



**Community and Wellbeing Scrutiny
Committee**
21 July 2020

Report from the Chief Executive

Brent Council and Covid-19: Service Response and Recovery

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part / Fully Exempt	Open
No. of Appendices:	Appendix 1 – Additional support provided to care homes in Brent
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Carolyn Downs Chief Executive, Brent Council Tel: 020 8937 1007 Email: chief.executive@brent.gov.uk

1.0 Purpose of the Report

- 1.1 To provide the Committee with an update of the public health response to the Covid-19 crisis, locally, regionally and nationally; and an overview of the impact of the emergency on a number of key services, including Adult Social Care, Children's Services, Housing and Cultural services.

2.0 Recommendations for the committee

- 2.1 For the Community and Wellbeing Scrutiny Committee to note the report and comment on its content.

3.0 Detail

- 3.1 Public health

Test and Trace

- 3.1.1 On Thursday 28 May, the UK government launched NHS Test and Trace. This relies on an online web-based tool (Contact Tracing Advisory Service, CTAS) which is used by both contact tracing professionals and members of the public to input information about cases and contacts. It also has engaged a workforce of call handlers and health professionals who will carry out phone-based contact tracing for individuals who are unable or do not want to access digital technologies. Approximately 25,000 individuals have been recruited to the national programme.

- 3.1.2 The contact tracing app, which is designed to support Test and Trace by identifying contacts in public spaces who may not be known to the case, is not available at the time of writing.
- 3.1.3 The more complex case management and contact tracing will be the responsibility of Public Health England (PHE). In London, this will be undertaken by the London Coronavirus Response Cell (LCRC). LCRC has been leading the London PHE response to Covid-19 since February and it also provides the link between local government and Test and Trace. Cases may be complex for a variety of reasons – they can relate to a particularly vulnerable individual, for example, a rough sleeper, or a setting, such as a school or care home, or reflect a number of cases with a possible link to a setting, for example, a workplace, or geography which need investigation to determine whether there is a local outbreak. PHE will work with the local authority's Covid-19 Health Protection Board to investigate and manage any incidents or outbreaks

Outbreak Control Plan

- 3.1.4 Following the initial wave of Covid-19 in England, and the easing of the national lockdown, Test and Trace has become central to the government's Covid-19 recovery strategy. This strategy requires local government to develop local outbreak control plans, centring on seven themes:
1. Care homes and schools
 2. High risk places, locations and communities
 3. Local testing capacity
 4. Contact tracing in complex setting
 5. Data integration
 6. Vulnerable people
 7. Local Boards

- 3.1.5 The Brent Covid-19 Management Plan was developed in line with London guidance from PHE, the Good Practice Networks and the SCG Subgroup on Test and Trace with oversight from the Health Protection Board which is chaired by the DPH and reports to Gold. The Plan was presented to the Health and Wellbeing Board on 29 June 2020.

Covid-19 Testing in Brent

- 3.1.6 There have been a number of different routes to testing in the borough. Throughout the pandemic, testing has been carried out on people admitted to hospital with Covid-19 type symptoms. In the early stage this was the only testing available and so it was likely that the number of infections was under-counted and the severity of the infection was over-estimated.
- 3.1.7 As cases began to be seen in care homes, testing for care home staff and residents was introduced. A national portal was opened through which care homes could request testing and / or the DPH could put forward homes for priority testing. In Brent, this was supplemented by testing provided by the NHS Care Home Support

Team, which carried out over 550 tests, and the Brent CCG Enhanced Care Home Support Team which tested almost 1000 people and is now retesting care home residents and staff.

- 3.1.8 Testing for members of the public with symptoms was introduced via regional, drive-through test centres, one of which opened in Ikea Wembley on 14 April. A second mobile test unit has been operating from Willesden Sports Centre car park two days a week from 5 May. This has now relocated to the car park at the Neasden Temple.
- 3.1.9 Lastly, the CCG have been providing testing at the Covid-19 “Hot Hub” at Willesden Centre for Health and Care which has been providing care for patients who were not so sick that they needed to go to hospital, but had suspected Covid-19 that needed monitoring in the community.
- 3.1.10 All the above tests are antigen tests that detect whether someone is infected *at the time the test is taken*. PHE have also approved an antibody test which detects if someone has previously been infected. Unfortunately, this test requires a whole blood sample. At present we do not know whether, or for how long, the antibodies confer immunity. The antibody test is therefore of limited utility in making decisions on workforce deployment or for clinical management. Antibody tests for health and social care staff are available at the Hot Hub.

A Walk-Through Local Testing Site

- 3.1.11 The Council was approached by DHSC to pilot a local walk through Covid-19 testing site. The Council's aims in hosting a walk through testing site were:
- To provide a service to an area which had seen high numbers of Covid-19 deaths
 - To provide a service for marginalised and excluded communities who would be less likely to access the mobile drive through testing
 - To provide “wrap around” services through our existing community hubs and partnerships
- 3.1.12 The local testing site is located in Harlesden. It was built and is staffed through a DHSC contract. The Council's role has been community engagement, publicity and the provision of a dedicated booking line. Calls are handled by Customer Access staff who, as well as booking symptomatic residents a test the same or next day, use a triage script to explore whether residents need support with, for example, debt, housing, or accessing health services. If so, with residents' consent, their details are passed to Community Hubs staff who provide a call back service.
- 3.1.13 In the first two weeks of opening, 147 test had been carried out with 29 referrals to the Hubs, suggesting the offer was reaching those in need. In the week commencing 29/06/2020, a total of 541 tests were carried out with 54 referrals to the Hubs.

