



## Overview and Scrutiny Business Panel

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

**Date:** 18 August 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.
- When Select committees restarting from September, scrutiny arrangements will return to business-as-usual. This approach was established to channel scrutiny oversight in the absence of Select committees therefore OSBP are recommended to consider how they might wish to receive updates and assurances about the Council's response to COVID-19 from September onwards.

### 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
- **26 May 2020:** [OSBP discusses the first update paper of the Council's response to COVID-19.](#)
- **23 June 2020:** [OSBP discusses the second update paper of the Council's response to COVID-19.](#)
- **21 July 2020:** [OSBP discusses the third update paper of the Council's response to COVID-19.](#)
- **September 2020:** Select Committees resume, agreeing work programmes for the rest of the municipal year.

## 1. Summary

- 1.1. The purpose of this report is to provide an update and assurance for the Overview and Scrutiny Business Panel (OSBP) 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 by OSBP Members to the Overview and Scrutiny Manager.
- 1.2. Since the last update report to OSBP in July, critical services have remained stable. This report provides background information about the Council's critical services and summarises any key updates or changes to services since the last report.
- 1.3. The Council's critical services in the context of COVID-19 are:
  - [Shielding](#)
  - [Public Health and health care](#)
  - [Adult Social Care](#)
  - [Children and Young People's Services](#)
  - [Bereavement Services](#)
  - [Environmental Services](#)
  - [Housing](#)
  - [Finance](#)
  - [Corporate and other essential support services.](#)
- 1.4. 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
  - When Select committees restarting from September, scrutiny arrangements will return to business-as-usual. This approach was established to channel scrutiny oversight in the absence of Select committees therefore OSBP are recommended to consider how they might wish to receive updates and assurances about the Council's response to COVID-19 from September onwards.

## 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.

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## 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. [On 23 June, a follow-up paper was presented to OSBP providing an update on critical services and the Council's overall response to COVID-19.](#)
- 4.4. [On 21 July, a third report was presented to OSBP, updating that critical services remained stable and including changes and updates by exception to the critical service areas.](#)
- 4.5. This paper follows on from the paper presented to OSBP on 21 July, and provides the status of critical Council services, sets out the Council's ongoing response plan and addresses strategic areas of interest as put forward by members of OSBP in advance of the meeting.
- 4.6. In September, Overview and Scrutiny Select Committees are due to resume. Overview and Scrutiny Business Panel will continue to exercise its function to handle call-in of executive decisions and coordinate and approve the work programmes of select committees.

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

### Emergency Response

- 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 as set out in previous reports to OSBP.
- 5.2. 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 July 2020, the Council's Gold Group amended the COVID-19 response strategy to reflect and adapt to the changing circumstances and responsibilities of local government in its continued response to COVID-19. The refreshed strategy places a greater emphasis on the prevention and minimisation of infection. The current response strategy is as follows:
  - To provide support to the vulnerable
  - To take action to prevent or minimise further outbreaks
  - Managing resourcing to meet the needs of emergency and maintain essential

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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
  - Minimise disruption to infrastructure and business
  - To facilitate recovery and the return to normality
- 5.4. 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.
- 5.5. 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.

## Local outbreak planning and second wave

- 5.6. As we emerge from the first wave of the COVID-19 pandemic, the ability to prevent and manage outbreaks of COVID-19 will be critical to enable residents, communities and businesses to resume activities safely. We have seen other parts of the country subject to local lockdowns in recent weeks and the focus for the Council has been on ensuring our local outbreak and lockdown management plans are fit for purpose in the event of outbreak or lockdown in the area.
- 5.7. The Lewisham Outbreak Prevention and Control Plan brings together the existing outbreak prevention and management work of national and regional PHE, local authority public health teams, the national NHS test and trace service, Joint Biosecurity Centre and collaboration of wider system partners to form a robust framework for COVID-19 outbreak management in Lewisham.
- 5.8. Our plan sets out the arrangements, processes and actions that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham residents and communities are protected from the impact of COVID-19.
- 5.9. The key objectives of the plan are:
- To prevent outbreaks of COVID-19 in our communities and complex settings (schools, care homes, communal settings and public spaces)
  - To respond rapidly and effectively to emerging outbreaks of COVID-19 as evidenced by data and health intelligence
  - To manage and control established outbreaks of COVID-19, particularly those in complex settings
  - To rapidly reflect on and adapt to lessons learnt during the management of outbreaks
  - To have a robust oversight and assurance process for the prevention and management of outbreaks of COVID-19
- 5.10. The plan covers the seven main themes outlined by the Department of Health and Social Care (DHSC) for inclusion in local outbreak control plans:
- Care homes and schools – planning for local outbreaks in these settings

