting schools and early years settings. Regular briefings and meetings of headteachers and Chairs of Governors with the Strategic Director have provided advice and guidance throughout this period. Protective measures training has been provided to early years settings

and schools by Public Health. Supplementary PPE has also been provided to early years settings and schools in line with government guidelines. CYP have coordinated the procurement of signage on behalf of schools in preparation for wider opening. Educational psychologists have also provided counselling and guidance to school teachers to support them with managing issues brought up by the COVID-19 pandemic.

- 6.5.5 The vast majority of Brent schools have remained opened throughout the pandemic, for children of critical workers and vulnerable children. A number of early years settings have also remained open for children of critical workers and vulnerable children.
- 6.5.6 Further to the government announcement on 28 May that all five tests have been met, Brent primary schools confirmed their arrangements for wider opening of Reception, Year 1 and Year 6. Brent's Health and Safety Team worked with the Children and Young People Department to support community schools in reviewing their risk assessments prior to wider opening.
- 6.5.7 All Brent schools have now opened more widely, apart from one Voluntary Aided school. In line with the Government's request, secondary schools have opened for up to 25% of the cohorts of Year 10 and Year 12 pupils from 15 June. Special schools have welcomed more children in June on the basis of each individual child's needs, in line with the Government's request to schools to open more widely for specified year groups.
- 6.5.8 Business as usual has been maintained regarding school admissions, with primary offers made on National Primary offer day, 16 April for reception places commencing at Brent primary schools this September.

## **6.6 Chief Executive's**

### Legal, HR, Audit and Investigations

- 6.6.1 Information has constantly been updated and sent to staff and risk assessments have been conducted. More recently a process to risk assess both staff working at home and in the office prior to a wider return to the Civic Centre has been initiated.
- 6.6.2 We have needed to ensure that we are alert to any potential fraud as a result of monies being distributed in response to COVID-19. Legal Services has been closely involved in advertising and supporting departments in implementing legislation and guidance relating to the emergency situation.

## **7.0 Recovery**

- 7.1 As the lockdown continued, the Council made preparations for Recovery Planning focused on the basis of 'retain', 'reinvent', 'restore' and 'remove'. This covered both internal i.e. council and external i.e. community recovery. Sessions with PCG, CMT and with senior managers were held to feed into recovery planning. We also looked at similar work being done across other

councils. A number of key themes and work streams were developed through these discussions. Sessions were also held for all Members, using the Brent Connects structure, to enable them to comment on and feed into this planning.

- 7.2 Dedicated officer working groups have been set up to support these themes; namely Domestic Violence, Financial Inclusion, Mental Health and Capital Projects. The work in this area has also involved relevant Cabinet Members. Other areas of focus are economic recovery and climate change. In addition, departments have developed recovery plans for their areas which are being fed into the annual Service Planning process.
- 7.3 Recovery work has also focussed on planning towards reinstating face to face services, ensuring our buildings will be able to operate safely when more people are using them and building on what has worked well in terms of new ways of working. Significant health and safety works have been undertaken e.g. bringing in screens for face to face staff and additional PPE to facilitate the gradual return of staff to work.
- 7.4 Direction has been given to all Directorates that only up to 10% of the workforce is expected to return to the Civic Centre from July. To support this, each area was asked to submit the numbers of staff expected to return and the rotas around which this would operate. In addition to this, there will be reduced opening hours for face to face services to allow staff to use off peak public transport as well as limiting the number of residents visiting the Civic Centre at any one time. Measures have been put in place to make the Civic Centre more COVID-19 secure with the installation of screens and signage.
- 7.5 HR has also organised risk assessments to be completed by all staff to understand the needs of the workforce and ensure compliance. This is supported by a new Flexible Working approach which sets out short and longer term proposals for the future and increased working from home arrangements.

## **8.0 Financial Implications**

- 8.1 The financial implications to this report are set out within the separate Finance report.

