



## Overview and Scrutiny Business Panel

### Scrutiny of the Council's COVID-19 Response

**Date:** 23 June 2020

**Key decision:** No

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Chief Executive

### Outline and recommendations

The purpose of this report is to provide an update and assurance to the Overview and Scrutiny Business Panel about the Council's response to COVID-19. The report provides a summary of the overall local response to COVID-19, with a focus on critical services.

The Overview & Scrutiny Business Panel is recommended to:

- Note this update on the Council's response to COVID-19.
- Consider and comment on the anchoring principles of recovery as set out paragraph 5.6.

### Timeline of engagement and decision-making

- **30 April 2020:** Council Urgency Committee agreed a programme of Council meetings in light of the Council's focus on responding to the immediate challenges of COVID-19.
- **5 May 2020:** Overview and Scrutiny Business Panel (OSBP) agrees an approach to receive a monthly COVID-19 update item that provides a high-level strategic overview of the Council's response to COVID-19

**23 May 2020:** [OSBP discusses the first update paper of the Council's response to COVID-19.](#)

## 1. Summary

- 1.1. The purpose of this report is to provide an update and assurance for the Overview and Scrutiny Business Panel about the Council's response to COVID-19. The report provides a summary of the overall local response to COVID-19, with a focus on critical services. The report also responds to member requests for additional specific information as provided to the Overview and Scrutiny Manager.
- 1.2. The Council's critical services in the context of COVID-19 are:
- [Shielding](#)
  - [Test and Trace](#)
  - [Adult Social Care](#)
  - [Children and Young People's Services](#)
  - [Bereavement](#)
  - [Environmental Services](#)
  - [Housing](#)
  - [Finance](#)
  - [Corporate and other essential support services](#) - Public Health, Emergency Planning and Response, Call Centre, Communications, ICT, Health & Safety, payroll and emergency recruitment.
- 1.3. All Business Panel members were given an opportunity to put forward points of particular strategic interest in relation to this item which have been considered and addressed in writing this report.

## 2. Recommendations

- 2.1. The Overview & Scrutiny Business Panel is recommended to:
- Note this update on the Council's response to COVID-19
  - Consider and comment on the anchoring principles of recovery as set out paragraph 5.6.

## 3. Policy Context

- 3.1. The content of this report is consistent with all the Council's corporate priorities (as outlined in the Corporate Strategy 2018-22) as the need to protect the health and wellbeing of all our residents (particularly the most vulnerable) at the current time underpins the delivery of every commitment within the strategy. However, the recommendations are particularly relevant under the priority of:
- *Delivering and defending: health, social care and support* – ensuring everyone receives the health, mental health, social care and support services they need
- 3.2. The Coronavirus Act (2020) sets out the temporary emergency measures that enable public bodies, such as local authorities, the NHS and police to respond to the COVID-19 outbreak. These measures are wide-ranging and involve the establishment of new powers and duties as well as changes to existing powers and duties.

## 4. Background

- 4.1. On 5 May, OSBP agreed that all formal scrutiny activity be channelled through the Overview and Scrutiny Business Panel, which will receive a standing item at each meeting to provide members and the public with a high-level strategic overview and assurance about the Council's response to COVID-19. The committee's approach to

this item was agreed as being focused on:

- How can our intervention have a tangible, positive outcome
- How can we provide immediate support to the Council's operational response
- How can we illuminate and improve decision making.

4.2. [On 26 May, an update paper was presented to OSBP providing an overview of the Council's response to COVID-19 to date.](#)

4.3. This paper follows on from the paper presented to OSBP on 26 May, and provides an update on critical services and addresses strategic areas of interest as put forward by members of OSBP in advance of the meeting.

## 5. Lewisham Council's response to COVID-19

5.1. On 11 March, the Council activated emergency measures to respond to COVID-19. Council Gold and a borough-wide COVID Committee Groups were established, both working to a shared strategy and objectives:

### **Strategy:**

**We will work together with our partner agencies to respond to and recover from COVID-19 for our communities, businesses and staff.**

### **Objectives:**

- **To provide support to the vulnerable**
- **To manage resourcing to meet the needs of emergency and maintain essential public services**
- **To provide support to our responding partner agencies who are protecting and preserving life**
- **To provide support to Lewisham businesses and communities**
- **To inform and reassure through communication and engagement**
- **To provide community leadership/reassurance**
- **To minimize disruption to infrastructure and business**
- **To facilitate recovery and the return to normality**

5.2. As detailed in section five of the update paper discussed at OSBP on 26 May 2020, in March 2020, the Council established an incident response team, engaging the entire senior leadership and appointing a single point of contact – a 'Gold Director' – to lead on the Council's operational response to COVID-19. Three working groups were established to coordinate the response to Coronavirus in Lewisham:

- **Council Gold:** focused on strategic direction of the Council's response
- **Council Silver:** focused on the operational delivery of this response
- **COVID Committee:** focused on ensuring a coordinated borough-wide response with our key partners.

5.3. In addition to the Council's own emergency response reporting and decision-making arrangements, the Chief Executive has been participating in London-wide arrangements to respond to emergencies which is coordinated by London Resilience.

5.4. Lewisham has taken a "One Council" approach in responding to challenges posed by COVID-19. The entire Senior Leadership Team, that is Executive Directors and Directors, has been involved with the coordination and delivery of our response which has been essential to the effectiveness and continued smooth running of our critical services. All services across the Council, critical or non-critical, have been instrumental

in the Council's COVID-19 response, taking on new responsibilities and volunteering in critical areas of the business. It is clear that as we move into a recovery phase, we must retain and strengthen this sense of collective working.

## Emerging recovery plans

- 5.5. Governance arrangements for the coordination and delivery of 'Recovery' from COVID-19 are in development.
- 5.6. It is proposed that the recovery approach will focus on: the Council's internal recovery with a focus on ways of working, resources and service redesign, and on the borough, focusing on local economic recovery, place-shaping and community resilience. Our recovery will be underpinned by the following principles:
- Tackling widening social, economic and health inequalities
  - Protecting and empowering our most vulnerable residents
  - Ensuring the Council's continued resilience, stability and sustainability
  - Enabling residents to make the most of Lewisham the place
- 5.7. Officers' emerging thoughts on recovery is that recovery will be staggered over three phases.
- 1) Exiting Lockdown : May - June
  - 2) Transition : July - December
  - 3) Reinvention : autumn onwards
- 5.8. These phases are likely to overlap and, given the uncertainty of the ongoing situation, it is probable that timescales will need revision as we move forwards, especially if there is a further spike in infections or local lockdowns are needed.

### Phase One - Exiting Lockdown

- 5.9. The aims of phase one are:
- To deliver a collective and coordinated return to a new normal
  - To protect critical services
  - To retain agile working practices and prepare the Council for longer-term change
  - To understand and effectively manage changes in demand and risk as a result of lockdown
  - To promote good public health and minimise spread of infection
  - To continue to respond and prepare for future waves of COVID-19
  - To support staff and promote staff wellbeing
- 5.10. The immediate focus of recovery is managing a coordinated easing of lockdown to ensure Council services remain safe for residents and for staff. This phase will focus on staggering the appropriate re-opening of non-critical services, managing expected increased demand for services in some areas, preparing for further waves of COVID-19 and planning for the Council and the borough's long-term recovery. Phase 1 entails a gradual, methodical and coordinated easing of lockdown with a focus on practical tasks to ensure that staff are safe in their jobs and critical services remain stable. It is also vital that in this phase we identify some of the short term changes that can be made standard practice quickly to ensure that positive changes in the way we work are retained.
- 5.11. To date, officers have focused on implementing robust and consistent social distancing

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measures in Council sites that are still in use, and to provide practical and wellbeing support for staff. A review has been carried out of non-critical services to assess capacity, anticipated impact on demand and working arrangements as lockdown eases. We are still in Phase one of our recovery from COVID-19.

### **Phase Two - Transition**

- 5.12. Officers are currently developing the scope and aims of phase two, which will focus on consultation and assessment of the effect of COVID-19 on the borough and the organisation. There will need to be an extensive borough-wide impact assessment with residents, members, partners and local businesses in order to build an evidence base to inform policy and decision making. This phase will focus on inequalities, analysing the various impacts of COVID-19 on those with protected characteristics to ensure that Council services and local partnerships are working to shared objectives and are fit to tackle inequalities in a post-COVID Lewisham. Phase Two will also focus on stabilising the Council's finances and service delivery for the short term, while beginning to plan for the longer term sustainability and stability of the organisation.