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- High risk places, locations and communities – identifying and planning how to manage high risk places, locations and communities
  - Local testing capacity
  - Contact tracing in complex settings
  - Data integration
  - Vulnerable people – supporting local people to get help to self-isolate
  - Local boards - establishing governance structures
- 5.11. [The plan was published on the Lewisham Council website on 30 June 2020 and is available here.](#)
- 5.12. The plan is being overseen and implemented by the Lewisham COVID-19 Health Protection Board, which will report in to Lewisham Council Gold, the Lewisham Health and Wellbeing Board and Mayor and Cabinet.
- 5.13. As part of the Local Outbreak Prevention and Control Plan, a COVID-19 Data and Analysis Team has been established. Led by a Consultant in Public Health, this team co-ordinate the flow of data that is received daily from government sources on the status of COVID-19 cases across Lewisham. This information contains numerous indicators including; the number of new cases over the last 24 hours and 7 days, a RAG rating based on expected vs observed cases, the number of new cases from Lewisham referred into the National Test and Trace programme and the number of tests requested by Lewisham residents, amongst many other indicators.
- 5.14. In July, the government published the contain framework that sets out how national and local partners will work with the public at a local level to prevent, contain and manage outbreaks. This framework sets out the interface between local and national powers, which will be available to help prevent and control outbreaks. We will be working to build these new powers into our existing plan.
- 5.15. The Council's incident response team have are testing plans to support our readiness for increases in case numbers and outbreaks in the borough, which includes running scenario exercises with local partners and our communities to strengthen local understanding of roles and responsibilities in responding to outbreaks of COVID-19. We are also conducting a comprehensive risk review for the next six months, assessing the pandemic in terms of concurrent incidents, preparing for winter, flu and adverse weather for example.

## Emerging recovery plans

- 5.16. Lewisham's recovery from COVID-19 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
  - Collaborating and working together with our communities and partners across the borough
- 5.17. Recovery is likely to be staggered over three phases.
1. Easing Lockdown : Spring/Summer
  2. Transition : Autumn/Winter
  3. Reinvention : Autumn/Winter onwards
- 5.18. These phases are likely to overlap and, given the uncertainty of the ongoing situation, it

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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 - Easing Lockdown**

- 5.19. The immediate focus of recovery has been to manage a coordinated easing of lockdown to ensure Council services remain safe for residents and for staff.
- 5.20. Officers have taken the following actions during Phase One – Easing Lockdown:
- **COVID-19 secure office space** – conducted thorough audit of Laurence House, Holbeach and Wearside, implemented social distancing and public health measures, displayed health and safety messaging and signage across all sites.
  - **COVID-19 Individual Risk Assessments** – introduced individual risk assessments for staff who cannot work from home all of the time due to the nature of their role, considering the impact on those with COVID vulnerabilities and identifying mitigations.
  - **Working from home support** – provided IT equipment to staff, updated the council's people management framework to give managers consistent guidance throughout the pandemic, continued the provision of wellbeing advice via the staff support hub.
  - **Internal volunteering scheme** – continued this scheme to support critical service areas as lockdown eases.
  - **Planning the reopening of services** – such as libraries, social care visiting appointments etc.

### **Phase Two - Transition**

- 5.21. Officers have conducted an internal, interim review of the response to COVID-19 so far and identified a number of lessons learned which will inform and shape ongoing recovery development as well as inform our response to future waves of COVID-19. Using these lessons learned, officers have identified key, immediate tasks that the Council will need to undertake, at pace, during Phase 2 - Transition, in order to be fully equipped and prepared to tackle the serious long-term impacts that COVID-19 has had in Lewisham:
- Assess the impact of COVID-19 on corporate priorities, programmes and initiatives and reassess priorities going forwards.
  - Carry out transition planning internally, reviewing the in-year and longer term budget position and service delivery, to stabilise and put in place plans for the longer term.
  - Launch a staff-led improvement programme to support and engage staff to deliver internal improvement for external impact.
  - Conduct a borough-wide equalities impact assessment, working across agencies to produce one impact assessment for Lewisham.
  - Engage widely and meaningfully with our communities to complement the equalities impact assessment and provide a clear picture of how the pandemic has affected Lewisham and our residents.
  - Develop and articulate how Phase 3 – Reinvention will be led and coordinated.
- 5.22. We are now in Phase Two of our recovery from COVID-19, while still managing the ongoing demands of Phase One.