Infection prevention and control advice

- 3.1.14 The council's public health team have developed bespoke training and advice sessions on:
- Infection Control and Personal Care
 - Infection Control and Personal Protective Equipment (PPE) in Early Years Settings
 - Infection Control and PPE in School Settings
 - Infection Control and PPE when returning to Face to Face work
 - Infection Control for Community and Faith settings

- 3.1.15 Fifty briefings on Infection Control and PPE have been delivered with over 2000 participants from care homes, schools, early years, council staff and community organisations. These have proved very popular.

Health advice

- 3.1.16 During the pandemic, public health updated our advice on both physical and mental wellbeing to take into account Covid-19 and the lockdown, e.g. *staying happy and healthy at home*. Information has been made available by the website, by videos, by the Brent Magazine, by leaflets, including material provided to the mutual aid groups for their use and for inclusion in the food parcels delivered from Bridge Park.
- 3.1.17 The council's occupational health and public health teams have worked together to develop a risk assessment for staff to ensure they are safe in returning to the workplace. Public health has also provided advice to Facilities Management on safely reopening the Civic Centre.

Commissioned public health services

- 3.1.18 Sexual health, substance misuse and the 0-19 children's public health service commissioned by the local authority's public health team have had to adopt completely different service models during the pandemic.
- 3.1.19 In February and early March, the capacity of the online sexual health service was increased in order to reduce demand on clinics. The London Sexual Health Programme worked with the Faculty of Sexual and Reproductive Health and the British Association for Sexual Health and HIV to develop a consensus statement on which clinical conditions could be dealt with online or via telephone triage and the clinical algorithms in the e-service were adapted. This work meant that London was well placed to respond to the lockdown.
- 3.1.20 Initially in lockdown there was a marked downturn in demand for sexual health services. This reduction was temporary and demand is now rising. The DPH is working with the London Programme and the professional bodies to do a similar piece of work as undertaken prior to lockdown to agree priorities for a return to face to face service.
- 3.1.21 Substance misuse services also moved to online and to telephone interventions during lockdown. The Recovery Day Programme became virtual prior to lockdown in response to the clinical vulnerabilities of many of its clients. Service users were provided with prepaid mobile phones if needed to enable them to remain in contact with their key workers.
- 3.1.22 Referrals to substance misuse service have increased and have for several weeks been running at 3 – 4 times usual levels. There remains no waiting time to access services.
- 3.1.23 With the relaxation of lockdown, B3, the service user led organisation in Brent, has been able to introduce "park pods", and socially distanced small gatherings in parks which provide much needed structure and social contact for service users.
- 3.1.24 The 0-19 service was most restricted in its service offer. NHSE issued instructions to NHS services about which services should be paused in order to free up staff and facilities for redeployment. This included the public health commissioned 0-19 service. A positive development was the move to full seven day working with a phone and on line service. However most routine developmental checks were paused.

Health visitors continued new birth “visits” although lower risk visits were done by phone. Antenatal contact was restricted to high risk women. School nurses were redeployed, including to the Nightingale Hospital.

- 3.1.25 Negotiations are underway between DsPH and the NHS over the restarting of 0-19 services.