### **Phase Three – Reinvention**

- 5.13. The findings from the assessment and consultation stages of Phase Two will inform a longer term phase of service redesign according to the anchoring principles as set out above.
- 5.14. Underpinning all recovery planning across the three phases is preparing for and being resilient to further surges and waves of COVID-19. The Council is currently preparing a local outbreak control plan, [see more below](#), and is currently conducting an internal review of our response. From this, initial lessons have already been identified with regards to preparing for a second spike of infections. In the event of a second wave, the Council will quickly activate similar arrangements as have been operating since March with any practical lessons learnt incorporated, a robust crisis communications plan, stand up emergency response systems, rapidly redeploy staff to critical services and utilise local intelligence and data to inform the ongoing response.

### **Council staff redeployment and community volunteering**

- 5.15. Community volunteering programmes and the Council's own staff redeployment scheme have played a critical role in the borough's response to COVID-19. The Council's internal staff scheme has been essential in maintaining the delivery of critical services and ensuring organisational resilience. Likewise, members of the community have displayed enormous goodwill and generosity, with thousands of people signing up to volunteer to support vulnerable people across the borough.
- 5.16. In the first few days of the pandemic, a small Incident Response Team was established to support the Council's response. The team comprised of resilience advisers, policy and project officers and secretariat support and were responsible for the smooth running of meetings, the processing and analysis of data and supporting effective decision making.
- 5.17. The Council also quickly established COVID-19 help line and email address to respond to residents' concerns and questions, provide reassurance and up to date information about the status of Council services and help alleviate pressure of enquiries on services. The COVID-19 phone line has been handled by staff volunteers and officers from the Customer Service Centre. All calls were answered using our remote telephony software to enable staff to work from home. At Monday 8 June 3554 calls have been made to the Council's COVID-19 helpline. Call rates have fluctuated, with an average of 63 calls per day. The number of calls peaked at 112 calls on 21 April. Between 22 March and 12 June 2020, a small team of redeployed staff have responded to 1601 emails from residents regarding COVID-19. Member enquiries have been channelled through the Mayor's Office to support the Council focus resources on protecting critical services. Between 14 March and 8 June there have been 390 Councillor and MP

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questions. 82% questions (319) received an Officer response within 7 days.

- 5.18. On 31 March, the Council launched an internal volunteering scheme for staff in anticipation of a surge in demand in critical services. Over 200 staff volunteered to take part in the programme across the Council. As at 12 June, there are over 100 staff volunteers reassigned to critical services.
- 5.19. Community volunteering efforts are led by Lewisham Local, working with the Council, Voluntary Services Lewisham, AGE UK Lewisham & Southwark and Lewisham Foodbank to coordinate a support offer for vulnerable people who are isolated due to the COVID-19 outbreak. Lewisham Local is providing food parcels alongside other support such as befriending.
- 5.20. At 8 June, 2314 people have signed up to volunteer with Lewisham Local. Volunteers who are DBS checked were initially prioritised and assigned volunteering roles. Over 600 volunteers have been assigned roles as befrienders, drivers and food packers with some volunteers carrying out multiple roles. At 8 June, Lewisham Local has received 10,000 referrals (of which 1240 are part of the Shielding cohort shielding residents) and has delivered over 7700 food packages.

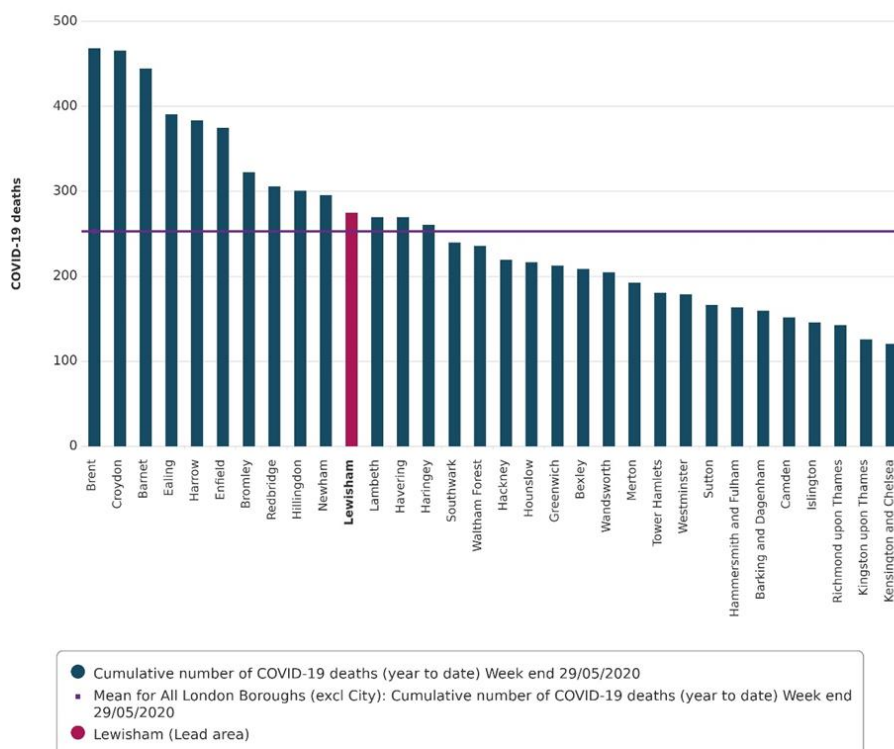
## Mortality in Lewisham

- 5.1. There are two primary sources of information on COVID-19 mortality in all settings in Lewisham – Office of National Statistics (ONS) and Lewisham Registered Deaths.
- 5.2. ONS data is currently the only official, verified source of COVID-19 deaths registered in the UK that is available down to a local authority level. The data is published fortnightly and the numbers will therefore differ to the local registered deaths data that is available prior to verification by ONS. [This data is publically available from the ONS website.](#)
- 5.3. Officers are working on more granular analysis based on confidential data from the Lewisham Registry Office. This analysis will provide further insight on the disproportionate impacts of COVID-19 on population groups within the borough. This work is underway and will form part of a wider impact assessment of COVID-19 on residents in Lewisham.

### Analysis of ONS COVID-19 Mortality Data

- 5.4. The first registered death of a Lewisham Resident from COVID-19 was on 20th March.
- 5.5. A total of 275 deaths from COVID-19 have been registered in Lewisham and verified by ONS up to 29th May.
- 5.6. The graph below shows how Lewisham numbers of COVID-19 deaths compare to those in London between 20/03/20 and 29/05/20.
- 5.7. Lewisham has the 11th highest cumulative number of deaths from COVID-19 of all London boroughs.

**Cumulative number of COVID-19 deaths (year to date) (Week end 29/05/2020) for All London Boroughs (excl City)**

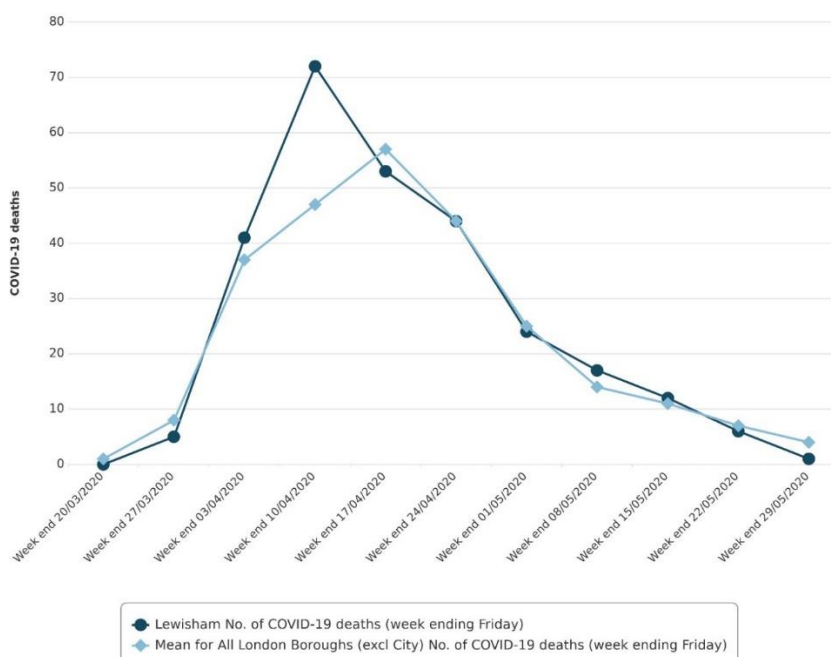


Source:  
Office for National Statistics

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- 5.8. The graph below indicates that the peak in COVID-19 deaths in Lewisham seems to have come earlier than some other London boroughs.
- 5.9. On a week by week basis, the number of deaths in Lewisham is continuing to track close to the London average.