### **Phase Three – Reinvention**

- 5.23. The findings from the assessment and consultation stages of Phase Two will inform a

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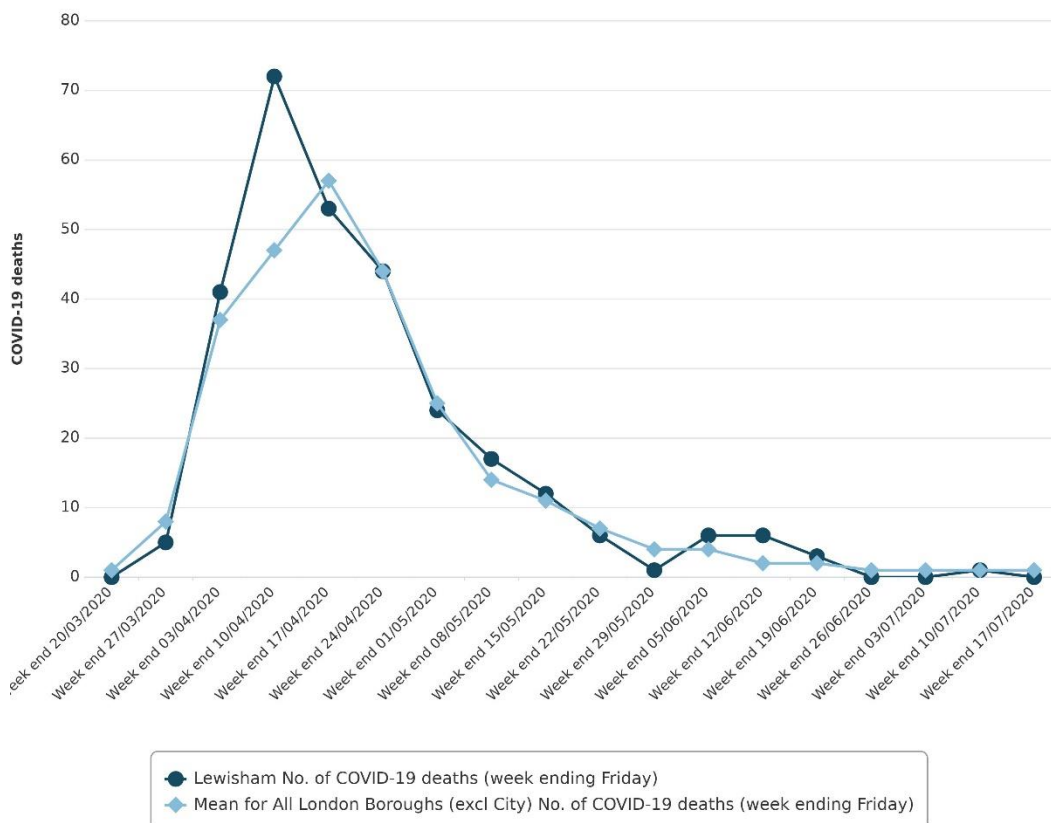
longer term phase of service redesign according to the anchoring principles as set out above. Phase Three - Reinvention will focus on the Council and the Borough, mirroring the Council's effective response to COVID-19.

- 5.24. The Council's internal recovery – focused on the Council's policy and budget framework - will be led by Mayor and Cabinet through the usual decision-making and scrutiny arrangements. Scrutiny members will play a vital role in recovery as a 'critical friend', focusing on forward thinking, suggesting positive changes and improving the Council's recovery.
- 5.25. External borough-wide recovery will be member and community-led. It will be action-oriented, flexible, collaborative and engaging, focused on people and relationships, to work towards a more equal, more resilient, healthier Lewisham. The emphasis will be on people, partnerships and collaboration to deliver the borough's recovery. An unerring focus on tackling racial inequalities will be woven through every element of our recovery.

### Mortality in Lewisham

- 5.26. There have been a total of 262 deaths from COVID-19 registered in Lewisham since the start of the pandemic.
- 5.27. There have only been 2 deaths from COVID-19 registered since 8th July. These were late registrations of deaths occurring in May and June.

**Number of COVID-19 deaths (week ending Friday) (from Week end 20/03/2020 to Week end 17/07/2020) for Lewisham**



Source: Office for National Statistics

Powered by LG Inform

- 5.28. The analysis of the demographic profile of deaths associated with COVID-19 in Lewisham is being updated. It is likely that the findings will confirm and strengthen the trends seen in the initial analysis. This confirmed that mortality from COVID-19 impacts population groups in Lewisham disproportionately, matching the patterns that have

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been identified nationally and internationally:

- Men and women aged 50 and above have an increased risk of mortality & the gender difference in mortality risk increases with age
- Lewisham residents born in the Americas and the Caribbean, Africa or the Middle East & Asia have a significantly higher death rate than people born in either the UK or Europe.
- Those living in the most deprived areas of Lewisham have considerably higher rates of death from COVID-19 than those living in the least deprived areas
- 20% of registered COVID-19 deaths in Lewisham were residents who normally live in care homes. Only 9% of registered deaths actually occurred in a care home.

## 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.
- 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 key Public Health initiatives 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. Since the last paper to OSBP, the status of critical services has remained stable. This section therefore provides an update on changes or points of significance. Where there has been no change to the status of the service, this is noted below.