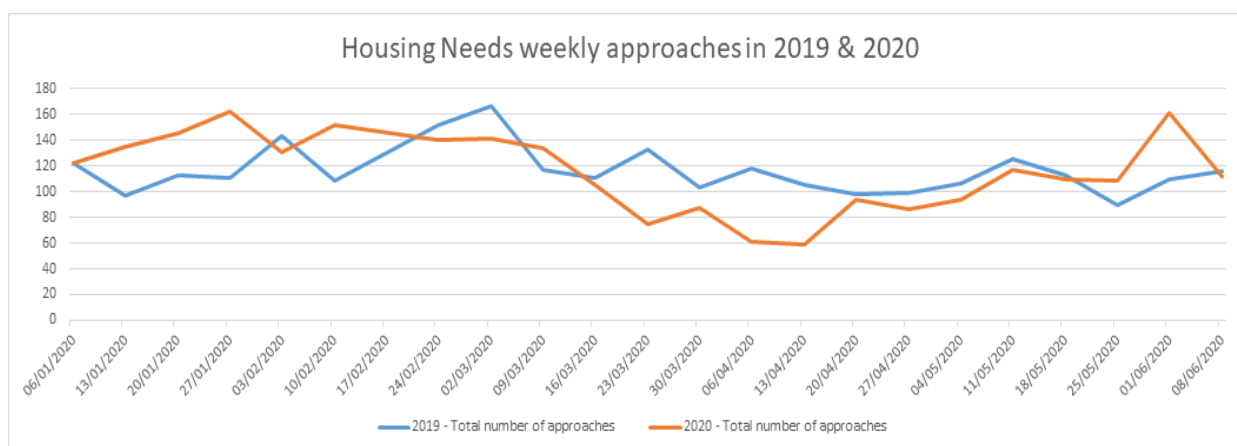
School aged immunisations

- 3.1.26 Children usually receive immunisation against human papilloma virus (HPV), meningitis ACWY and their teenage tetanus, diphtheria and polio in secondary schools. As a result of Covid-19 related school closures, many children have incomplete or missed immunisations.
- 3.1.27 Immunisations are commissioned by NHSE, not the local authority, and provided in Brent by Central and North West London NHS Trusts (CNWL). A catch up programme will be needed over the summer to ensure children are protected against vaccine-preventable diseases. Public health are working with CNWL to use Council premises including Bridge Park to deliver catch up clinics over July and August.

3.2 Housing

Homelessness

- 3.2.1 The Covid-19 pandemic and the consequent lockdown affected Housing in two major areas; homelessness and rent/service charge collections.
- 3.2.2 Following the lockdown announcement on 23 March, Luke Hall MP, Minister for Local Government and Homelessness, wrote to all Local Authorities on 26 March, asking local authorities to accommodate all rough sleepers, and people at risk of sleeping rough, including those people with No Recourse to Public Funds (NRPF).
- 3.2.3 The Council responded to this by providing emergency accommodation to verified rough sleepers, both directly from the streets and from emergency night shelters. This also referred to those who were at risk of rough sleeping, including those with NRPF and those with no or low vulnerabilities. This supported individuals to safely quarantine if required, as well as follow general social distancing guidelines. In addition, there has been a surge in homelessness demand from single people. These people were typically making temporary arrangements such as sofa surfing, adding to the new “flow” on the streets, or at risk of becoming rough sleepers.
- 3.2.4 This increase in demand, coupled with the effective lowering of thresholds related to providing emergency accommodation, has resulted in a large increase in the number of single homeless people who have been provided emergency accommodation by the council. As at 18 June, a total of 267 single homeless people have been accommodated.
- 3.2.5 In the initial weeks following the lockdown, there was a reduction of 54% of the normal weekly approaches from both families and single homeless people, compared to the same period last year. However, since mid-April, the number of approaches has been steadily rising, and are now on a par with the level of demand in 2019.
- 3.2.6 Fig 1 – **Weekly trends in the number of Housing Needs approaches in 2019 & 2020:** the number of approaches in the last week were similar to the same week in 2019.



Housing Management

- 3.2.7 The lockdown resulted in a number of people being furloughed or losing their jobs altogether. As a result, we have seen an increase in the level of rent and service charge arrears. Tenants who were owing rent to the Council prior to the lockdown have gone further into arrears and some tenants who were either previously in credit or were up to date with the rent and service charges, are also now in arrears. The latter make up 6% of tenants.
- 3.2.8 If the trend continues, we estimate that the HRA could potentially lose circa £2.7m worth of income and other tenures, such as temporary accommodation, i4B and First Wave Housing, may lose in the region of £3.3m.
- 3.2.9 The Council's position throughout the lockdown, has been to support tenants as much as possible through these difficult times. The Council enhanced its offer of financial support and advice in order to reduce the number of households falling into arrears. Any household affected has been encouraged to apply for Universal Credit or a Mortgage Holiday (leaseholder). Therefore, inability to pay should only be because of delays in payments. Households who are self-employed and unable to work are now being contacted, as they should have received their payment from Government.
- 3.2.10 During the lockdown, the Council has continued to deliver emergency and urgent repairs, which cover most of repair demand. In addition, we have continued to deliver essential planned maintenance, through which improvements are being made to internal and external areas of blocks. Health and safety checks, such as for gas and electrical installations, have continued where possible.

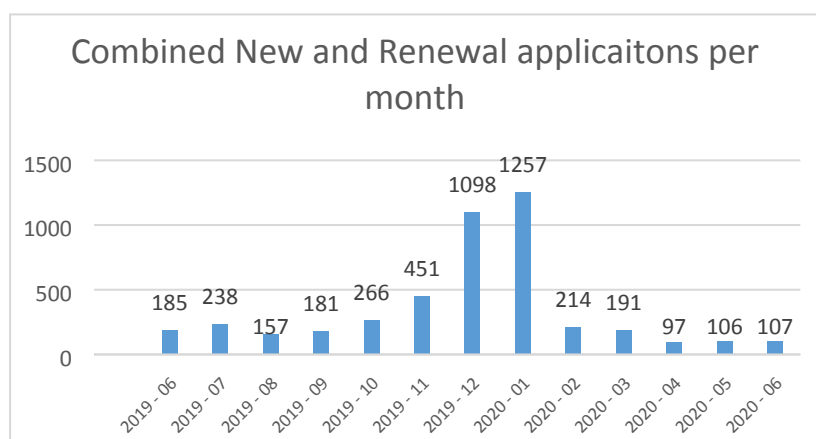
Supply of Affordable Housing

- 3.2.11 In addition to homelessness and income collection, the lockdown and social distancing in particular, has affected the development of new homes. When the lockdown first commenced, most development sites across London ceased. In Brent, only two of our sites initially stopped but they too were able to get back on site within three weeks. This meant that by the end of April, all of our building sites were in operation.
- 3.2.12 All sites remain fully operational and are working under government guidelines. This means that social distancing has to be observed on site. With social distancing, contractors are unable to have as many operatives on site as they would have liked, and so completions dates are being pushed back. Although the Council is contractually

protected from financial claims from contractors, under standard Force Majeure clauses, they will be entitled to claim for Time Extensions based upon these circumstances.