**Number of COVID-19 deaths (week ending Friday) (from Week end 20/03/2020 to Week end 29/05/2020) for Lewisham**



Source:  
Office for National Statistics

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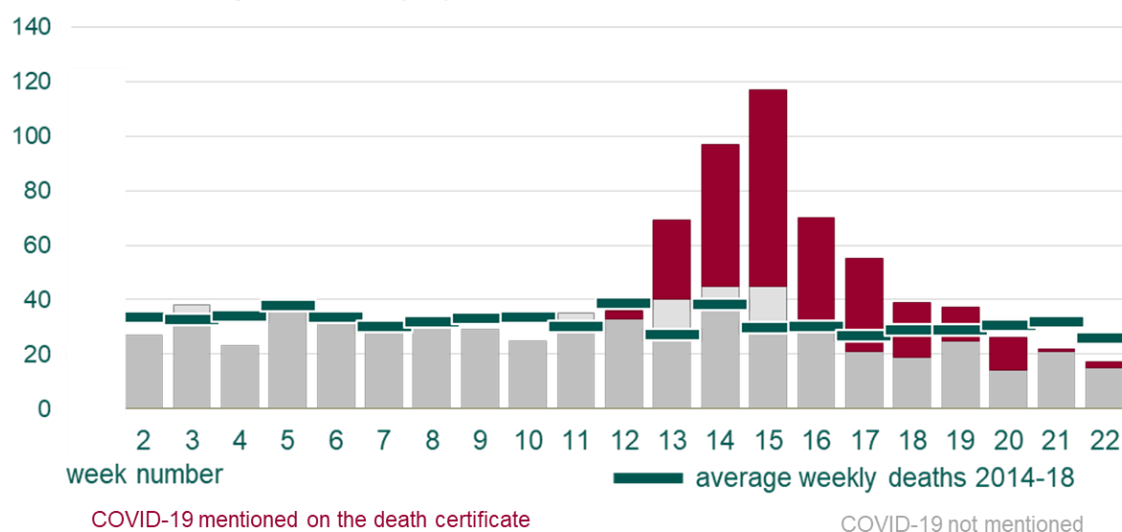
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## Excess Deaths

- 5.10. Analysis of excess mortality provides an indication of the impact of the COVID-19 pandemic on overall mortality rates in an area. It measures the additional deaths in a given time period compared to the number usually expected to provide a measure of the deaths that would not have occurred should the pandemic not have happened.
- 5.11. The graph below indicates that the COVID-19 pandemic caused mortality rates to rise above expected levels for 7 consecutive weeks in Lewisham (the weeks where the bar is above the green line).
- 5.12. Mortality rates have been below expected levels since the week ending 15th May.

All deaths in 2020 by week, with proportion where Covid 19 is mentioned



Source: ONS - Deaths registered weekly in England and Wales, provisional

- 5.13. Although many of these excess deaths were in people who had contracted COVID-19, some of them were in people where COVID-19 was not mentioned as a contributory cause (this is indicated in the weeks where the grey bar goes above the green line).
- 5.14. This suggests that COVID-19 has had a wider impact on mortality in Lewisham than just being a direct cause of death.
- 5.15. The reasons for this are complex but could include, people being reluctant to seek medical help in an emergency during the pandemic or people with existing conditions not having access to support to manage their condition or an exacerbation of their condition. A range of work is underway to better understand how COVID-19 has impacted on people's health and their use of health services during the pandemic.

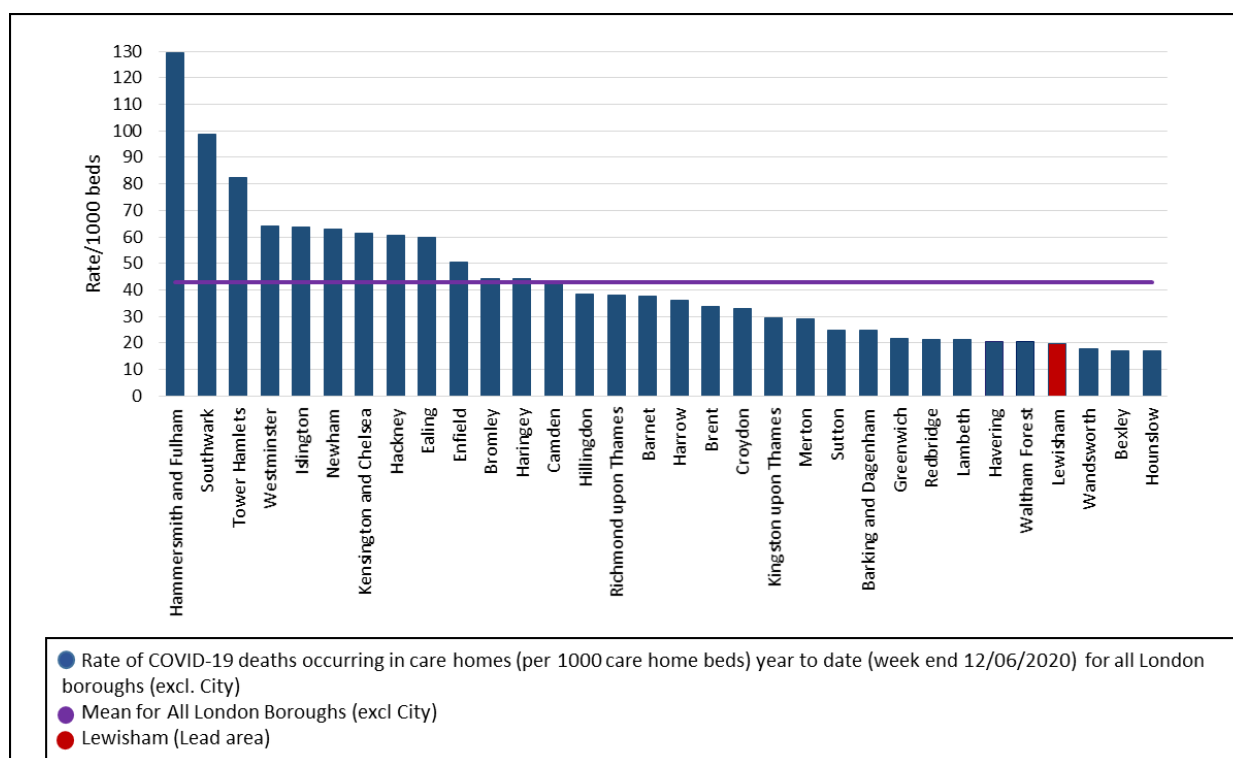
## Deaths in Care Homes

- 5.16. Up to 29 May there had been 21 COVID-19 deaths registered as occurring in care homes in Lewisham.
- 5.17. ONS data on COVID-19 deaths in care homes has been standardised by calculating the rate of deaths per 1000 care home beds, to enable a comparison to other London boroughs.
- 5.18. The graph below indicates that Lewisham has the 4th lowest rate of deaths in care homes.

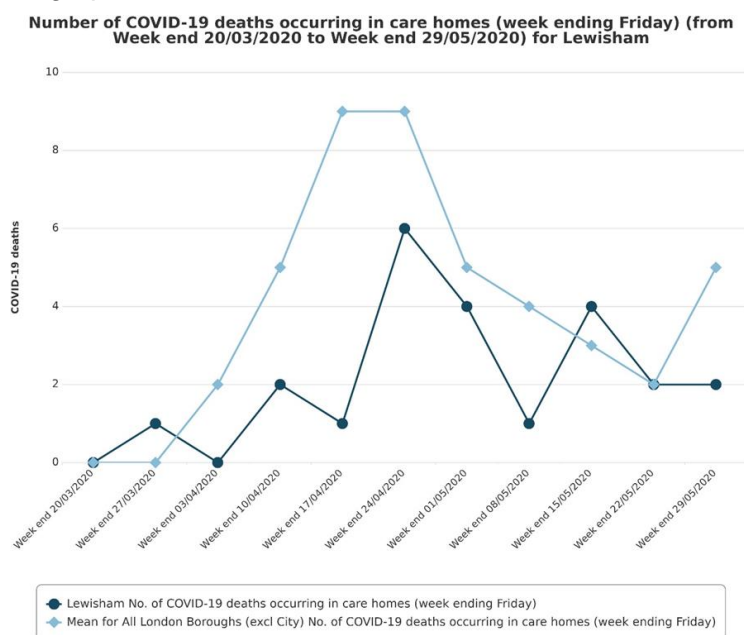
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- 5.19. The rate remains considerably below the average rate for London.
- 5.20. The monitoring of absolute numbers of deaths in care homes remains important.
- 5.21. The chart below shows the total numbers of COVID-19 deaths occurring in care homes in Lewisham compared to those in the rest of London between 20/03/20 and 29/05/20.
- 5.22. Lewisham continues to track close to the London average in terms of the total number of COVID-19 deaths. N.B. Small numbers appear as large fluctuations on graphs like these.