### Shielding

- 6.4. The Government's Shielding programme was paused by central government on 1 August and all Government support to individuals was ceased. In response to this, the Council's Shielding Team refocused its efforts to make contact with all residents who were in receipt of a centrally delivered food parcel or medicine service. These calls were to ensure awareness of the new guidance and that Shielding would cease after 31 July.
- 6.5. A large number of people proactively deregistered themselves from the system as they felt able to meet their own needs meaning just 1991 individuals in Lewisham were in receipt of weekly parcels in July. Overall there have been 3323 residents who have received the Government parcels at some point during the crisis. As of 16 July the Council had contacted 1887 of the 1991 directly and only 222 requested a follow up call.
- 6.6. These individuals have been followed up to ensure that they have taken the necessary steps to address their personal circumstances now the Shielding service has ended. The team is also calling other residents who have previously been identified as having high support needs to ensure that they are aware of the change in guidance and do not require further support.
- 6.7. Where on-going or further support needs are identified these will be referred to the appropriate services including the on-going Community Hub. The Community Hub will continue to be directly funded by the Council until 31 August 2020 but its role in the coordination of referrals and support to vulnerable residents affected by COVID-19 will continue beyond this point supported by existing resources.
- 6.8. The Shielding team will be maintained at a level of least 20 full time employees until 31

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August to receive enquiries and make follow up calls to ensure that all vulnerable residents are meeting their own needs or receiving the support they require. From 1 September the Shielding team will be disbanded in its current form. The data management infrastructure built to support the service will be maintained to allow the service to restart in the event of a second wave.

## Public Health and health care

### The potential long-term public health impacts of the COVID-19 pandemic

- 6.9. The COVID-19 pandemic and the associated lockdown will have many impacts on the health and wellbeing of the population of Lewisham, long, medium and short term. Unfortunately these are highly likely to disproportionately affect groups who already have poorer health, fewer resources and will increase inequalities and inequity.
- 6.10. Overall, the impact of COVID-19 on Lewisham will take months to understand and will need efforts to explore relationships between disrupted and changed services and the impact on health and wellbeing. A key element of the Council's recovery planning is to investigate and understand the full impact of COVID-19 on Lewisham and its communities, inclusive of the public health impact. Analysis of the impact of COVID-19 on the borough will be updated regularly as new information is available and the longer-term implications of the pandemic become apparent. This will provide the evidence base for the borough's recovery planning going forwards.
- 6.11. Research from [Public Health England](#), [The Health Foundation](#), [The Office of the Children's Commissioner for England](#), [The British Medical Journal](#) and the [London School of Hygiene and Tropical Medicine](#) shows that during the pandemic there have been national increases in:
- poor mental health as a result of social isolation
  - weight gain due to lack of physical activity and consuming convenience foods high in calories, salt and sugar
  - food insecurities, not able to access healthy food in a reliable way
  - unemployment and the number of those living in relative and absolute poverty due to furlough or being made redundant as a direct result of COVID-19
  - domestic abuse related incidents and crime, children experiencing adverse childhood experiences (ACEs) and the number of children in need
  - teenage conception rates and sexually transmitted infections
  - the use of smoking, alcohol and drugs and spending money on gambling across all age groups
  - youth violence and those in contact with the criminal justice system
  - staff turnover in the health and social care sector
  - the number of people with no fixed abode, or who have become homeless as a result of COVID-19
  - the use of online gaming and chat rooms and the associated risks around grooming
- 6.12. There have also been decreases in:
- immunisations across age groups which will lead to higher incidences of infectious diseases and local outbreaks e.g. measles, and may impact the outcomes across the winter season e.g. excess winter deaths
  - the number of women breastfeeding
  - the school readiness of children in the borough
  - the educational attainment of young people on the borough
  - access to healthcare for non-COVID-19 related reasons
  - the health related quality of life for those living with long term conditions, and the elderly

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## Primary care access arrangement post COVID-19

- 6.13. During the COVID-19 pandemic practices in Lewisham maintained core opening hours however the pandemic has changed primary care and accelerated the move to a digital and triage-first model of primary service delivery. The rationale for this approach was to ensure patients and practice staff were protected at all times.
- 6.14. Post-COVID-19 practices continue to deliver remote total triage and online consultations in the first instance. They are also open and deliver face-to-face care, where clinically appropriate.
- 6.15. Clinical issues are reviewed and appropriately actioned by clinical staff through a number of channels including:
- Telephone
  - Online
  - Video consultation
  - Face-to-face if safe and appropriate.
- 6.16. Non-clinical issues are managed through practices' administrative routes.
- 6.17. [Practices follow the guidance and standard operating procedures outlined by NHS England and NHS Improvement.](#)
- 6.18. The GP Extended Access service is also available to support primary care access.

