

COVID-19 RECOVERY WORKING GROUP
Thursday 22 October 2020 at 6.30 pm

This meeting is a virtual meeting which is being hosted on Zoom. Councillors and registered public participants will be sent access details nearer the date of the meeting.

Members of the public who wish to watch the meeting can do so via a livestream which will appear on the Council's YouTube page
<https://www.youtube.com/user/HarlowCouncil>

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Minutes (Pages 2 - 9)
4. Matters Arising
5. Update on Covid Infection Rates in Harlow (Pages 10 - 12)
6. Funding Allocations: Recovery Budgets (Pages 13 - 16)
7. Letter to, and Response from, Councillor John Spence r.e. Covid-19 Infections in Care Homes (Pages 17 - 20)
8. Matters of Urgent Business

**MINUTES OF THE COVID-19 RECOVERY WORKING GROUP
HELD ON**

23 September 2020

6.30 - 8.10 pm

PRESENT

Committee Members

Councillor Eugenie Harvey (Chair)
Councillor Simon Carter
Councillor Joel Charles
Councillor Tony Edwards
Councillor Mark Ingall
Councillor Andrew Johnson
Councillor Frances Mason
Councillor Russell Perrin

Officers

Brian Keane, Chief Executive
Andrew Bramidge, Head of Environment and Planning
Emma Crouch, Corporate Support Officer
Simon Freeman, Head of Finance and Property and Deputy to the Chief Executive
Jane Greer, Head of Community Wellbeing
Simon Hill, Head of Governance
Adam Rees, Governance Support Officer

27. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Nancy Watson.

28. **DECLARATIONS OF INTEREST**

Councillor Simon Carter declared a pecuniary interest as a remunerated Council appointed Director of HTS (Property and Environment) Ltd.

Councillor Joel Charles declared a pecuniary interest as a remunerated Council appointed director of HTS (Housing and Regeneration) Ltd and a non-pecuniary interest as a Council appointed director of HTS Group Ltd.

29. **MINUTES**

RESOLVED that the minutes of the meeting held on 25 August are agreed as a correct record and signed by the Chair.

30. **MATTERS ARISING**

a) Minute 24 - Member Nominations to Work Streams

The Chair said that Councillor Nancy Watson was to join the Community Impact work stream.

The Working Group discussed the Welfare Panel and concerns about the succession of housing, particularly when vulnerable adults were involved.

31. **OUTBREAK PREVENTION AND PLANNING**

Andrew Bramidge, Head of Environment and Planning, gave a presentation setting out the increased rate of infection in Harlow compared to other areas of the region. A copy of the presentation is appended to the minutes. He explained that focus was on preventing the rate of infection from increasing further.

The Working Group discussed the potential impact of a second wave of infections on those who live and work in care homes. It was agreed that a letter would be sent by both Group Leaders to the County Council asking for guarantees on the provision of PPE, and other logistical support.

The Working Group considered methods of tracking the outbreak including an increased use of anti-body testing and through the sewage system. Discussions moved onto 90 minute tests, in particular for ad-hoc care home staff.

The Working Group looked at ways that the Council could act as the community leader. This included more visible cleaning of outdoor spaces, utilising the Community Rangers to assist with social distancing in the town centre, and the provision of disposable masks.

32. **RECOVERY COMMUNICATIONS STRATEGY**

The Working Group considered a draft Communications Strategy. Simon Hill, Head of Governance, said there was a focus on engagement with community groups, as well as on outcomes. It would become part of the Council's overall communications strategy.

RESOLVED that the draft Communications Strategy was noted.