Landlord Licensing

- 3.2.13 There are two main functions associated with the licensing of Private Rented Sector (PRS) properties, the processing of licence applications which allows for the specifying of conditions that need to be adhered to by the licence holder and the compliance inspection of Houses in Multiple Occupation (HMOs) in order to make sure that those conditions are being met. The renewal of Borough wide HMO licensing came into effect on 1 February 2020 and that contributed to a spike in applications for both renewals and new applications. The following graph shows the combined numbers of all licence applications received since June 2019.



- 3.2.14 Although the graph shows a reduction in applications received since lockdown, the numbers are not much lower than forecast. As such, Covid-19 and the lockdown has had a limited impact on license applications so far and we believe that the overall levels of applications/properties licensed over the five year period of the scheme will not be affected as a consequence.
- 3.2.15 With regards to compliance inspections, this function was halted as a consequence of Covid-19 as it was assessed to be too risky to have officers entering and inspecting HMOs. With the relaxing of social distancing, Public Health guidelines and PPE these inspections have resumed, on what is assessed to be lower risk HMOs (those with fewer occupants), from 1 July 2020.
- 3.2.16 Nevertheless, during the time where officers were not able to carry out inspections, they have been reviewing and following up on open cases with landlords. Since 1st March 2020, we have been able to close 526 of such cases.

3.3 Adult Social Care

- 3.3.1 Throughout the period when the pandemic was at its peak and through lockdown, Adult Social Care (ASC) have adjusted the services delivered by teams to continue to offer as much business as usual activity as possible and to support an increased number of clients with Covid-19 specific needs. The option to make easements to the Care Act 2014 was put in place by the government but this option was not exercised by Brent. The service continued to deliver all adult social care related statutory functions in addition to providing a wider range of support.

3.3.2 Core changes to services were as follows:

- The Duty Team mobilised quickly to transform the service into a Wellbeing Team (the normal duty team continued to operate alongside this service, so people could either be supported through the wellbeing pathway if their need for support was as a result of Covid-19 or, through duty if it WAS a regular need for a care assessment and ongoing package of care). This team operated seven days a week and from 8am–8pm for five weeks. It continues to operate now but has reverted to core operating hours. The team was supported by having a new mosaic episode in place and dedicated phone lines for both the public and medical professionals. The mosaic episode allowed us to record and track individuals, outcomes and spend, but also provided a more proportionate assessment. This phone line operated as an emergency response, widening support available to people who had short term care needs as a result of self-isolation or those included in the shielding group. People were directed to Brent CVS (which had been funded to provide wider community support) if they could be supported in this way. The Wellbeing service therefore supported those people who were the most vulnerable and in the most need of support, or those who we believed were more vulnerable to exploitation or abuse through community support routes. Initially, the single biggest request for help was with the delivery of food parcels, and an automatic referral was set up to the Brent Council food delivery hub, that allowed delivery of ongoing food supplies on a weekly basis. All individuals in receipt of food deliveries through this route have since been reassessed, and where necessary, alternative ways of accessing food have been put in place for them. The Team completed over 900 care assessments and contact assessments between the end of March and end of May.
- The Community Review Team transformed how they worked, and completing phone based risk assessments for clients who cancelled or suspended their care, as well as those individuals who usually attended a day centre but would not be able to for the foreseeable future. They also followed up with some of our high risk and very vulnerable clients and families, and provided a regular check in service for people who need to be checked on and completed on-going reviews for people who have been provided with care through the wellbeing service. This team additionally made calls to clients on the NHS shielding list to ascertain whether they needed any further support through this period.
- The Complex Care Teams are continuing to work extremely hard to complete assessments and manage care for those people who really require it. Many of our complex care social workers continued to complete visits if they were required, with many of our really challenging clients requiring quite a bit more support. Our most anxious clients were allocated a nominated point of contact in the Complex Team to manage the additional complaints and contact received as a result of increased anxieties.
- The Urgent Care and Hospital Teams were at the very front line of our response. Integrated Rehab and Reablement continued to support people both in the community and those coming out of hospital. They continued to complete visits as necessary. Our Hospital Discharge and Home First teams worked in and with the hospitals daily, including forming a joint discharge team with our CHC colleagues. Our Urgent Care services also geared themselves up to work seven days to support the increased need to discharge.
- The Community Learning Disability Team has been working hard to support individuals and families who may not be able to access the normal respite and day services. They have been checking the most high risk individuals are managing and

producing risk assessments and risk management plans for some of our LD clients who struggle to adjust to changes in their routine.