Source:  
Office for National Statistics

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## 6. Critical services

- 6.1. Early on, the Council, and as part of a pan-London agreed position, identified a set of critical services that were to be the focus of maintaining delivery above all other services throughout the COVID-19 pandemic. The Council has been monitoring these services on a daily basis to ensure they continue and are sufficiently resourced to support our most vulnerable residents. The Council was reporting daily situation reports and data sets to the SCG in order to provide reassurance and part of Lewisham's Chief Executive's role was to report daily on the position in the South East London sub region. Daily reporting to the SCG for the Council and the sub region started on 18 March and was replaced by weekly reporting on 12 May.
- 6.2. The Council has also defined a number of new initiatives and work streams that have arisen from the COVID-19 pandemic response as critical services in themselves. New measures such as Shielding and our local testing and tracing programme have been classed as critical and an update on their status is provided below.
- 6.3. This paper outlines the delivery status of the Council's critical services in order to provide strategic oversight and assurance for members.

### Shielding

- 6.4. There are around 2 million Clinically Extremely Vulnerable people in the UK who have been required to shield themselves. This is a new area of responsibility for Local Authorities, which are required to proactively contact these residents in order to ascertain and meet their immediate support needs.
- 6.5. The government has categorised vulnerable people into three groups:
  - Vulnerable People (Non-Clinical) - (e.g. children at risk of violence or with special educational needs, victims of domestic abuse and rough sleepers)
  - Clinically Vulnerable People - people considered to be at higher risk of severe illness from COVID-19;
  - Clinically Extremely Vulnerable People (Shielding cohort) - who are at the greatest risk of severe illness and have been advised to shield by the NHS.
- 6.6. People classed as clinically extremely vulnerable have been advised to take additional action (shielding) to prevent themselves from coming into contact with the virus. On June 1, Public Health England advice changed, allowing shielding people to leave their home if they wish as long as they maintain social distancing. People who shielding are strongly advised to stay at home as much as possible and keep visits outside to a minimum (for instance once per day). If they choose to spend time outdoors, this can be with members of their own household. If shielding people live alone, they can spend time outdoors with one person from another household (ideally the same person each time). When outdoors, they should take extra care to minimise contact with others by keeping two metres apart and should wash their hands regularly.
- 6.7. The Council has set up a Shielding Team, consisting of around 80 redeployed staff from non-critical service areas, to coordinate the support to Lewisham's Shielding residents. The team is subdivided into a smaller Shielding Outreach Team of around 20 staff and Shielding Telephone Support of about 60 staff. Many staff in the team are volunteering part-time to support the Council's efforts to support people who are shielded in the borough.
- 6.8. Clinically Extremely Vulnerable (shielding) people receive a letter from the NHS or their GP encouraging them to register their needs on a government website. People who are shielding are advised to register for central government support. Once registered, people will receive a free weekly delivery of food and essential goods, coordinated by central government. A partnership of national food distribution companies (including

Bidfood and Brakes) is responsible for making the weekly food deliveries. Each parcel is based on a 7-day supply of essential items for one person. People who have registered for weekly food deliveries and are awaiting their first delivery can be referred to Lewisham Local for a one-off food parcel if they have limited food supplies (shielding parcel). Central government advise people who need more than one package per week or have allergies/specific dietary requirements to contact their local authority. The Council's Shielding Team have been managing these requests. The central government scheme has been complicated and cumbersome to work within, often with unreliable data being provided, and the Council has been required to step in to meet significant needs beyond the initial package.

- 6.9. A full list of all those who are currently shielding is sent from central government to the Council on a daily basis. At 8 June, there are 9756 people in Lewisham on the Government's shielding list. The Shielding Telephone Support Team is contacting all those on the list within 24 hours to check their needs are being met. If residents request additional support, they are referred to Lewisham Local who are coordinating and delivering support to those residents who are shielding, and other residents who request support. The Shielding Telephone Support Team conduct follow-up phone calls to all residents on the shielding list to ensure their needs are still being met and adjusting their support package accordingly.
- 6.10. At 8 June we have attempted contact with everyone on the shielding list and have made successful contact with 9554 people on this list. Where there are shielding residents who we haven't been able to contact on the phone, the Shielding Outreach Team make physical welfare checks on vulnerable people who are shielding, adhering to social distancing guidance at all times. An outreach visit is undertaken where a resident has not responded to two calls from the Telephone Support Team. Residents can ask Council staff to provide ID (Lewisham staff card) if they have any concerns. If the resident does not answer the door, then a flyer is posted through the letterbox asking them to contact the Council urgently.
- 6.11. The government is currently advising people to shield until 30th June and is regularly monitoring this position. The Council's core support offer for people who are shielding will remain as it is until 30th June and the government will continue to ensure support is available for those who need it for as long as people are advised to follow shielding guidance. Officers are currently reviewing these arrangements to ensure continued support for vulnerable and shielded people going forwards, and the government is expected to give further guidance about this shortly.

## Test and Trace

- 6.12. The NHS test and trace service was launched on 28 May 2020, to provide a comprehensive national contact tracing service for COVID-19 in England involving national, regional and local partners.
- The service operates on three levels:
  - Level 1: National and regional health protection teams
  - Level 2: Professional contact tracing staff employed by the NHS who will interview cases and identify contacts, escalating complex issues to Level 1
  - Level 3: Call handler staff who will communicate with and provide advice to contacts, escalating difficult issues to Level 2
- 6.13. The role of local government will largely be to support Level 1 of the service i.e. supporting outbreaks in complex settings and providing support to contacts requiring support to self-isolate, although our role in communications and community engagement will be applicable to the roll out of all levels of the service. The Council does not have any local contact tracers as this work is being completed via Levels 2 and 3 of the test and trace workforce outlined above.

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- 6.14. In order to clearly articulate and implement the local authority role in contact tracing, upper tier local authorities have been asked to develop local outbreak control plans. National government funding (£300m) will be provided to local authorities in England to develop and action their plans to reduce the spread of the virus in their area. Specific borough allocations were given on 10 June, based on Public Health grant allocations, with the Lewisham allocation being £2.2m.
- 6.15. Local plans should be centred around seven themes:
1. Care homes and schools – planning for local outbreaks in these settings
  2. High risk places, locations and communities – identifying and planning how to manage high risk places, locations and communities
  3. Local testing capacity
  4. Contact tracing in complex settings
  5. Data integration
  6. Vulnerable people – supporting local people to get help to self-isolate
  7. Local boards - establishing governance structures
- 6.16. Eleven areas in England (Newcastle, Cheshire West and Chester, Tameside, Leeds, Norfolk, London (led by Camden), Surrey, Devon with Cornwall, Warwickshire, Middlesbrough, Leicestershire) will be beacon sites for the roll out of contact tracing who will:
- Rapidly develop and test on outbreak control plans at a local level
  - Identify common themes and share best practice
  - Innovate to develop faster approaches to testing and tracing
  - Identify opportunities to scale the programme rapidly
- 6.17. In London, a Chief Executive-led ‘Test, Track and Trace’ group was set up to facilitate development of the local authority role in contact tracing. This group has developed a toolkit for London local authorities to support them in the development of the local outbreak control plans. This group has since developed into the ‘Outbreak Control Plans Best Practice Group’ consisting of the London beacon sites and a number of other London boroughs including Lewisham.
- 6.18. In Lewisham, in line with national guidance and using the London toolkit as mentioned above, we have established a multi-agency Lewisham testing and contact tracing co-ordination group that meets on a weekly basis to support our local authority role in contact tracing. This group is operational and reports into the existing Lewisham COVID-19 committee and Council Gold.
- 6.19. The multi-agency group will be responsible for developing the local authority outbreak management plan with the seven sections outlined above, including clear plans for support required for outbreaks in complex settings such as care homes and schools following notification from Public Health England; identification of community clusters and any support required for contacts that have been advised to self-isolate. This plan is due to be finalised by the end of June but will be operationalised over the coming weeks as contact tracing is rolled out.
- 6.20. Local areas have also been advised to have Local Outbreak Engagement Boards to provide political ownership and public-facing engagement and communication for outbreak response. We are in the process of finalising the arrangements for this Board. This Board will oversee the communications and engagement that will be important to ensure that there is local buy-in and compliance with the test and trace service. Members will receive updates of any identified outbreaks or hotspots as part of our communications plan. Local lockdowns are still being considered nationally but the

emphasis for local authorities has been to focus on building trust and engagement with local communities around adhering to any national or local guidance issued.