33. **FREQUENCY OF MEETINGS**

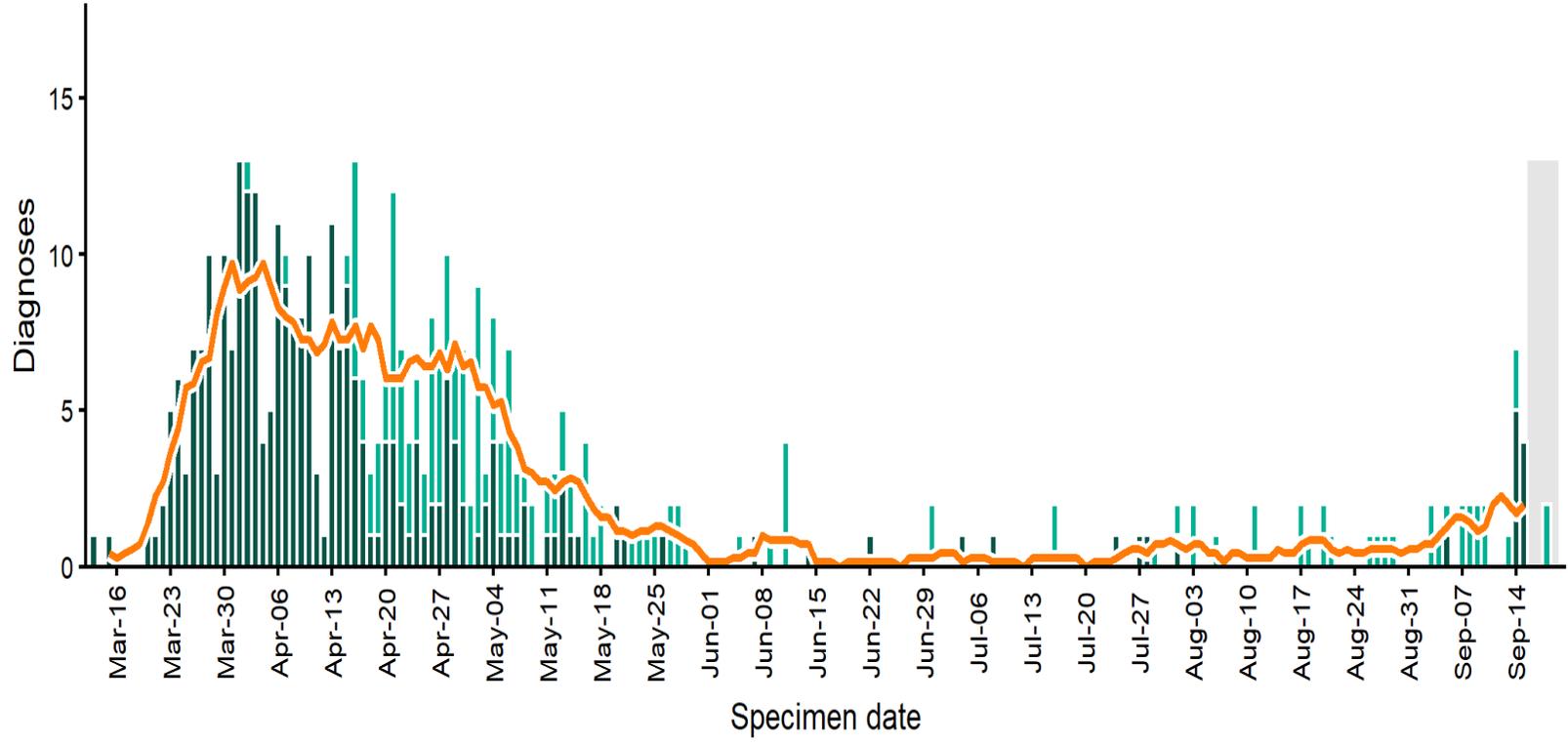
The Working Group agreed that meetings should continue on a monthly basis.