- Direct Services were also at the front line of care provision, and managed to keep the John Billam day centre open longer than any other day centre in Brent to support those people with the most complex needs, including severe autism. They are still working hard to support residents at Tudor Gardens and to do outreach to day centre clients who cannot go out at the moment. Direct Service staff were organised into teams to support the wider care home sector where we faced staff shortages in care homes. With support from PII and public health colleagues, all Direct Services staff (137) were given training and guidance on delivering personal care safely in the current climate.
- Transformation, PII and BCF teams have been invaluable in helping us to respond quickly and flexibly to all the changes to systems, processes and legislation we have needed to manage. They have also supported the creation of rotas, liaison with other departments and partners and managed communication flows so everyone stayed in contact and informed. Our performance team has produced a daily dashboard allowing senior managers to see volumes of activity and adjust staffing accordingly.
- Commissioning have been completely vital in managing our care providers. Placement Review Officers (PROs) have been checking in daily with their nominated providers, picking up issues from staffing to infection control. Every Care home and Home Care agency had a nominated PRO who was in daily contact with them throughout this period. Our commissioning service have also been working tirelessly to source PPE for our staff and providers, as well as setting up additional step down capacity for patients who need to be discharged quickly. Additionally, they have been working really hard to support our home care providers to manage people in the community, including managing those who have tested positive for Covid-19. They have been running weekly webinars for providers, supported by public health colleagues and health partners, to support them in delivering care and answering their questions, ensuring they all understood infection control measures, resolving issues for them.
- We have been able to reallocate home care workers into care homes who have staff shortages, and we have been able to reallocate care packages to other home care providers as necessary. PROs also supported care providers to complete a daily data return so we are able to see capacity across the whole of London.
- The Safeguarding team ran a duty service, as well as volunteering staff for other areas of the business. They worked with the Domestic Violence Abuse services (DVA) to provide a specific source of support for people at risk of or experiencing Domestic Abuse. This was an area we have seen a spike in since more people were asked to stay at home. Deprivation of Liberty work is continuing, and they continued doing visits as necessary. Safeguarding activity remained steady, and the safeguarding team are still undertaking urgent visits and pro-active work.
- Our Occupational Therapists have offered their support to a range of teams, from providing advice over the phone to staffing an out of hours rota to support wider volunteers across the council who are calling people on the shielding list.
- The Emergency Duty Team have continued dealing with out of hours crises as normal.

3.3.3 Similarly, our care providers have responded amazingly. Working in really difficult circumstances, they supported people who tested positive for the virus without complaint, and found additional capacity when asked to.

3.3.4 A couple of other extraordinary achievements to note:

- A survey was sent out to all ASC staff requesting people to volunteer to support extended hours of the wellbeing team, EDT and asking whether staff would be prepared to provide personal care if necessary. We have had over 100 staff volunteer to work evening, weekends, overnight, and to deliver personal care.
- As well as working with our direct services staff to be able to support staffing in care homes, we also worked with a few of our Homecare providers to setup and run a carers recruitment drive for them. A process was set up whereby the council recruits, DBS checks and allocates staff who may have lost their jobs through this crisis and may consider working in care, into different care agencies.
- A contract with our Gateway provider was set up to provide support around social isolation, food and medication delivery to those people in the shielding group or anyone self-isolating and in need of more support.
- Legal advice was sought on the changes to the Care Act as a result of Covid-19 legislation and the implications for practice. Weekly newsletters are being drafted for staff and practice implications are covered via this newsletter, with guidance.
- The Principal Social Worker (PSW) has produced a power point/narrated training package for wider council staff on supporting vulnerable clients and how to identify and refer them. This has been given to 200+ volunteers and contact centre workers, and a video was adapted on safeguarding for adults and children for volunteers which was sent out to our wider VCS and volunteer/mutual aid groups.
- The PSW also runs a weekly web based practice forum for staff, to support them to resolve practice issues and have a space to discuss the challenges of working in different ways to support vulnerable people.
- Despite the pandemic, the only Adult Social Care Skills Academy in London was launched during April, offering six defined training and development pathways for social care staff and ensuring all staff are registered and participating in at least the core training pathway.

3.3.5 A huge amount of work was undertaken in relation to our care providers, particularly our care homes. 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 seven extra care schemes. Brent has a relatively high proportion of care facilities compared to 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.

3.3.6 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 June 2020. 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. Public Health Analysis suggests that deaths in care homes is at the lower end of the scale across London during this period. There should nonetheless be some caution in relation to the data, as it has been drawn from multiple data sources. Further analysis will be done in future to review the position once there is more confidence in the source data. Overall, all evidence suggests that proportionate to the proliferation of the infection in the community, the performance in care homes was very good.