- 6.21. The Director of Public Health has been named as the single point of contact for receipt of information regarding confirmed COVID-19 cases in complex settings from Public Health England as part of the contact tracing process. This will be part of a joint agreement between the PHE London Coronavirus Response Centre (LCRC) and London Local Authorities for supporting the management of COVID-19 incidents and outbreaks, including those in complex settings that has recently been finalised. The Director of Public Health also receives a daily number of confirmed cases and contacts from Lewisham that are being identified through the NHS test and trace system

## Adult Social Care

- 6.22. Critical Adult Social Care services are: safeguarding, emergency duty team, emergency homecare response, placements and discharges from hospitals, care home placements. The Adult Social Care and Joint Commissioning services in Lewisham have been working closely with health and care partners across the system to support residents to stay safe and reducing pressure on the NHS.
- 6.23. As part of the government's response to the coronavirus pandemic, some temporary changes have been made to the Care Act 2014. The option of easements to the Care Act came into effect at the end of March make it possible for the Council to temporarily reduce its usual duties. The Council has not needed to operate under the Care Act easements and it is unlikely that we will need to do so in the future.
- 6.24. Over the past month referrals to the Social Care Advice and Information Team (SCAIT) has remained stable, as to date we are not seeing the referral rate return to the pre-COVID level, which was approximately 30% higher. The referrals that are being made tend to be for complex care needs and safeguarding. Requests for food, medicine support, are being dealt with by the Shielding Team, and requests are being monitored daily.
- 6.25. Hospital referrals again have remained at a similar level to May, with a slight increase in enablement support post hospital discharge. Referrals to our rehab beds remain low with excess bed capacity. The bed occupancy at Lewisham Hospital is around 75%, so as elective surgery and other treatments start to resume, we expect to see referrals rates increase over the next 2 months.
- 6.26. Staffing levels remain constant, with low numbers of staff self – isolating or recovering from illness. All services are operating as normal.

## Care provider market, including care homes

- 6.27. The Council continues to be in close contact with all our care providers, including care homes. Lewisham's care market, including domiciliary care, supported living units and care homes have all responded very flexibly to meet need, ensuring that we have been able to continue to deliver care and support to the most vulnerable.
- 6.28. As well as providing care homes with supplementary financial support for Covid-19 related expenses, including infection prevention and control, Lewisham Council have also maintained regular, often daily, communications with care home managers to ensure they have had up to date information around infection prevention and control measures which they need to follow, based on the latest evidence and in line with government guidance at each stage of the pandemic.
- 6.29. Providers have taken the risk of Covid-19 to their residents and staff very seriously, and were swift to introduce measures to minimise infection risk. Early in the pandemic, care homes providers in Lewisham stopped allowing visitors into homes, to minimise the risk they would bring Covid-19 into the home. They contacted relatives to inform them of these changes and continuously informed relatives how they could get in touch with their loved ones. Some care homes also sent newsletters to update relatives.

Dedicated phones & iPads were made available on some units within care homes. Care homes have quarantined patients being discharged from hospital who are Covid-19 positive, but also as a precautionary measure in many cases to avoid the risk of transmission of the illness to other residents. Due to the layouts of care homes and staffing constraints it has not been practicable to “zone” staff to work exclusively with one group of residents, except for in a couple of the larger older adults homes which are normally managed in this way. Many larger homes have, however, limited access to communal areas and asked people to stay in their rooms during this period as part of their overall risk management approach.

- 6.30. Over the next phase of the pandemic response, commissioners and colleagues from both the CCG and Health will review these measures jointly with care home managers, now that testing has been made widely available to care homes residents and staff, to ensure that ongoing measures do not have a disproportionate negative impact on the physical and mental wellbeing of residents.
- 6.31. The COVID-19 pandemic has had an unexpected impact on demands to the provider market through reduction in availability of workforce (due to sickness, of self-isolation/shielding), additional payments made to incentivise staff at work in difficult conditions, and the overwhelming under preparedness of the system to support the higher PPE and equipment demand – and associated increase in cost where it was available.
- 6.32. The COVID-19 pandemic has resulted in reduced capacity in residential homes, nursing homes and supported accommodation services. Holding vacant units so that residents can self-isolate themselves, care homes have been careful about checking the COVID-19 status of people being discharged from hospital or being admitted to the home to avoid transmission to the home. It is now that this trend is likely to continue with care homes operating at around the 70% level for some time to come.
- 6.33. On 13 May the government announced £600m infection control funding for care homes. Lewisham received £1.6m allocation from this infection control funding. 75% of this will be passed directly to providers and the remaining 25% involves support to extra care provision and supported accommodation though at lower levels. [Our plan has been published here on the Council's website.](#)
- 6.34. Early on, care homes identified issues with the availability of personal protective equipment (PPE). Providers are encouraged to use their regular supply chains to source Personal Protective Equipment (PPE). In line with national guidance, where service providers are unable to obtain PPE through their usual supplier and dedicated wholesaler routes, they have access to an emergency supply chain facilitated by the London Resilience Forum. Since 14 April, Lewisham Council has been coordinating the distribution of these emergency supplies for providers based in borough. Since the establishment of this local emergency supply hub, officers have been working to ensure that the supply of PPE stabilises and that there is sufficient emergency stock to ensure that front-line workers are not without. Relevant providers have been notified of the emergency supply process, and those which report low stock (less than 3 days of supply) have received reminder phone calls. Since its inception, it is estimated that between 5-10% of PPE supply for the nursing & residential, home care and extra care providers has been through this emergency channel. Whilst providers have been effective in sourcing their own PPE, all eligible requests for emergency supply have been honoured before the provider runs out.
- 6.35. In order to minimise reliance on London Resilience Forum PPE stock, local authorities in London have entered into an agreement for the procurement of PPE. The London Borough of Ealing are providing coordination of the procurement, and Southwark are Lewisham's sub-regional 'hub' borough. On 29 April, Lewisham placed an order for 300,000 items of PPE (across masks, aprons, gloves, eye protection and sanitiser) in line with South East London boroughs. The need was modelled on an approximately 10% of total demand for the sector over a six week period, and in line with the

proportion of supply which had been issued on an emergency basis over the proceeding weeks. A number of aprons, masks, sanitiser and eye protection have already been received as part of this pan-London procurement exercise.

- 6.36. As part of Lewisham's emergency PPE distribution hub, we are tracking the availability of stock across a number of PPE suppliers, including all dedicated wholesalers identified within Government guidance, through regular communication. This activity helps officers supporting the emergency supply to work with providers to access stable business as usual supplies (reducing reliance on emergency provision), and this also gives us advanced warning of supply chain breakdowns.
- 6.37. Officers have been in close contact with Direct Payments employers, providing guidance on the appropriate use of PPE in care settings. Dependent on the individuals' care plan, the Council has provided PPE for personal care for several weeks at a time. Initially, there were issues with PPE supply but stock levels have since stabilised. Many individuals are sourcing their own PPE and officers have agreed refunds for PPE spend as long as personal care is involved. We have provided financial support for PPE to providers that we use who are supporting self-funders on the basis that they can provide clear evidence of spend. For other providers which are used exclusively by people who are funding their own care, we have not reached out to provide additional financial support as we have with providers who deliver services on behalf of the council.