34. **MATTERS OF URGENT BUSINESS**

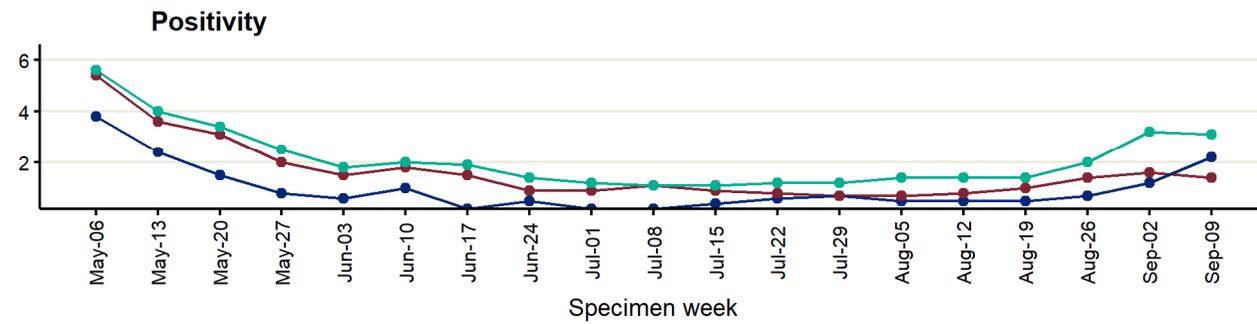
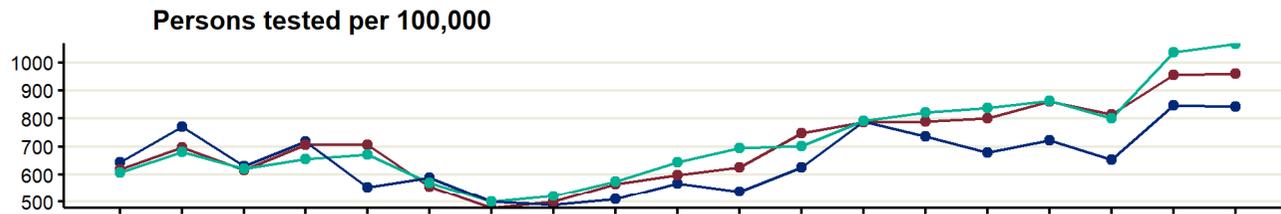
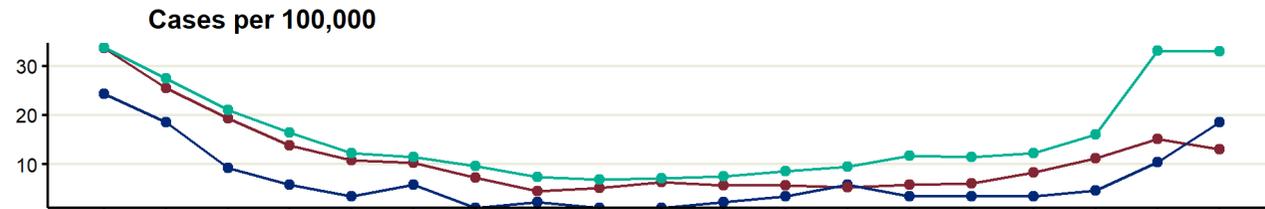
None.

CHAIR OF THE WORKING GROUP

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5
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— East of England — England — Harlow

Rank (Highest incidence)	LTLA	Region	Rate per 100,000 population			
			Prior 7 days	Most recent 7 days	Absolute difference	Relative change
			(2020-09-02 to 2020-09-08)	(2020-09-09 to 2020-09-15)		
1	Bolton	North West	199.7	197.3	-2.4	=
2	Hyndburn	North West	96.5	147.2	50.7	Increase
3	Preston	North West	107.2	144.6	37.4	Increase
4	Rossendale	North West	50.8	135.4	84.6	Increase
5	South Tyneside	North East	67.2	126.4	59.2	Increase
141	Harlow	East of England	10.4	18.5	8.1	=

Outbreak Prevention

- Working with Essex Resilience Forum on implementing Local Outbreak Control Plan
- Which scenarios?
 - - Single site?
 - - General outbreak?
 - - Travel to/from problem areas?
 - - Others?

Key messages/steps/issues

1. Local comms campaign: 'Hands, Face, Space'
2. Increase visits to 'at risk' premises
3. Close liaison with police & co-ordinate community safety patrols
4. Test & Trace – responsibility of ECC with some local input
5. Better liaison with non-Essex authorities