## Cancer treatment in Lewisham post-COVID

- 6.19. Access to diagnostics and treatment for patients have continued during the pandemic. A COVID-secure cancer hub has been created at the London Bridge Hospital which is run by HCA Healthcare, a private hospital group, and is being utilised by all Trusts in South East London. Lewisham and Greenwich Trust (LGT) has also utilised capacity at the BMI Blackheath hospital to undertake some other cancer work which has also remained COVID-secure.
- 6.20. The London Bridge Hospital and BMI Blackheath were commissioned as part of the national contract negotiated by NHS England for private hospital capacity across the whole of England. The South East London Accountable Cancer Network have co-ordinated access to the cancer hub and other cancer hubs where required for more specialist treatment through a Clinical Prioritisation Group with clinical representation from all three Trusts. Access to other private sector capacity, such as BMI Blackheath, has been coordinated by the South East London Integrated Care System.
- 6.21. Patients have also continued to access oncology services at both of the Lewisham and Greenwich Trust acute sites. Guy's and St Thomas's Trust, which hosts the South East London centre for radiotherapy, has also continued to provide this service for patients throughout this period. Where patients were receiving low dose oral chemotherapy and hormones this was posted to patients so they did not need to leave their home. Outpatient services have also continued both face-to-face where needed and where possible they have been held virtually.
- 6.22. There were significant restrictions on capacity to perform endoscopy procedures due to strict Infection Prevention and Control guidelines due to these procedures being aerosol generating. In addition endoscopy patients had been required to self-isolate for 14 days prior to their procedure and some patients had opted to delay due to this. These restrictions in capacity and patients delaying their procedure has caused a backlog of patients waiting for endoscopy. These restrictions have now been reduced which has allowed capacity to be increased and the requirement for patients to self-isolate has been significantly reduced. A plan has been developed to clear this backlog over the next few months.
- 6.23. Since May, Lewisham and Greenwich Trust has worked to bring all services back up to

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normal levels of capacity. As of the beginning of August, all Trusts have been asked to work towards returning to normal levels of cancer services by October and reduce backlogs back to previous levels by the end of March.

### **Secondary care recovery plan**

- 6.24. Lewisham and Greenwich Trust started to re-open routine services from May, this has been in line with national guidance around infection prevention and control and has meant that some services have taken longer to re-start and some still have limited capacity for routine work but all services will be back up and running by the end of August.
- 6.25. NHS England issued guidance at the beginning of August that all Trusts are expected to work towards providing close to the previous financial year (19/20) activity levels. The Trust is working with other organisations in South East London to develop a single plan for the sub-region. The plan will include ensuring that there is full access for patients to be referred by GPs to the hospital and ensuring a system level plan to reduce backlogs of patients waiting for routine treatment, and utilise all available capacity including both NHS and private capacity negotiated by NHS England.
- 6.26. These plans are being developed and are due for final submission in September but Trusts have been asked to begin further increasing their capacity in August with a return to maximum capacity by October.

### **Adult Social Care**

- 6.27. 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.
- 6.28. Adult Social Care services have remained stable since the last update report to OSBP.

### **Support for people with disabilities**

- 6.29. 123 adults with learning disabilities have not been able to access their usual building-based services since March 2020, due to COVID-19. To ensure continued support we have introduced welfare calls, video sessions, outreach visits on the doorstep or in the garden, one-to-one social distance walks to green spaces and sent out activity packs.
- 6.30. As lockdown eases there is an opportunity to now reopen our buildings but, due to social distancing requirements, we will not have the capacity to support the same numbers as we have previously. For some of our service users, building-based services offer independence in a safe setting. Therefore, we are risk assessing our buildings and prioritising use for those most in need. This involves moving to single service, full day provision within each setting, introducing smaller groups with dedicated staff and rooms, introducing higher levels of infection control, PPE, cleaning, risk assessing all of our activities, introducing new easy read signage and reducing/changing furniture and equipment to allow social distancing and cleaning protocols to be followed effectively. For those who do not need a building based service or who would benefit from a 'hybrid' service, we are in the process of starting up a number of community group 'bubbles' using the facilities at some of our buildings as a base.
- 6.31. The Council is developing more innovative ways of supporting people through self-directed, asset-based approaches and reviewing alternative outreach provisions, community bridge building and increased digital support. For example we are looking to improve digital accessibility and test software, designed by people with Learning Difficulties, which improves social networking, communication and planning, exploring working with local colleges to deliver courses more focused on developing IT, employment and independence skills and looking at how to better utilise opportunities

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to build social enterprises for example, gardening work utilising our garden spaces.

- 6.32. Our priority continues to be to support service users to live the life they want and to do the things that are important to them as independently as possible. We are planning this in a way that keeps them, their carers and our staff safe whilst maximising the use of our buildings and delivering cost effective hybrid services that will minimise the impact of any further future lockdowns and builds a sustainable service for the long term.