## Children and Young People's Services

- 6.38. Critical services in Children and Young People's Services are: safeguarding, children with complex needs, children in care and placements, education services such as childcare support network, support for schools to deliver education to specific groups of children, and advice to parents/carers. The key areas of focus for the directorate during the COVID-19 pandemic have been to work with our schools to ensure they are open for vulnerable children and children of key workers and more recently to support schools so that they are able to open safely for children in key year groups as determined by the Department for Education. As Covid 19 means that our ability to see children who are at risk of abuse is more limited there has also been a focus on supporting children and young people most at risk.

### Children's Social Care and Placements

- 6.39. Children's Social Care has had to operate very differently throughout the lockdown period, visiting only those children identified most at risk. All other children and families are being contacted virtually. Some families are being re-directed to the recently established Family Information and Support Service (FISS) for advice and help.
- 6.40. Referrals to Children's Social Care fell in March and continued to reduce throughout the lockdown period. In line with other London authorities, with fewer contacts into the Multi-Agency Safeguarding Hub (MASH) during lockdown. However, in recent weeks we have started to see an increase in contacts and referrals, which is in line with the experience of other London councils.
- 6.41. Fostering placements remain stable and we have taken measures to support foster carers to ensure continued stability of placements. Children continue to be placed with both in-house carers and independent fostering agencies. The number of requests to move children and young people decreased as social workers are only making requests in urgent or emergency circumstances. This continues to be the case.

### Schools and Education

- 6.42. The Council has worked closely with schools across the borough to provide support and guidance for following government guidance about providing continued learning programmes for children and young people remotely, and provided support to schools as they planned for the phased return of pupils from 1 June. Schools have continued to

open to provide for vulnerable children (including those who have a social worker and/or an Education, Health & Care Plan).

- 6.43. The announcement from the Department for Education on 9 June that most children will not return to school before September has led to the beginning of planning for this. Assuming that there is no vaccine in place the constraints that schools will be facing are reduced staffing due to some staff's health needs and the capacity of buildings to provide a learning environment for children while also ensuring that children have a physical distance between each other.
- 6.44. The Outreach Inclusion Service has been offering support to disadvantaged children (e.g. those with challenging behaviour and/or a poor attendance record, but who are not defined as 'vulnerable' by the government). Within the service, there are qualified counsellors and therapists who can offer sessions with children and parents/carers, aiming to help them cope better whilst at home. We have received most of the promised laptops from the Department for Education and these are currently being distributed to families via schools.
- 6.45. It is likely that those children who have not engaged in learning will need extra support when they return to school. Lewisham Learning and officers in Education Services will be working with schools as they assess the progress of individual pupils and the additional support programmes which may be needed. We are working with partners to explore targeted especially for vulnerable young people the feasibility of coordinating a summer learning programme develop summer school activity in the Borough. No additional funding from central government has been provided to do this. We await the further government advice following the announcement on 11 June of the extended catch up plan (for summer and beyond) for children and young people.

#### **Youth offending, county lines and safeguarding**

- 6.46. Children and young people being arrested with Lewisham addresses has almost halved and overall crime across London has also reduced at a similar rate. Serious Youth Violence has significantly decreased across London.
- 6.47. It is expected that lockdown measures will have increased stress and pressure within a home environment. The range of family stressors are likely to be both increasing and cumulative and likely to be occurring in more families previously unknown to the Council. Schools can be a safety net for vulnerable children but also a primary referral route to manage safeguarding and familial abuse.
- 6.48. There is a recognition of the potential issues and surges in demand for mental health support and safeguarding services when COVID-19 lockdown restrictions are eased. There are potentially safeguarding risks that are not being identified as other agencies and individuals are not seeing children out of context.
- 6.49. Headline statistics indicate a drop in gang activity and exploitation. They show a reduction drug related arrests as a proxy for gang activity, and a drop in children 'missing from home' and, therefore, a reduction in county lines as a form of child criminal exploitation. However, beneath the headlines, it is likely that there has been a change in patterns of behaviour rather than necessarily an overall reduction. These patterns will vary by area and by region, but there is an emerging picture of gang activity throughout the COVID-19 pandemic.
- 6.50. Gangs are active in grooming vulnerable young people outdoors in unsafe environments who have nowhere else to go. Many young people are still going out during lockdown when they are at risk from domestic abuse or strained family relationships at home or are simply bored, as they do not see going out as such a risk to their health.
- 6.51. For other young people, lockdown has given them a reason to step back from gang activity, but in some cases, family ties have become stronger as parents fear has reduced by their children being at home and away from negative peer influence.

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However, in some areas, local gang activity and violence has continued or is being exacerbated through social media, with fears of a surge in gang violence post-lockdown. There are also concerns about the rise in online grooming of young people under COVID lockdown and partners in Lewisham's Concern Hub have been looking at methods to tackle this.

## Bereavement Services

- 6.52. The Council's critical bereavement services are registrations of births and deaths, public mortuary body storage, Council Crematoria and Burial Grounds. Bereavement Services have seen increased pressure as a result of COVID-19. The service continues to follow guidance issued by central government, Public Health England and the London Resilience Forum and is working hard to support residents during a very difficult time while observing social distancing guidance.
- 6.53. Local authorities in London are working together to ensure a consistent approach to bereavement services and to coordinate mortality management and planning across the capital. Lewisham Mortality Planning Group continues meets on a weekly basis looking at the local death management process and putting in any contingencies that are needed to deal with the demands from each stage of the process.
- 6.54. Bereavement services have been running at full capacity and have been extremely busy. They are seeing an increase of approximately 40% in cremations and burials over and above what would normally be expected. Careful management and rostering of staff has ensured safe operations and limited absence so far. The bereavement service has needed to take significant precautions and manage the risks of transmission of COVID-19 by limiting attendance at services. This is in line with other London Councils. Given the sensitive nature of funerals, coupled with the need to protect staff and mourners from potential transmission of coronavirus, we are keeping these arrangements under constant review as we would seek to increase the numbers able to attend funerals as soon as it is safe to do so.

## Environmental Services

- 6.55. The Council's critical environmental services are highways management, refuse collection, refuse disposal, CCTV, emergency licensing and enforcement and pest control, all of which are operating at either a reduced or normal service at this time. Where possible, staff are working remotely but this is not possible for a number of environmental services, such as refuse collection. Staffing levels across environmental services remain stable, with frontline teams operating on rotation to ensure resilience in the service.
- 6.56. Refuse collection, disposal and recycling is running at full capacity. There has been no overall increase in the amount of waste collected but there has been a shift in the balance of what we are collecting through the lockdown period: we are now collecting more household recycling and organic waste than previously and less household residual waste.
- 6.57. Based on April's data we have seen an increase of approximately 30% in the amount of household waste collected for recycling, approximately 22% increase in household organic waste collected and a reduction of approximately 3% in the residual household waste collected when compared to April 2019. May is also showing a similar trend.
- 6.58. Staffing has been managed carefully and some staff from non-critical areas have been redeployed to ensure waste collection is prioritised. The recycling centre at Landmann Way was reopened on 12 May. It is operating on an appointment basis to ensure effective social-distancing can be facilitated. This system is functioning effectively and will be in place for the foreseeable future.
- 6.59. The Council is taking emergency action to help the public stay safe and comply with

social distancing measures when making essential trips on foot or by bicycle. This action includes:

- Creating more space for pedestrians near local shops and facilities at pinch points across the borough
  - Introducing schemes to maintain quieter residential streets on common 'cut-throughs' as people will walk and cycle more if they feel safe on our roads. Over 30 'modal filters' will be rolled out initially, with residents asked for further location suggestions
  - Investigating main roads to look at installing temporary cycle lanes and wider footways to help people travel by bike or by foot in safety
  - Creating safer spaces across the borough outside school entrances to enable parents and pupils to socially distance at pick-up and drop off time
- 6.60. Licensing and enforcement services are running at full capacity, with many officers working effectively remotely and no significant staffing issues as a result of the virus. The demand for these services has been mixed with less demand for licencing enforcement throughout the lockdown period. The Government announced on 20 March that local authorities would be responsible for enforcing regulations requiring those businesses asked to close. The service has been engaged with the enforcement of these business and licensed premises closures, but largely have been able to maintain business as usual.
- 6.61. CCTV services are running at full capacity, with consistent demand throughout lockdown. From 22nd June, local authorities will have new powers to use CCTV to issue penalty charge notices to drivers who park or load illegally in mandatory cycle lanes, putting cyclists at risk of a serious accident.