REPORT TO: COVID-19 RECOVERY WORKING GROUP

DATE: 22 OCTOBER 2020

TITLE: UPDATE ON COVID-19 INFECTION RATES IN HARLOW

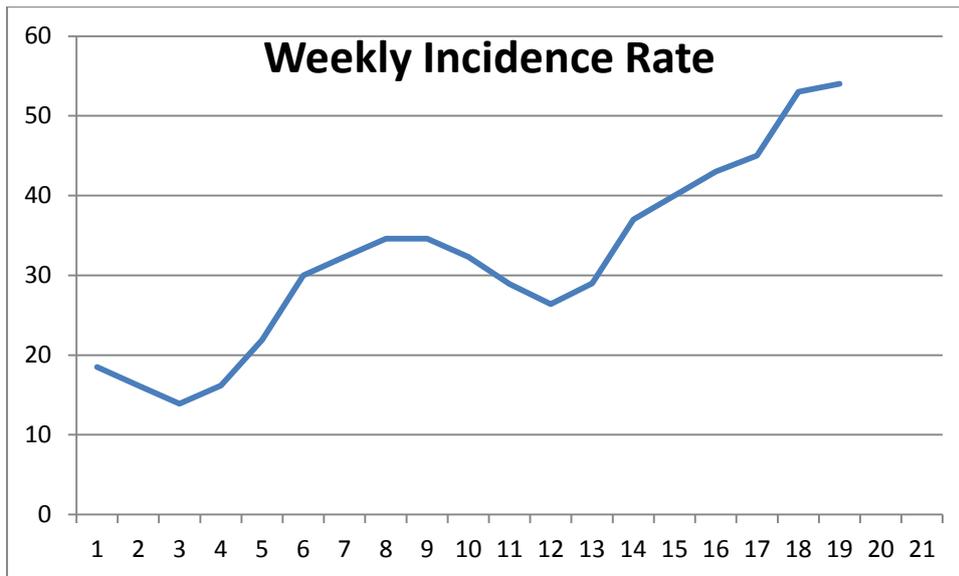
LEAD OFFICER: ANDREW BRAMIDGE, HEAD OF ENVIRONMENT AND PLANNING (01279) 446410

RECOMMENDED that:

A The report is noted.

BACKGROUND

1. Clearly Harlow has now moved into the High alert level category following a request to Government from Essex County Council and the District Councils across Essex. This has seen an additional range of restrictions imposed with effect from Saturday 17 October in an attempt to reduce the spread of the virus.
2. However, in Harlow itself infection rates remain relatively low in comparison with the rest of Essex and remain below the East of England average. The key metric that is now being used nationally is the weekly incidence rate – that is, the number of new cases per 100,000 of population.
3. Currently (figures as at 14 October), the Harlow rate is at 54.0 with the East of England average at 67. The figures for neighbouring local authorities are:
 - a) Epping Forest – 89.6
 - b) Uttlesford – 83.3
 - c) East Hertfordshire – 108.8
 - d) Broxbourne – 90.5
4. Harlow has been consistently lower than most other Essex authorities, but the recent trend has still been upwards. The graph below shows the direction of travel for the Harlow incidence rate over the last four weeks.
5. Harlow has been consistently lower than most other Essex authorities, but the recent trend has still been upwards. The graph below shows the direction of travel for the Harlow incidence rate over the last four weeks.



- Public Health England also undertake a daily RAG rating of each local authority, based on the rate of increase in new infections and other measures such as hospital admissions. This is very changeable and a single day of new infection reports can change this dramatically. In the middle of September Harlow was rated as Amber which then quickly changed to Red, but by 9 October this had changed to Green and this has been maintained at the time of writing. Although infection rates are rising in Harlow, this has been less dramatic than in other authorities.

MITIGATION MEASURES

- Another significant feature of the daily reporting from Public Health England from the middle of September was the falling number of people being tested in Harlow – at the same time as infection rates were raising. There was concern that the actual situation in Harlow was being masked. Brian Keane, Chief Executive, held discussions with PHE and it was subsequently agreed to double the testing capacity in Harlow from 2 days a week to 4. In the last two weeks the Harlow testing rate (i.e. those tested per 100,000 of population) has risen from approximately 250 per week to approximately 300 per week, which is probably then resulting in the higher numbers of reported cases in Harlow.
- The Council's communications messaging on Covid has been significantly focussed in recent weeks on the PHE 'Hands, Face, Space' campaign to inform residents of the measures they must continue to take.
- The request to Government to move into Tier 2 has been prompted by the rising infections across Essex (albeit at a lower rate in Harlow at present) detailed above and the desire to avoid more serious outbreaks.
- The October edition of Harlow Times is to focus extensively on the measure that residents need to take as well as on the recovery activity.

IMPLICATIONS

Environment and Planning (Includes Sustainability)

As set out in the report.

Author: Andrew Bramidge, Head of Environment and Planning

Finance (Includes ICT, and Property and Facilities)

As set out in the report.

Author: Simon Freeman, Head of Finance and Property and Deputy to the Chief Executive

Housing

As set out in the report.

Author: Andrew Murray, Head of Housing

Community Wellbeing (Includes Equalities and Social Inclusion)

As set out in the report.

Author: Jane Greer, Head of Community Wellbeing

Governance (Includes HR)

As set out in the report.

Author: Simon Hill, Head of Governance

Appendices

None.