3.3.7 The key elements of the additional support provided to care homes in Brent is summarised as follows (full details are included in Appendix A):

- **Personal Protective Equipment (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.
- **New accommodation** - Establishment of a new council commissioned 11 bedded extra care facility to support people being discharged from hospital who are Covid-19+ 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.
- **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.
- **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.
- **Support and guidance** - Weekly care home forums (hosted virtually) for all providers to ensure all providers are sighted on the latest guidance, support and best practice from national and local partners.
- **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.
- **Clinical support** – Expansion of existing Enhanced GP care home support to cover all care homes.
- **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.
- **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.
- **Infection Control Grant** – Distribution of the central government grant for infection control has been achieved in Brent.

3.3.8 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 completed 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.

- 3.3.9 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 online training sessions as well as telephone support on PPE guidance, infection control and other issues. Where more support is needed, the NWL Care Homes Team or the Enhanced Care in Care homes Team will undertake support visits to homes. The rate of people passing away in care homes is currently back to the levels that we would expect to see pre-Covid-19, and all care homes in Brent are currently infection free.

3.4 Children's Services

- 3.4.1 Brent Children's and Young People (CYP) took swift and targeted action to support children and families from the beginning of the pandemic and throughout the lockdown period, ensuring that children's safeguarding needs continued to be met. Revised practice guidance was issued 16 March to support practitioners in risk assessment, prioritisation of contact with children and families and to support home visits where appropriate. This guidance has been kept regularly updated.
- 3.4.2 Every child known to CYP (including Children in Need, Children subject to a Child Protection Plan, children with an Education, Health and Care Plan, young people known to the Youth Offending Service and Looked After Children and care leavers) has been risk assessed, with contact arrangements by telephone or home visits in place based on identified levels of risk.
- 3.4.3 The level of contacts through the Brent Family Front Door declined significantly through April and May, with contacts at approximately 50% of the rate at the same time last year. Contact rates have now increased, returning to comparatively similar levels for this time of year seen in previous years. Additional risks have been identified for children and families, including a rise in child poverty as well as domestic abuse, which will need to be addressed in the recovery period.
- 3.4.4 During the lockdown period, there have been indications of the increased challenges in keeping vulnerable adolescents at home and safe during the lockdown. The Vulnerable Adolescents Panel is reviewing the impact of the lockdown on adolescents to ensure that Council wide and partnership actions address identified risks for young people.
- 3.4.5 Educational Health Care Plan (EHCP) assessments have continued to be reviewed at weekly virtual panels, incorporating multi-agency professionals throughout the pandemic period, with numbers consistent with the previous year, or slightly higher. In line with the amendment to provision, within the Coronavirus Act, professionals are using "reasonable endeavours" to provide reports on the children/young people, when for instance face to face contact has not been possible.
- 3.4.6 All pupils with EHCPs have been risk assessed by their school or setting and these risk assessments are quality assured and discussed with schools if further detail is required. They are RAG rated to ensure timely review. Weekly meetings have taken place with the headteachers of Brent special schools, to ensure adequate safe-

guarding arrangements are in place for children who remain out of school, and respite/playground offers have been made to priority families.

- 3.4.7 Brent Council's responsibilities and duties as a Corporate Parent have been prioritised and maintained. Social workers and Personal Advisers to Looked After Children and care leavers have been maintaining contact with children and young people, undertaking welfare checks and providing reassurance and support. Foster carers were contacted and were provided with a child-friendly information leaflet to help explain the Covid- 19 situation to children. The LAC Health Team with CNWL NHS Trust identified LAC with underlying health conditions, who were contacted by their social workers for a specific welfare check. Practice guidance was put in place to support delivery of statutory services including information on remote working, visits to LAC and care leavers and work undertaken by contact, fostering and kinship teams.
- 3.4.8 The vast majority of schools and a number of early years settings have remained open for the children of key workers and vulnerable children throughout the duration of the pandemic. The Strategic Director Children and Young People advised and supported schools to form geographic clusters from the start of the pandemic, an arrangement which has supported resilience in the sector and facilitated the sharing of good practice. The Strategic Director has convened weekly meetings with headteachers and regular webinars for early years providers and Chairs of Governors with the Strategic Director have allowed timely, two way communication and the provision of tailored advice. The Director of Public Health (DPH) has joined these webinars as necessary to provide public health advice.
- 3.4.9 Brent CYP has also been actively promoting the attendance of vulnerable pupils. A task group chaired by the Head of Inclusion, with representation from Brent school clusters and reporting to Children's Services Leadership Team is coordinating work to support vulnerable pupils during the lockdown period.
- 3.4.10 Laptops are being allocated to support vulnerable children access education. Brent has ordered the full allocation provided by Government of 729 laptops for vulnerable children and care leavers (711 for vulnerable children in Brent schools and care leavers in education, 18 laptops for disadvantaged children in year 10 in community maintained schools).
- 3.4.11 Further to the government announcement on 28 May that all of the government's five tests for the wider opening of schools were met, Brent schools were able to open more widely with small numbers of pupils in specified year groups: Reception, Year 1 and Year 6 in Primary, and up to 25% of pupils in Years 10 and 12 for some face to face support from teaching staff in Secondary. Special schools have been able to welcome more children back in these specified year groups in accordance with a child's individual risk assessment.
- 3.4.12 In preparation for the government's requested wider opening from 1 June, schools updated their risk assessments and plans. Public Health and CYP have supported early years settings and schools with infection prevention training which has been accessed by over 870 members of staff. Supplementary PPE has also been provided to early years settings and schools in line with government guidelines. CYP have also coordinated the procurement of signage on behalf of schools for wider opening. The Operational Director, Safeguarding, Partnerships and Strategy, with Brent health and safety advisors, have also reviewed risk assessments from community schools.
- 3.4.13 The Covid-19 CYP Department recovery plan focuses on key actions to continue to develop the response to the needs of vulnerable children and families. Priorities include:

- Restoring increased face to face work with children subject to Child Protection plans, LAC and Care Leavers, with particular attention to post trauma and bereavement
- Reviewing and expanding, in collaboration with health, post trauma and emotional wellbeing support e.g. for looked after children and young people after a significant period of isolation, including bereavement support where LAC have experienced loss of family members
- Retaining some of the additional scheduled phone contact for more vulnerable young people in the early evening and at weekends
- Retaining online support services and tools being provided by for example YOS workers and keyworkers and Family Support Workers in Family Solutions and Accelerated Support Team
- Working within the Children's Trust with health partners on aligning recovery plans for services for children
- Planning for the expected increase in referrals when early years settings, schools and colleges are fully returned in September
- Developing resilience of children's services for the autumn when significant pressures are expected
- Reviewing the current arrangements with Barnardo's in preparation for the opening of family wellbeing centres later in the autumn.
- Roundwood Youth Centre activities ceased on 20/03/20. Plans for a phased opening are now being considered. Roundwood Alternative Provision School is being progressed for opening in January 2021.

4.0 Alternative Options Considered

4.1 None to be considered

5.0 Financial Implications

General Fund

5.1 Excluding Covid-19 related pressures, CWB was forecast to break even. The impact of the pandemic on this department is currently estimated to be £12.5m.

CWB Department	Additional costs due to Covid-19 £m	Loss of income due to Covid-19 £m	Total impact due to Covid-19 £m
Housing	2.8	2.5	5.3
Culture	0.3	0.4	0.7
Public Health	0.0	0.0	0.0
Adult Social Care	6.5	0.0	6.5
Total	9.6	2.9	12.5

5.2 Within the Housing Needs service, an additional £2.5m is forecast to be spent on accommodating the increased demand and providing temporary accommodation to homeless people through the outbreak. Most of these clients are considered to be formerly hidden homeless and have been accommodated by the Council as part of the emergency response. The £2.5m includes the cost of accommodation, food provision and security in hotels, as well as one-off costs for making permanent placements into the Private Rented Sector. It is expected that families will be relocated from hotels into Private Rented Sector accommodation. However, whilst a significant proportion of clients will have their rents covered by Housing Benefit or EEA nationals grant, a

residual ineligible group will result in ongoing housing costs to the Council. Of the £2.5m forecast, £1.2m can be attributed to the cost of continuing to support the cohort with no recourse to public funds throughout Q3 and Q4. This forecast is net of specific government grants and assumed Housing Benefit income.

- 5.3 There are also potential costs of £0.3m forecast to be incurred on commissioning a homelessness support contract from the charitable sector and additional temporary staffing resource, both of which are necessary to cope with the increased demand.
- 5.4 In addition, the loss of rental income from Housing Needs tenants in General Fund properties is forecast to be £2.5m. The rent collection rates across broader Temporary Accommodation have dropped from circa 95% prior to the Covid-19 outbreak down to 75%. This can be partially attributed to delays in newly homeless people registering and receiving Housing Benefit towards their accommodation costs. However, another factor in the decline in rent collection is that tenants ineligible for Housing Benefit may be less able to pay rent due to the wider economic impact of Covid-19. The loss of rental income from i4B and First Wave Housing is forecast to be £0.8m for the full financial year based on the year to date collection rates.
- 5.5 The Culture service, which encompasses Libraries and Leisure Centres, is also expected to be impacted by Covid-19. Sports centres have forgone their expected income during the lockdown and support has been provided for operational and mothballing costs for the leisure centres. The loss of income from leisure services at Bridge Park and Vale Farm is estimated to be £0.3m, and the cost of mothballing Vale Farm and Willesden Sports Centre is forecast to be £0.3m. In addition, £0.1m of income generated by libraries is expected to be lost across the full financial year.
- 5.6 The Covid-19 outbreak has not resulted in significant extra costs for Public Health. The total grant for 2020-21 is £21.8m and reserves stand at £3m.
- 5.7 In Adult Social Care, the major financial impact of the Covid-19 pandemic is the cost of procuring PPE and distributing it free of charge to care providers. The Council is better able to source and buy this equipment than many care providers who would struggle given the competitive market. Allocating it out to providers is part of the emergency response, but also prevents further pressure on the cost of care as if this was left to providers themselves, they may not achieve value for money and would pass on increased costs to the Council. As of the end of June, £2m worth of PPE had been purchased and the estimated usage rate is £114k per week, which results in the forecast of £5.9m. At this stage it is anticipated that the procurement of PPE on behalf of care providers will continue until at least the end of the financial year.
- 5.8 For the duration of the emergency, care packages made by the CCG for clients discharged from hospital will be covered by the NHS. However once the emergency is declared over it is likely that the Council will need to cover these costs. The CCG packages agreed during the emergency are typically 20% more expensive than the usual cost to the council, and there have been approximately three times as many clients placed as would typically be made during this period. From Q2 to Q3, £0.4m is forecast for these excess costs as placements are continued until they can be renegotiated. There is also a forecast cost for additional staffing to provide the necessary care assessments which have not yet taken place for this cohort.
- 5.9 There are some additional direct minor costs as a result of COVID-19 such as paying directly for care home agency staff, and for kitting out the Peel road discharge facility. These costs total £0.1m.