## Housing

- 6.62. Critical housing services are emergency repairs, critical housing safety and emergency housing provision. Housing services have adapted effectively to COVID-19, swiftly adopting new and innovative ways of working with people remotely to continue effective service delivery while ensuring the safety of service users and staff.
- 6.63. Since late March 2020 there has been an increase in single homeless households seeking support, whilst there has been a decline in the number of families approaching the Council for assistance, likely as a result of the measures the government have put in place to halt evictions. The Council has supported over 160 rough sleepers since March, however the numbers continue to increase each week. Over 50 of our rough sleepers have No Recourse to Public Funds or are ineligible to claim mainstream benefits or housing assistance. The total number of families being supported by the NRPF services remains stable, but over 50% of the new approaches are households whose employment has been negatively impacted by COVID-19, pushing them into destitution. The Council has now managed to move all homeless families out of shared nightly paid accommodation.
- 6.64. The number of those in Temporary Accommodation stands at 2,491 at the end of May, up from 2,383 at 27 March. Of these 2,491, 120 are rough sleepers accommodated as part of the government 'everybody in' which began in April.
- 6.65. Emergency housing face to face service closed and all assessment services being provided via phone contact. This phone service will continue to be provided to customers after restrictions are lifted. The service is also operating an expanded online offer for customers.
- 6.66. In relation to the Private Rented Sector, new eviction claims made after 25 March will only be lawful if there is a three month notice period and all ongoing housing possession claims are suspended. On 5 June the government announced that this

moratorium on evictions will be extended until 23 August. This guarantees safety from eviction for most renters for the short term. Despite this, there remains threats of eviction to residents; the service continues to work with these households, including offering mediation between landlords and tenants, and support tenants to remain in their current tenancy through discussion with the landlord. Officers have prevented 61 illegal evictions since the 30 March, and in this period there has been a focus on preventing and relieving homelessness following evictions.

- 6.67. The Council's Licensing teams continue to ensure that our residents live in homes that are safe and secure and we work with landlords to ensure that all residents living in the private rented sector have support from us and also to ensure landlords are undertaking emergency repairs. All emergency repairs are being completed in time and as per pre-COVID. There are some minor issues with a small number of gas safety certificates due to residents refusing access and court activity being suspended due to COVID. All activity is being conducted following government guidance in this area, and officers are working closely with residents to facilitate these visits. Once courts re-open, the power to gain entry will enable these to be resolved if they cannot be resolved through engagement. Other compliance areas are operating as pre-COVID.
- 6.68. Since 30 March 2020 choice based lettings of Social Housing has temporarily been suspended. Available social housing has been directly matched to emergency and urgent lets, along recommended Government guidelines. 90 matches to permanent homes have been made, and 32 homeless households with health conditions that place them at risk of COVID-19 have been moved into self-contained accommodation.

## Finance

- 6.1. Critical finance services are Revenues and Benefits and Business support. The Council has taken measures to support both businesses and residents who are facing financial hardship as a result of COVID-19.

### Support for residents

- 6.2. On 24 March the government announced a hardship grant would be to local authorities in response to COVID-19 to provide council tax relief to vulnerable people and households. Lewisham received £3.2m hardship funding and has made these funds available to individual Council Tax payers through two routes:
- 1) Grants aligned to the Council Tax Reduction Scheme
  - 2) Emergency support for residents.
- 6.3. The first is an additional grant of £150 per working age claimant of the Council's Council Tax Reduction Scheme (CTRS). Claimants have been written to directly, and all communication channels, such as the website and resident helpline, have been updated accordingly. On 8 June, 16,300 households' accounts were credited with £150, meaning a total of £2.4m of the £3.2m has been paid out. Of the remaining £1m of hardship funding, some will go to the growing number of CTRS claimants as unemployment increases and more people become eligible.
- 6.4. To supplement the existing local support scheme, an emergency hardship scheme has been set up by the Council to provide a one-off payment (covering the costs of essential food and fuel) for people who are facing immediate financial hardship due to COVID-19 and have no other assistance available. The payment is a grant and it does not need to be paid back. As at 10 June, 197 applications have been received in the first week of operation, of which 117 payments have been distributed and 78 applications have been unsuccessful.

### Businesses

- 6.5. Central government has turned to local authorities to deliver a number of new schemes aimed at supported local businesses who have been impacted by coronavirus.

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- 6.6. For businesses, support measures include extended business rates relief for 2020/21, grants to small businesses and those in the retail, hospitality, and leisure sectors, and a grant to support Small and Medium Enterprises (SMEs) – those with less than 50 employees – not covered by the initial grant arrangements.
- 6.7. The Council has received £47m to distribute in grants of £10k or £25k to small business within certain rateable values and/or in the retail, hospitality, and leisure sectors. At 10 June May the Council has assessed all those who have applied and disbursed 2,996 grants of the 3,375 businesses eligible and over £37m (79% of the £47m received). At 10 June there are no cases pending assessment. The 3,375 businesses now thought to be eligible is down from the starting number of 3,721 businesses identified on which the £47m was based. The £47m will likely therefore be revised by government to £42.5m, the balance being returned to government, likely in autumn with a reconciliation.
- 6.8. Work continues to actively reach out to those remaining businesses who may be eligible but have yet to apply. The Department of Business, Energy and Industrial Strategy (BEIS) publishes regular performance data on this and as at 7 June Lewisham was 231<sup>th</sup> by number of businesses out of 314 Councils.

### **The known and anticipated financial impact on the Council**

- 6.9. The government has provided some financial support to councils to undertake additional activities in recognition of the unplanned costs they are incurring in responding to COVID-19. The Council is experiencing additional unplanned work and costs to sustain critical services. These include supporting the social care market, distributing personal protective equipment (PPE), and providing shielding support to the most vulnerable as critical services. As well as the extra work to run and support services including housing, waste, benefits, and bereavement services with higher levels of activity while also maintaining social distancing and safe working practices.
- 6.10. Lewisham has identified a potential £22.9m increase in expenditure and £26.8m loss of income. A total estimated impact for the COVID-19 response of £49.7m. Towards which, the Council has received £18.0m in funding from the government suggesting a gap of £31.7m.
- 6.11. Officers have set up Directorate and corporate budget codes to enable COVID related costs to be captured both where discrete and additional to base budgets. This will help preserve the integrity of the underlying business as usual budgets for future decision making. In respect of income we are monitoring debt compared to prior year trends, changes to direct debits, and collection rates. The monitoring reports for Members (first due at M&C on 9 July) will identify impacts on business as usual budgets, including cuts not made, Covid impacts, and growth funded now not needed for 20/21 in non-critical services.
- 6.12. The Council, both at officer and Member level, are consulting regularly with neighbouring, London, and national bodies to compare experiences and consider the financial risks to be assessed. The most tangible product of this is the monthly MHCLG returns which was the basis of the [Mayor and Cabinet report on 10 June](#). This included consideration of the overall budget impact and potential use of reserves.

### **Risk and audit**

- 6.13. The Council's corporate risk management framework is currently being supplemented by the tracking of COVID related risks and actions through the incident response arrangements put in place. These include addressing operational challenges as they arise (e.g. PPE, shielding services, bereavement services) and support arrangements (e.g. communications, technology for remote working, HR guidance for managers and staff in respect of absence management and wellbeing etc.)
- 6.14. Plans for the external audit continue, including regular contact with Grant Thornton. Closing was delayed by three weeks due to the added complexities of

remote working and providing monitoring support for critical services. The national deadlines for accounts reporting has been pushed back from July to November. However, the process will not change and does still provide for a period of public inspection of the draft accounts and receipt of audit reports by the Audit Panel prior to being presented to full Council. In respect of internal audit, as flagged at the [last Audit Panel meeting](#), work was put on hold and staff redeployed in March to support critical services. This reflected the challenges of prioritising the COVID response. The service has now been pulled back to business as usual and from June has resumed work focused on completing control checks of the key finance systems.