Background Papers

None.

Glossary of terms/abbreviations used

PHE – Public Health England

RAG – Red, Amber, Green

REPORT TO: COVID-19 RECOVERY WORKING GROUP
DATE: 22 OCTOBER 2020
TITLE: FUNDING ALLOCATIONS: RECOVERY BUDGETS
LEAD OFFICERS: SENIOR MANAGEMENT BOARD (01279) 446004

RECOMMENDED that subject to any amendments agreed by the Working Group it is recommended to Cabinet that:

- A** The process for the approval of the allocated funding for Recovery measures is approved as set out in Appendix A to the report.
- B** That the proposed allocation criteria, set out in Appendix B to the report, be approved.
- C** Final allocation of the recovery budget is delegated to Work Stream lead officers in consultation with Workstream appointed Councillors and the relevant Portfolio Holder.

BACKGROUND

- 1. The Council has approved the allocation of £150,000 to Covid-19 recovery. This report brings forward a suggested methodology and criteria for budget allocation and an appropriate delegation to officers.
- 2. The report also suggests criteria as a guide to officers in allocating that funding.

ISSUES/PROPOSALS

- 3. The Cabinet in approving the allocation of funding did not specify the mechanism for considering requests to access the funding pot for recovery measure. Officers consider that there may be a number of sources of request to access the funding all which would be considered by the relevant Workstream.
- 4. It is anticipated that any work brought forward through the HTS Workstream would be addressed using HTS resources.
- 5. The process for allocating the funding needs to be robust and transparent to allow all parties and Workstreams to operate in a consistent manner. The proposed method, set out in Appendix A, is consistent with that used to allocate grant aid funding.
- 6. It is proposed that for each request, the Workstream Groups will undertake an assessment based on the criteria and make recommendations to the Officer

Recovery Board (which meets weekly) for a decision. The Covid-19 Recovery WG would be updated with regard to the approved funding allocations.

7. Following a Recovery Board approval, Officers would then implement and monitor projects and require formal output evaluation. The Cabinet would receive details of project via the Working Group minutes.
8. Recommendation C is required to delegate implementation to Workstream Lead Officers. Requests which may fall outside of the budget framework would require Council approval.

IMPLICATIONS

Environment and Planning (Includes Sustainability)

As set out in the reports to the working group

Author: Andrew Bramidge, Head of Environment and Planning

Finance (Includes ICT, and Property and Facilities)

As set out in the reports to the working group

Author: Simon Freeman, Head of Finance and Property and Deputy to the Chief Executive

Housing

As set out in the report

Author: Andrew Murray, Head of Housing

Community Wellbeing (Includes Equalities and Social Inclusion)

As set out in the report

Author: Jane Greer, Head of Community Wellbeing

Governance (Includes HR)

As set out in the report, the delegation of funding is a matter for the Cabinet to approve.