## **9.0 Legal Implications**

- 9.1 The Civil Contingencies Act establishes a new legislative framework for civil protection in the United Kingdom. It imposes a clear set of roles and responsibilities on those organisations with a role to play in preparing for and responding to emergencies. Local authorities are a Category 1 responder under the Act, and have a key role to play in respect in discharging their duties in the legislation.
- 9.2 The Act, and accompanying Regulations and guidance, delivers a single framework for civil protection in the United Kingdom capable of meeting the challenges of the twenty first century. The Act is separated into two parts: local arrangements for civil protection (Part 1) and emergency powers (Part 2).
- 9.3 Part 1 of the Act, the supporting Regulations and statutory guidance *Emergency Preparedness*, establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. Local responders are divided into two categories, with a different set of duties applying to each.
- 9.4 Category 1 responders are those organisations at the core of emergency response (e.g. emergency services, local authorities, NHS bodies). Category 1 responders are subject to the full set of civil protection duties. These include:
- assessing the risk of emergencies occurring and use this to inform contingency planning in the form of a Community Risk Register;
  - Put in place emergency plans;
  - Create business continuity plans to ensure that they can continue to exercise critical functions in the event of an emergency;
  - Make information available to the public about civil protection matters, and maintain arrangements to warn, inform and advise the public in the event of an emergency;
  - Share information with other local responders to enhance co-ordination
  - Co-operate with other local responders to enhance coordination and efficiency;
  - Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).
- 9.5 Category 2 responders are required to co-operate and share information with other Category 1 and 2 responders to ensure that they are well integrated within wider emergency planning frameworks, and contribute their expertise on risks and essential services in the form of the Local Resilience Forums.
- 9.6 As indicated in the body of the report, the Chief Executive can exercise urgent powers pursuant to the following provisions in Part 3 Paragraph 9.3.2. of the Constitution in an emergency such as the current crisis’.

## **10.0 Equality Implications**

- 10.1 The public sector equality duty, as set out in section 149 of the Equality Act 2010, requires the Council, when exercising its functions, to have “due regard” to the need to eliminate discrimination, harassment and victimisation and other

conduct prohibited under the Act, to advance equality of opportunity and foster good relations between those who have a “protected characteristic” and those who do not share that protected characteristic. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

- 10.2 Having due regard involves the need to enquire into whether and how a proposed decision disproportionately affects people with a protected characteristic and the need to consider taking steps to meet the needs of persons who share a protected characteristic that are different from the needs of persons who do not share it. This includes removing or minimising disadvantages suffered by persons who share a protected characteristic that are connected to that characteristic.
- 10.3 There is no prescribed manner in which the council must exercise its public sector equality duty but having an adequate evidence base for its decision is necessary.
- 10.4 Due to the urgency of the situation, formal assessments were not undertaken, in respect of the decisions in Appendices 1 and 2. Such formal assessments are not a requirement of the duty. Importantly, an underlying purpose of the decisions was regard to the protection of those with protected characteristics, i.e. those over 70 and those with underlying health issues by restricting the potential spread of the virus.
- 10.5 It is clear that there has been a disproportionate impact of COVID-19 on BAME communities in relation to their health. We also need to closely monitor the economic impact of COVID-19 on BAME communities. This will form part of the Council priorities moving forward.
- 10.6 It is clear that the suspension of certain services, and deprioritisation of others, will affect other protected groups, e.g. the closure of playgrounds will disproportionately impact on children and young people. However, the Council’s primary consideration of protecting vulnerable groups (based on public health advice and guidance and government directions and guidance) were and are considered to outweigh any other adverse impacts on other protected groups. Many of the services which were suspended or reduced are now being re-opened or expanded.
- 10.7 Where possible services have identified actions to mitigate the impact of the decisions, e.g. moving to an online service where possible. The equalities impact of the decisions are being kept under review.

## **11.0 Consultation with Ward Members and Stakeholders**

- 11.1 It was not considered in the circumstances of the COVID-19 crisis that non-statutory public consultation was a viable or reasonable option for the Council in taking the urgent decisions referred to in this report, even if at other times it would have considered consultation with the public and / or stakeholders affected by the decision.

11.2 The Council continues to make reasonable efforts to communicate with and take on board the views of service users affected by decisions and inform residents and stakeholders as quickly as possible about any changes to service provision. Where appropriate and reasonably practicable, changes to the Council's decisions are made following responses from service users and others.

**12.0 Human Resources/Property/Environmental Sustainability Implications (if appropriate)**

12.1 Covered within paragraph 6.6.1 – 6.6.2 of the report.

**Report sign off:**

**CAROLYN DOWNS**  
Chief Executive