### **Care market**

- 6.33. In Lewisham we have three Neighbourhood Lead Providers for Home Care, all of which reported a decline in client numbers at the beginning of the pandemic. This was mainly due to family members cancelling care as there were worries about infection control and many families who were not working (or working from home) were able to provide care themselves. Home care providers were appreciative of the Council's decision to pay for planned care hours (as opposed to actual hours). This cushioned the loss of hours, allowed flexibility with staff rostering and the ability to meet other expenses associated with the pandemic (including workforce self-isolating or shielding for example).
- 6.34. As lockdown eases, care hours are beginning to increase. Workforce capacity is currently good and discussions have begun with home care providers regarding their involvement in winter pressures planning, supporting the Council's "Home First" policy and Discharge to Assess.
- 6.35. However, providers are reporting an unprecedented level of spend on Personal Protective Equipment (PPE) which is likely to continue for the foreseeable future. The Council will continue to work with these providers to ensure they have the support they need to remain financial viable and ensure that we have a sustainable domiciliary care market.
- 6.36. The care home market remains fragile. In Lewisham we have had one older adults care home close and we are aware that homes still have a large number of voids. Lewisham has a large number of smaller care homes who are likely to be disproportionately affected as they are unlikely to have access to the same level of reserves as the large national providers. As with home care providers, care homes have also incurred significant additional costs. The Infection Prevention Control support fund has helped cover some of these costs and Lewisham has increased funding for placements in the first half of the financial year.
- 6.37. Whilst it is likely that we will see an increase in demand for care home placements over winter we are aware that some care homes will still struggle financially and we may yet see more providers exit the market.
- 6.38. The Association of Directors of Adult Social Services (ADASS) capacity tracker provides up to date information on the total care market and the Integrated Lewisham's commissioning team will continue to work closely with providers to offer support as appropriate.

### **Children and Young People's Services**

- 6.39. 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. Children's services have remained stable since the update report to OSBP in July.

### **Schools and education**

- 6.40. Schools are set to fully reopen to all children in September. The government have issued Public Health guidance and their expectations for how schools should operate

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from September to “balance minimising any risks from coronavirus by maximising control measures with providing a full educational experience for children and young people.” (Department for Education guidance, July 2020) Lewisham schools have been planning carefully to welcome back children and young people after the summer holidays. Schools are contacting parents and pupils with more information.

- 6.41. Schools in Lewisham have revised their risk assessment and planning documentation to plan for this wider opening in the autumn term. This has included carrying out individual risk assessments for staff to reflect updated guidance on shielding and those at higher risk from COVID (including by age, ethnicity and medical conditions).
- 6.42. Many schools are adopting a ‘soft’ opening approach over the first few weeks to test out systems and give proper attention to settling children and young people back into school. Given the possibility of a second wave of COVID19, either nationally or locally, schools will need to have a high quality home learning offer on standby.
- 6.43. This year we have piloted a new Transition Passport for children moving in to Year 7 who have additional needs or are vulnerable. The passport helps children, their parents/carers and teachers to share information about their aspirations and learning needs. This has been welcomed by secondary heads and teachers.
- 6.44. Individual secondary schools have carried out a mix of virtual and actual transition events for their new learners which have been well attended. Many are taking in year 7 slightly before other year groups to allow for maximum staffing capacity to support them.
- 6.45. Over the last year we have sought to increase the BAME governor representation in our schools, through the Local Authority governor roles that we appoint directly and encouraging schools to reach out to their BAME populations through the other governor roles. We have seen a four percentage point increase in the number of governors who state they are from a BAME background (27% of all governors). This is significantly better than the national average which the National Governance Association states is 4% overall. However there are 467 governors who haven’t yet declared their ethnicity so we are still contacting existing governors in order to update our records.

#### **“Catch up” approach**

- 6.46. The government announced that state primary and secondary schools will receive £650 million in additional funding for the 2020-21 academic year to help pupils catch up on education missed as a result of COVID-19 schools closures. The expectation is that it should be used on small group tuition during the 2020-21 academic year. Schools will need to plan for the most effective use of this funding as part of a wider recovery and catch up programme for all children and young people. The Education Endowment Foundation has also published a guide to help school leaders and staff decide how to use this funding to best support their pupils and their outcomes. It provides advice on support strategies schools can use in deciding how to support pupils, including intervention programmes and extra teaching capacity.
- 6.47. A further £350 million will pay for the establishment of a National Tutoring Programme (NTP) for the 2020-21 academic year and give schools access to subsidised tutoring sessions and free coaches for disadvantaged pupils. This will take the form of the NTP Tuition Partners- subsidised tutoring from a Department for Education approved list of tuition partners. Tuition Partners are expected to begin delivery in the second half of the autumn term 2020. NTP Academic Mentors are trained graduates employed by schools in the most disadvantaged areas to provide intensive catch-up support to their pupils, allowing teachers in these schools to focus on their classrooms. Teach First will be responsible for the initial delivery of NTP Academic Mentors, including recruitment and training. The first Academic Mentors are expected to be in schools by October half-term at the earliest.