Author: Simon Hill, Head of Governance

Appendices

Appendix A – Suggested Process for Allocation of Recovery funding

Appendix B – Proposed Allocation Criteria

Background Papers

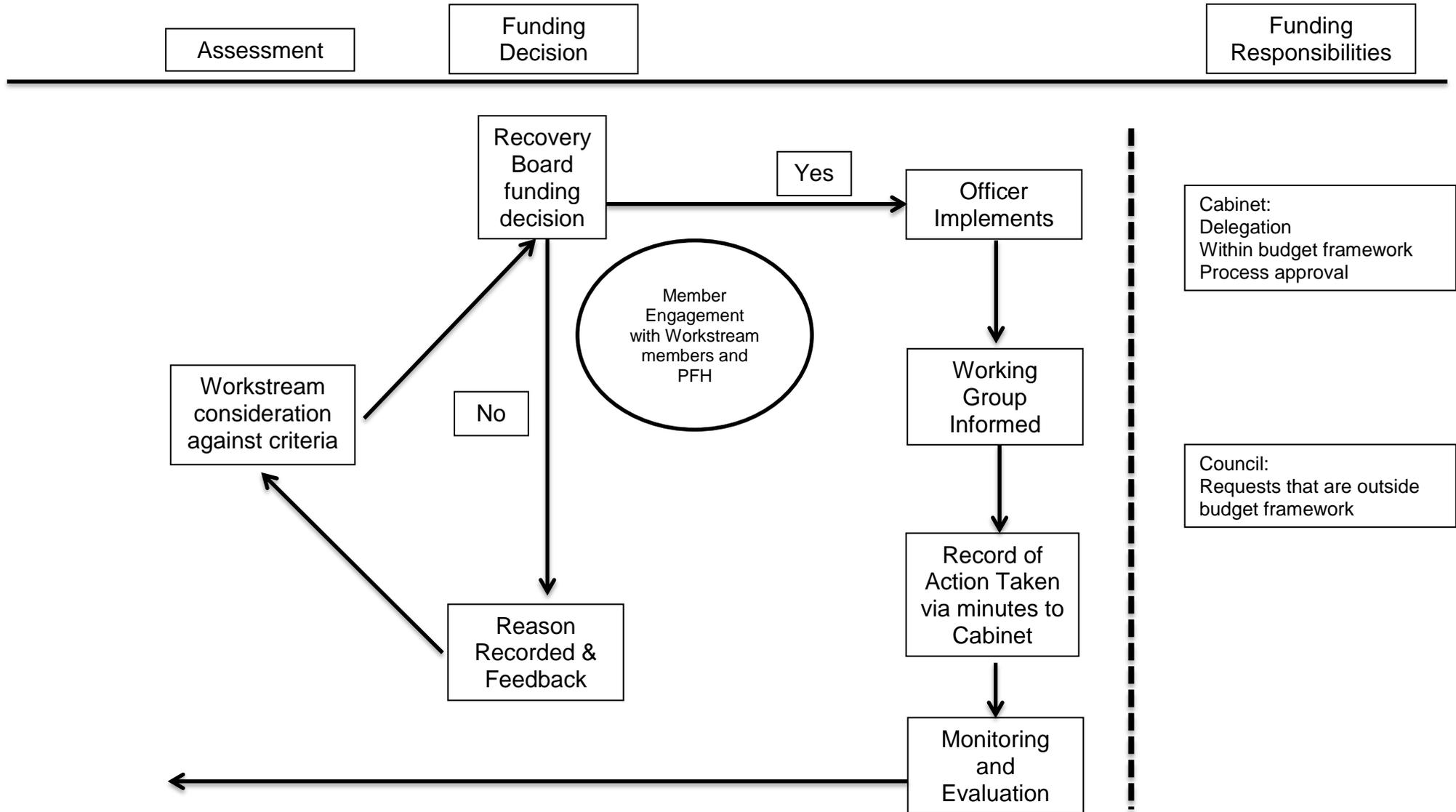
None, the previous report to the working on governance set out the relative responsibilities of officers and the working group, within its approved terms of reference.

Glossary of Terms/Abbreviations Used

None.

Appendix A

Suggested Process for Allocation of Recovery funding



Proposed Allocation Criteria

- (i) The proposal has clearly defined outcomes which contributes to strategic priorities within the Recovery Workstream action plan;
- (ii) The proposed activity meets a clearly identified unmet need;
- (iii) The proposal is not otherwise funded by the Council or public purse (ie no betterment) and provides value for money;
- (iv) If to be externally provided, the organisation:
 - a. Has audited accounts and is solvent; and
 - b. Would be able to meet procurement and policy requirements; and
 - c. Has a track record of project delivery; and
 - d. Is able to provide outcome evaluation

Councillor John Spence
Cabinet Member for Health and Adult Social
Care
Essex County Council
Via Email

Councillor Mark Ingall
Leader of the Council
Councillor Andrew Johnson
Leader of the Opposition

Harlow Council
Civic Centre
The Water Gardens
Harlow, Essex
CM20 1WG
www.harlow.gov.uk

Tel: 01279 446000
E-mail: mark.ingall@harlow.gov.uk
andrew.johnson@harlow.gov.uk
Date 28 September 2020

Dear Councillor Spence

RE: Covid-19 Infections in Care Homes

You may be aware that Harlow Council has taken the step of appointing a cross-party working group to focus on resilience and recovery of the town from this unprecedented pandemic.

Harlow faces the terrible reality of a second wave of Covid-19 infections and members are concerned that lessons are learnt from the first wave and a 'ring of steel' is created to protect vulnerable residents in care homes.