## Corporate, HR and other support services critical to the COVID-19 response

- 6.15. Other services that are critical to the Council's COVID-19 response are emergency planning and response teams, customer service centre, communications, health & safety, payroll and emergency recruitment, ICT and critical public health services all of which are focused on supporting and enabling the Council's COVID-19 response and its critical services.
- 6.16. COVID-19 has required Council staff across the organisation to work very differently. Corporate support teams have been instrumental in enabling staff to adapt to new ways of working, ensuring they have the right equipment, guidance and support to fulfil their roles and support residents. Staff have been required to work in a much more flexible way, responding to need and working with agility. Many staff have volunteered to work in a new area of the Council, honing and developing new skills and learning about different service areas. There have been many positives from this new way of working and the Council's internal recovery will be focused on harnessing and embedding the benefits that have been seen throughout this period.
- 6.17. The Council's IT division has responded well to a surge in demand for IT support, adopting a new flexible working model of support to staff and rapidly deploying laptops to priority services. New technology has been effectively rolled out across the organisation to support remote working.
- 6.18. Likewise, HR policy and guidance has been rapidly reviewed and updated to support new ways of working, guiding managers on the best way to communicate and support teams remotely. We have established a staff support hub providing wellbeing support and guidance for all Council and partner employees. The support hub collates a range of mental health and wellbeing guidance and directs staff to services they can access if they need support.
- 6.19. HR policies and IT provision is currently being reviewed and adapted to suit the ongoing needs of the organisation as we move out of lockdown and into a transition phase, in which the majority of staff will continue to work from home.

## 7. Financial implications

- 7.1. Financial implications of COVID-19 are set out in paragraphs 6.9 - 6.12 of this paper. In overview, the Council's financial commitments are currently not wholly inconsistent with the budget as, while there are significant changes at this time, the Council continues to operate its usual services and is receiving government funding for the additional and unplanned impact of COVID-19. A revised budget in the autumn may be necessary to confirm the position at that time for the remainder of the financial year.
- 7.2. Taking the estimated costs and lost income considerations of the Covid 19 response and additional support from government into account, the Council has sufficient reserves to meet these financial commitments at present. While the impact of the Covid 19 response may reduce the Council's financial resilience to face future shocks, it is the section 151 officer's assessment, along with the Head of Paid Service and the

Monitoring Officer, that the circumstances do not require consideration of a section 114 notice at this time.

## 8. Legal implications

- 8.1. The Coronavirus Act 2020 received Royal Assent on 25th March this year. It gives the Government emergency powers to combat the COVID 19 pandemic. The provisions of the Act are time-limited for two years, though this period may be shortened by ministerial direction. In addition the Act is subject to Parliamentary review every 6 months.
- 8.2. The Act enables the Government to restrict or prohibit public gatherings, control or suspend public transport, order businesses such as shops and restaurants to close, temporarily detain people suspected of COVID-19 infection, suspend the operation of ports and airports, enrol medical students and retired healthcare workers in the health services, relax regulations to ease the burden on healthcare services, and assume control of death management in particular local areas.
- 8.3. Many of its provisions are specific to local government. For example the Act temporarily suspends local authorities' legal duty to meet the care needs of all people who are eligible under the Care Act 2014. Instead, councils will have a duty to provide care only if necessary to avoid breaching a person's rights under the Convention of Human Rights (ECHR). However as set out in the report, the Council has not sought to rely on any of the easements to the Care Act allowed in the Coronavirus Act.
- 8.4. The Act also makes provisions for elections and annual general meetings to be deferred and for council meetings to be held remotely.
- 8.5. A number of directions have been made to legislative provisions using the Coronavirus provisions. For example, the Secretary of State issued a direction on 31 March 2020 to Ofqual about the calculation of students' GCSE, AS and A level results and on 9 April in respect of technical qualifications though many of the government's intentions for local government have been expressed through non statutory guidance. Whilst having no statutory force, the Council would be well advised to have regard to this guidance, and only departing from it with good reason, particularly bearing in mind that the Secretary of State retains the power to issue directions if necessary.
- 8.6. Under Section 17 Crime and disorder Act 1998 the Council has a duty in the exercise of its functions to consider the impact of all their functions and decisions on crime and disorder in their local area.
- 8.7. Section 12 of the Health and Social Care Act inserted a new section 2B into the NHS Act 2006 to give a local authority a new duty to take such steps as it considers appropriate to improve the health of the people in its area. The steps in this report are consistent with that duty.
- 8.8. Under S3 Local Government Act, 1999 the Council must make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This duty remains even in these exceptional circumstances.

## 9. Equalities implications

- 9.1. There is emerging evidence that suggests a disproportionate impact of COVID-19 on groups with protected characteristics. National research shows there are significant health inequalities affecting Black African and Caribbean communities, which are perpetuated by inequalities in the wider determinants of health such as housing, employment and education. These have been exacerbated by COVID-19 and may underpin some of the excess deaths in these populations.
- 9.2. Lewisham Council and Birmingham City Council are partnering to conduct a review

gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham asking ‘how do we break the cycle of inequality?’. The Council has also submitted evidence to the Women and Equalities Committee about the different and disproportionate impact that the Coronavirus – and measures to tackle it – is having on people with the protected characteristics under the Equality Act.

- 9.3. The Council plans to supplement this work with an extensive impact assessment of COVID-19 on the borough, with a focus on those with protected characteristics.
- 9.4. The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.5. In summary, the Council must, in the exercise of its functions, have due regard to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
  - advance equality of opportunity between people who share a protected characteristic and those who do not
  - foster good relations between people who share a protected characteristic and those who do not
- 9.6. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed in the paragraph above.
- 9.7. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for members, bearing in mind the issues of relevance and proportionality. They must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 9.8. The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:
  - <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>
  - <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>
- 9.9. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
  - The essential guide to the public sector equality duty
  - Meeting the equality duty in policy and decision-making
  - Engagement and the equality duty: A guide for public authorities

- Objectives and the equality duty. A guide for public authorities
  - Equality Information and the Equality Duty: A Guide for Public Authorities
- 9.10. The essential guide provides an overview of the equality duty requirements
- The essential guide to the public sector equality duty
  - Meeting the equality duty in policy and decision-making
  - Engagement and the equality duty
  - Equality objectives and the equality duty
  - Equality information and the equality duty
- 9.11. The essential guide provides an overview of the equality duty requirement including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:
- <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance>

## **10. Climate change and environmental implications**

- 10.1. There are no direct climate change and environmental implications arising from this report.

## **11. Crime and disorder implications**

- 11.1. There are no direct crime and disorder implications arising from this report.

## **12. Health and wellbeing implications**

- 12.1. There are no direct health and wellbeing implications arising from this report, however it should be acknowledged that COVID-19 presents a serious threat to the health and wellbeing of Lewisham's residents, as it does across the world. The Council's response and recovery objectives are rooted in promoting good public health and safety for Lewisham's residents.

## **13. Background papers**

- 13.1. [Overview and Scrutiny Committee 5 May 2020 - Scrutiny of the Council's COVID-19 Response](#)
- 13.2. [Overview and Scrutiny Committee 26 May 2020 - Scrutiny of the Council's COVID-19 Response](#)
- 13.3. [Mayor and Cabinet report 10 June 2020 - Council's response to Covid 19 - Financial update](#)

## 14. Glossary

Term	Definition
Council Gold	A gold/silver/bronze command structure is a hierarchy used by the emergency services and other public sector organisations (including local authorities) to manage the response to major incidents. Gold command is responsible for formulating a strategy for dealing with the incident and has overall control of resources.
COVID-19	Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The two main symptoms of COVID-19 are a high temperature and a new, persistent cough, but people
Overview and Scrutiny Business Panel	<p>Lewisham has two Business Panels (sub-committees of the Overview and Scrutiny Committee).</p> <p>Overview &amp; Scrutiny Business Panel is made up of the chair and vice-chair of the Overview and Scrutiny Committee, the chair of each of the Select Committees, and two other non-Executive councillors.</p> <p>The main functions of Business Panel are reviewing key decisions once they have been taken (potentially “calling in” key decisions that have been made but not yet implemented); coordinating and approving the overall scrutiny work programme; and allocating scrutiny work in the event that it crosses the remit of more than one scrutiny body.</p> <p>Three parent governors and two diocesan representatives sit on the Education Business Panel, alongside the councillors that make up the regular Business Panel. The Education Business Panel reviews.</p>
Personal Protective Equipment (PPE)	PPE is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment (RPE).
Shielding	Those who are at the greatest risk of severe illness and have been advised to shield by the NHS.

## **15. Report author and contact**

- 15.1. If there are any queries about this report, please contact Charlotte Parish, Principal Officer – Policy, Service Design and Analysis, by phone (020 8314 6101) or by email [charlotte.parish@lewisham.gov.uk](mailto:charlotte.parish@lewisham.gov.uk).

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