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- 6.48. Schools' approach to 'catch-up' and recovery must be focused on the long term; planning over the next academic year and beyond, with specific targeting for those children and young people who are closer to exams. Rather than a short summer programme, catch up needs to be part of an evidenced based plan with a strategic approach to identifying gaps in learning for individual children and young people. This will be supported by the Council through its recovery from COVID-19, Lewisham Learning and other existing forums.
- 6.49. The Council is encouraging schools in the borough to adopt a [Recovery Curriculum](#) to re-engage Children and Young People socially and emotionally, help them reflect on their COVID experience and re-establish routines and behaviours for learning.
- 6.50. During the last week of term, schools were encouraged to invite those children who had struggled with engagement during lockdown for face-to-face (either virtual or actual) contact with their teachers. In September schools will be designing appropriate catch-up provision for these children, including assessment of lost learning and targeted support. There is a risk of high levels of absence for some of these children after schools formally reopen and the Attendance team will continue to support schools with targeted support to combat this.
- 6.51. Sixth form providers have indicated that they will work with secondary schools to support individual pupils to access appropriate courses. Sixth form providers have been clear that there needs to be a careful balance between addressing issues arising from lower-than-expected grades and ensuring that learners access the right aspirational courses which will enable them to be successful.
- 6.52. In terms of psychological and emotional support for students, the Department for Education has produced guidance and advice for parents about [supporting children and young people's mental health and wellbeing](#). There are two main providers of mental health support for children and young people in Lewisham: [Compass @ The Hub](#), which is a free and confidential service for young people aged 10-19, offering one-to-one advice, guidance, and support, and [Kooth](#), which provides free, anonymous online counselling and emotional well-being support to young people aged 10- 25.

### Summer activity for children and young people

- 6.53. Lewisham schools are closing for the summer holidays. The Department for Education COVID19 guidance for out-of-school providers was released on 10 July 2020, leaving little time for providers to confirm their offer. In addition, the restrictions related to social distancing means that there is less provision available this year compared to previous years. However, a number of organisations across the borough are providing a range of childcare and activities for children and young people during the summer. [These are publicised on the Council's website and the list will be updated as we get new information](#). In addition to those listed, there are a number of schools offering summer childcare only for children in their school, which have been advertised through the school. Families who need help finding childcare or activities during the summer holidays can contact the Council's family information service.
- 6.54. [London Thunder have been commissioned to run a summer programme](#) - a mix of sports, mentoring and reflection on getting ready for learning. This is a targeted programme based on referrals for children who are vulnerable. [Youth First are also running a range of activities throughout the summer](#) with a mix of virtual and face to face provision, including writing classes, cooking club and anti-racism workshops. Lewisham Virtual School is running an extended summer scheme for children who are looked after, including activities at Young Lewisham Project, unaccompanied asylum seekers' (UASC) English as a second language (ESOL) programme and ESOL outreach targeting UASC who arrived during COVID and could not enrol in college and mentoring. The Virtual School Youth Club will also run throughout summer
- 6.55. [There is a comprehensive summer offer for children with SEND](#) and over the summer, [Lewisham's Special Educational Needs and Disabilities Information Advice and](#)

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[Support Service](#) will continue to offer a confidential service for parents and carers, children and young people (up to 25 years).

### **The effect of the pandemic on the health and wellbeing of children**

- 6.56. Evidence from China suggests that the impact of the global pandemic on children's physical health is larger than expected with one study quoting that physical inactivity in children rose significantly and that screen time increased on average by 30 hours per week. A positive impact of reduced levels of vehicle use during the pandemic was the short term improvement in air quality which meant that Lewisham children were breathing less polluted air when outside. Sadly, as more people return to work and business as usual, air quality is returning to pre-COVID levels.
- 6.57. [A recent Impact Assessment in Scotland](#) pointed to the lack of data on indicators to measure physical health in children during lockdown e.g. how many children face digital exclusion. It is likely that certain groups of children will face a disproportionate impact from the pandemic and this will include children living in deprived socio-economic circumstances, children living where there is domestic abuse, children with learning or physical disabilities and young carers.
- 6.58. Public Health England estimate that only 20% of children were doing the recommended 60 minutes per day of physical activity with 10% of children reporting that they were doing no activity. This is likely to have been impacted by the closure of schools and lack of opportunity for outdoor play and active travel.
- 6.59. In Lewisham we know that levels of food insecurity have risen and more families with children are accessing food banks during the pandemic. The effects of hunger on young bodies and minds are long lasting. Children with poor diets do less well academically and children who experience food insecurity may also suffer more from mental illness.

### **Bereavement Services**

- 6.60. 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.
- 6.61. 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.
- 6.62. Bereavement services have remained stable since the update report to OSBP in July. The initial restrictions on the service are gradually being eased with cemeteries now open for longer hours and up to 30 mourners allowed to attend a funeral.