The Council are asking that Essex County Council takes urgent steps to ensure:

- All workers in care homes must have adequate and sustainable pipelines of PPE that meets NHS standards to stop any spread of the virus within the care home and quick access to regular testing as a priority group.
- That high alert Control measures are immediately put in place to avoid the virus being brought into care homes by staff, referred County adults, residents returning from hospital without testing or by the public and that outbreak measures take care homes specifically into account.
- Appropriate measures are taken to ensure that all care homes, including those which are privately run, comply with the points which are raised above and other standards which have been put in place as a result of the ongoing pandemic.

We would also seek a commitment from ECC that districts get a weekly briefing on public health measures being deployed in their local area from now on to aid in our planning.

We must not allow any preventable deaths in Harlow care homes to be repeated and as such we are committed to working collaboratively with you, as the authority responsible for the provision of adult social care, to ensure our district's care homes have the right public

health support to ensure that the vulnerable residents of care homes are as well protected as possible.

Yours sincerely



Councillor Mark Ingall
Leader of Harlow Council



Councillor Andrew Johnson
Leader of the Opposition

Cllr Mark Ingall, Leader of the Council, and
Cllr Andrew Johnson, Leader of the Opposition
Harlow Council
Civic Centre
The Water Gardens
Harlow
Essex CM20 1WG

1 October 2020

Dear Cllr Ingall and Cllr Johnson

Re: Covid-19 Infections in Care Homes

Thank you for the letter sent on behalf of Harlow Council on 28th September.

We share the determination to protect care home residents and staff from the spread of Covid-19. We have worked closely with care homes, public health and with NHS partners to do this in recent months and it remains a key priority as we enter what could be a difficult winter.

We should also be under no illusion that stopping the spread of Covid remains a challenge for us all. Rising numbers of community cases will have implications for hospitals, care homes, and schools – indeed, in every part of our life. In this respect, our partnership with district councils, including Harlow, is vital.

Turning now to your specific points:

1. All care homes and their staff have had access to adequate and sustainable PPE for some months, from supplies available via ECC. Care providers have also been able to recover costs associated with responding to covid, through funding made available by ECC, to enable providers to claim additional expenses for PPE and other costs. ECC has also administered £16m of Infection Control Funding, made available to care homes and other care providers, to reduce the risk of outbreaks and maintain safe care for their staff and people who use their services. The government recently announced further such funds and we await detail on how this is to be distributed. Testing is not the responsibility of ECC, and care home staff are part of the priority 2 cohort, after the NHS, for accessing testing. We are aware of some of the challenges to access timely testing and continue to push for further capacity, nationally, through Public Health colleagues, while seeking to ensure that existing capacity in Essex is available where it is most needed.
2. Control measures are already in place with testing a key factor considered when looking to discharge someone from hospital. Care staff are subject to regular testing (though we note the capacity issues above), and care homes are asked to have clear disciplines around ensuring social distancing and wearing appropriate PPE.

The established local Care Home Hub for West Essex, but serving Harlow, maintains regular dialogue with care homes both to provide support and to ensure measures to reduce outbreaks are in place. These Hubs also give care providers access to advice and guidance from NHS and Public Health resources, to offer support in dealing with specific issues. A further funding stream was made available earlier this year when operators of multiple homes were asked to stop staff moving between the homes under their control.

On the question of visiting, it is the responsibility of the Director of Public Health to decide if care home visiting is appropriate, as well as the care-home owner. The Essex Health Protection Board has again confirmed that visits are permissible, but it is for the care home operator to determine their own rules – it is in their interest to ensure that such regimes do not bring the virus into the home.

3. ECC is engaged with all care homes through the Care Home Hubs, daily email updates, webinars and regular messages on the Essex Provider Portal. These continue to emphasise the need to follow all the appropriate guidelines to reduce the risk of any further outbreaks. ECC staff, together with NHS and others visiting care homes, are also essential in reminding care homes about compliance.

Turning now to your request for weekly reports, the Director of Public Health reminds me that you should be getting briefed on a weekly basis, or more frequently, by your environmental health officer who, like all his / her counterparts, sits on the Health Protection Board. Dr Gogarty would prefer using that channel for communication rather than creating a new device. You will appreciate that even weekly briefings can quickly become out of date.

I trust this letter adequately addresses all the points raised by you, but if you do have further queries, do not hesitate to contact me. My home and mobile phone numbers are: 01245 465108 and 07860 578058.

Yours sincerely



Cllr John Spence
Cabinet Member for Health and Adult Social Care
Essex County Council