HRA

- 5.10 The budgets for the Housing Management function are contained within the ring-fenced Housing Revenue Account (HRA), which has a balanced budget set for 2020-21. The total potential budgetary pressure as a result of the ongoing pandemic is currently estimated to be £2.9m.

HRA	Additional costs due to Covid-19 £m	Loss of income due to Covid-19 £m	Total impact due to Covid-19 £m
HRA	0.2	2.7	2.9

- 5.11 Rent is a primary source of income and £2m of the total pressure is attributed to the increase in rent arrears. This is based on the decline in rent collection rates experienced to date, extrapolated to forecast a full year impact of £2m.
- 5.12 Setbacks to new build developments are expected to result in a delay in letting new properties out to tenants, therefore increasing the loss of rental income further by £0.3m. However, it is not anticipated that the expenditure on new builds will be significantly lower than the annual capital budgets.
- 5.13 In addition, it is forecast that 10% of service charges income will be under-recovered, which is estimated to be £0.4m. This is in line with Bank of England forecasts on consumer credit and debt recovery.
- 5.14 Additional costs of £0.2m are forecast to be incurred on providing estate caretaking services through the pandemic without compromising on the standards of service. This includes sourcing additional PPE and employing additional temporary staffing resource to provide cover for colleagues staying in isolation.
- 5.15 The HRA operating reserve currently stands at £1.4m and the identified pressures will continue to be closely monitored through the changing environment. Mitigating action, such as re-scheduling major works and new build capital investments, will be considered if required, to avoid the HRA going into deficit.

6.0 Legal Implications

- 6.1 The Government brought into law the Coronavirus Act 2020 to make a number of changes in order to deal with the effects of the pandemic and to bring into legal effect a number of measures relating to the lockdown and give the Government powers to make additional regulations in this regard.
- 6.2 No legislative changes have been made to the areas of landlord licensing and homelessness. The Ministry of Housing and Local Government have issued to local authorities guidance letters and provided funding regarding the housing of rough sleepers during the period of lockdown arising from the pandemic.
- 6.3 In relation to adult social care, the Coronavirus Act 2020 enabled local authorities to make a number of easements in respect of their statutory duties under the Care Act 2014, with local authorities being able to decide to reduce a number of statutory duties under the Care Act 2014 to discretionary powers. Brent Council has not carried out any such easements and many other local authorities have also not chosen to do so. No changes have been made to the law on mental capacity and deprivation of liberty safeguards though the Government has provided guidance during the lockdown period on these issues.

- 6.4 In relation to housing management, the Government has ordered a stay on the eviction of tenants from residential properties and a stay on possession court hearings until 23 August 2020.
- 6.5 Although no changes to primary legislation have been made relating to the areas of education, schools and children social services, the Department for Education has issued guidance to schools and local authorities regarding attending schools and children's social care services. Regulations have been introduced to make temporary changes regarding private fostering, fostering and adoption, care planning and residential care.
- 6.6 Public Health England has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, Local Authorities, emergency services and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in their areas. These responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority public health response to incidents that present a threat to the public's health. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020.
- 6.7 A report was submitted to Cabinet on 20 April 2020 and to the Audit and Advisory Committee on 5 May 2020 setting out details regarding the Council's emergency planning and GOLD arrangements that were enacted as a result of the pandemic and lockdown.

7.0 Equality Implications

- 7.1 The council, as a public authority exercising public functions, is subject to a general public sector equality duty (PSED) under section 149 Equality Act 2010 (EqA). The PSED requires public authorities to have "due regard" to:
- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the EqA.
 - The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. This involves having due regard to the need to:
 - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
 - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it. This includes having due regard to the need to tackle prejudice and to promote understanding.
- 7.2 The Covid-19 pandemic has affected us all, changing the way we live in the short to medium-term – and we do not yet know what the long-term holds. Looking deeper, it

has become clear that the pandemic and resulting lockdown have disproportionately affected people with certain protected characteristics. Those who are vulnerable have needed help more than ever.

- 7.3 This report demonstrates that Brent Council, guided by the Public Sector Equality Duty (PSED), has taken account of this disproportionality, worked hard to assist and protect our residents throughout this time, and will continue to do so.

8.0 Consultation with Ward Members and Stakeholders

- 8.1 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.
- 8.2 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 and Full Council on 13 July. Effectively, Member led decision making is now back in place for all decisions other than those specifically related to the pandemic.

Report sign off:

Carolyn Downs
Chief Executive