### **Environmental Services**

- 6.63. 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 a near 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. Environmental services have remained stable since the update report to OSBP in July.
- 6.64. As part of the Council's response to the pandemic, measures were introduced to facilitate those walking and cycling to do so safely whilst also maintaining social

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distancing. These measures also contribute to the Council's longer term policy priorities. We have introduced modal filters in order to create quieter and safer streets for walking and cycling, created extra pedestrian space to support social distancing in busy public places, created increased space for cyclists along key corridors and introducing school streets, which are closed to vehicular traffic for part of the day at school pick up and drop off. These temporary measures were introduced to support residents stay safe in the borough and will be kept under review during the emergency period.

## Housing

- 6.65. 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 working remotely to continue effective service delivery while ensuring the safety of service users and staff.
- 6.66. The number of those in Temporary Accommodation stands at 2,494 as at 7 August, up from 2,383 at 27 March. The Council has supported over 229 rough sleepers since March, however the numbers continue to increase each week. 50 of those rough sleepers have No Recourse to Public Funds or are ineligible to claim mainstream benefits or housing assistance.
- 6.67. As the lockdown is eased, homelessness services across the country have been returning to business as usual. London Councils agreed that the "everyone in" approach would end from 4 July 2020. This was coordinated at a London level to avoid any adverse impact on any individual authority that took a different approach.
- 6.68. Going forward rough sleepers will access Lewisham's services via Streetlink referrals to the pan-London street rescue service, as well as via referrals from partners across the community. Rough sleepers are assessed by outreach services, followed by provision of support as needed. Once a referral is received, the commissioned outreach service verifies individual rough sleepers and assesses their needs to enable them to be referred on to appropriate services for support the following day. Those who are assessed as having a priority need will be referred to Lewisham out of hours service, so that they can be considered for an immediate housing provision.
- 6.69. On 1 July 2020 the Government updated the statutory Homelessness Code of Guidance to reflect the impact on COVID-19 on rough sleepers, and who should be considered to be in priority need. The new paragraph states that applicants who have been identified by their GP or a specialist as clinically extremely vulnerable are likely to be assessed as having priority need. The vulnerability of applicants who are clinically vulnerable should also be considered in the context of COVID-19. Some applicants may report having medical conditions which are named in the guidance but have not yet been identified by a health professional as being clinically extremely vulnerable or clinically vulnerable, in which case it may be necessary to seek a clinical opinion in order to confirm their health needs.
- 6.70. Between the 6 April and the 15 July, the team have prevented 91 illegal evictions from taking place – enabling the tenant to remain in their property. A further 18 illegal evictions have resulted in the tenant being evicted and the council will take further action in these instances. The moratorium on most evictions ends on the 23 August and the service will be closely monitoring the impact of this change.
- 6.71. Between the end of March and the 3 July, the suspension of Homesearch allowed the housing service to ensure that the most vulnerable residents were found permanent accommodation that met their needs. Since 4 July, Homesearch is once again operating and residents are able to bid for properties as before.

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## Finance

- 6.72. 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.
- 6.73. Finance services have remained stable since the update report to OSBP in July.

### Impact on Council finances

- 6.74. The Council's finances have been severely affected by the ongoing pandemic. The cost of the Council's response to COVID-19, after government funding confirmed to date, is £25m: £15m on the tax base and £10m on lost income and additional expenditure. The ongoing impact of economic recession (including Brexit) is still to be determined but it is anticipated that demand for benefit will increase going forwards. The Council's current Medium Term Financial Strategy estimates a shortfall of £40m over the next three years.
- 6.75. Officers are assessing the scale and nature of the challenge, identifying opportunities to capture positives from the crisis, and considering how these options may contribute to future cuts. This work is ongoing and includes reviewing progress with agreed cuts of £16.6m, the impact of COVID-19 on service delivery and budgets, and the continuing need for £19.0m of service pressures funded in 20/21.

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

- 6.76. 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.
- 6.77. Corporate, HR and other support services have remained stable since the update report to OSBP in July.

## 7. Financial implications

- 7.1. Financial impact of COVID-19 are set out in paragraphs 6.74 - 6.75 of this paper. 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 that the circumstances do not require consideration of a section 114 notice (in consultation with the Head of Paid Service and the Monitoring Officer) at this time.

## 8. Legal implications

- 8.1. The Coronavirus Act 2020 received Royal Assent on 25 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

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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

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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

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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 Business Panel 5 May 2020 - Scrutiny of the Council's COVID-19 Response](#)

13.2. [Overview and Scrutiny Business Panel 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](#)

13.4. [Overview and Scrutiny Business Panel 23 June 2020 – Scrutiny of the Council's COVID-19.](#)

13.5. [Overview and Scrutiny Business Panel 21 July 2020 – Scrutiny of the Council's COVID-19.](#)

## 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

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Term	Definition
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>
Shielding	<p>Those who are at the greatest risk of severe illness and have been advised to shield by the NHS.</p>

## 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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