



Overview and Scrutiny Business Panel

Scrutiny of the Council's COVID-19 Response

Date: 24 November 2020

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive and Council Gold Lead.

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 Overview & Scrutiny Business Panel is recommended to:

- Note this update on the Council's response to COVID-19.

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 update paper on the Council's response to COVID-19.](#)
- **23 June 2020:** [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **21 July 2020:** [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **18 August 2020:** [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **September 2020:** Select Committees resume, agreeing work programmes for the rest of the municipal year. On 29 September [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **13 October 2020:** [OSBP discusses update paper on 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 (OSBP) about the Council's ongoing response to COVID-19.
- 1.2. The COVID-19 update agenda item at OSBP was designed as a temporary mechanism during COVID-19 to replace usual scrutiny arrangements during the pandemic when scrutiny committees were wound down. This agenda item provides a strategic oversight of the management of the response from the Council's Gold lead. This report provides an update on developments since the last report in October 2020 and key metrics used by officers to monitor and manage ongoing response to COVID-19.

2. Recommendations

- 2.1. The Overview & Scrutiny Business Panel is recommended to:
 - Note this update on the Council's response to COVID-19.

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. Full Overview and Scrutiny Committee and all Select Committees ceased operating and all scrutiny activity was channelled through OSBP and specifically the seven scrutiny chairs.
- 4.2. At the AGM in July, Council agreed that Overview and Scrutiny Committee, six Select Committees (and potentially task and finish groups) all begin again in September, along with the wider council bodies of planning, licencing, audit etc.
- 4.3. In August, in light of the recommencement of all wider scrutiny bodies, the Chief Executive advised OSBP that officers would consider how best to provide timely information to members through the most relevant channel to avoid duplication of efforts and reporting.
- 4.4. At the 19 September meeting of OSBP, it was agreed that this regularly update paper continue and include key metrics and data collected by officers to support the ongoing response to COVID-19.

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

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working to a shared strategy and objectives as set out in previous reports to OSBP. An incident response team was established to support on the response to COVID-19. In March 2020, 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 COVID-19 response team have revised the Council's response strategy and objectives as presented to OSBP in October to reflect the challenges faced by the second wave and to align with the London-wide response strategy which was updated for the second wave at the end of September.

- 5.2. On 31 October 2020, following several weeks of increasing case numbers with vast areas of the country under "local lockdown" and renewed restrictions in place for the whole of England and the devolved nations, the Prime Minister announced a second national "lockdown" in England. From 5 November, national restrictions were introduced across England to reduce day-to-day contact between people and therefore reduce the spread of infection. The new measures mean that, in England, people must stay at home except for specific purposes, avoid meeting people you don't live with, except for specific purpose, and the closure of certain businesses and venues. These measures are planned to be eased on 2 December 2020.
- 5.3. In comparison to the national "lockdown" in March 2020, there are a few differences to the measures in place. Schools, colleges and universities will continue to stay open for the duration of the national lockdown, with students being encouraged not to return home during term time to prevent the spread of the virus. Close family members or friends will be allowed to leave their home to visit a person staying in a care home in order to support the health and wellbeing of residents and their relationships with friends and family. There will also not be any formal shielding as was established during the first wave, where shielding people were told not to leave home for any reason. More information on shielding is detailed at section 5.20 – 5.24 below. Support bubbles have been introduced for this second lockdown which help those who are feeling isolated. Unlike the lockdown during March and April, people are allowed to exercise or visit a public outdoor space with one person from another household, granted social distancing is maintained.

Managing critical services

- 5.4. As during March and April, the Council is ensuring that critical services are maintained throughout this lockdown. 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.
- 5.5. The performance of critical service delivery is closely monitored by the Council's Gold Group through a daily dashboard of data. The data monitoring dashboard indicates if and when a critical service is struggling due to high demand or absence which will prompt action to provide resources to ensure the continued delivery of critical service.
- 5.6. Critical council services will continue to operate throughout November. Schools will remain open, housing services including essential maintenance and repair services will continue and adult and children's social care services will continue however day centres are closed until restrictions are lifted.
- 5.7. The following services have changed as a result of the restrictions: parks, children's play areas and toilets remain open however tennis courts, basketball courts, outdoor gyms and multi-use games are closed. Cafes can offer takeaway service only. Leisure centres, swimming pools and the lake at Beckenham Place Park are closed and the phased reopening of Glass Mill, Forest Hill Pools and Wavelengths has been postponed. Markets will only be open for food, hardware and gardening items. All libraries in Lewisham have closed. A click and collect service is available at Deptford

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Lounge, Downham Library and Torridon Community Library.

- 5.8. The Council's waste collection teams are still collecting bins. The recycling centre at Landmann Way is still open but only with a pre-booked appointment. Controlled Parking Zones and Pay and Display car parks are operating as usual. All ceremonies, including marriage, civil partnership and citizenship ceremonies at Lewisham Register Office will be postponed with no new bookings until restrictions are lifted. Notice appointments and birth registrations will continue and death registrations will continue to be handled by telephone. Cemeteries, crematoriums and memorial gardens will remain open for those attending funerals. Funerals will continue with up to 30 people attending.
- 5.9. As with wave one, all Council services have been prioritised for the purposes of responding to COVID-19 for the second wave. During the first wave, the Council was able to maintain its critical services throughout lockdown. In some cases services were supported with Council staff who volunteered to step out of their substantive role to work in a critical service where demand was high or absence was an issue. The volunteering scheme was one of the key success factors in the Council's response to COVID-19, the scheme has been reviewed and developed to ensure greater resilience for deployed staff.
- 5.10. Staff from non-critical services will be deployed to the new COVID-19 Action Team to support critical services and the Council's response to wave two. The COVID-19 Action Team replaces the Council's volunteer scheme and is staffed by officers from non-critical service areas who have been deployed to support the Council's response. As at the beginning of November, there are currently around 60 members of staff working as part of the COVID-19 Action Team.

Testing

- 5.11. The current Government guidance says that if people have symptoms of COVID-19 they should get a test which can be booked over the phone or online. The Government is currently planning to increase the numbers of asymptomatic testing to help pick up more cases and limit the spread of COVID-19.
- 5.12. Currently in Lewisham there are two testing sites: one mobile testing site every other day in Catford, and one local testing site open every day in Deptford. At the time of writing, the Council is preparing to open a third testing site in Lewisham town centre. Residents in care homes are being tested on a monthly basis and staff are testing weekly. This identifies asymptomatic cases and supports effective isolation to prevent outbreaks in care homes. The Council will also be allocated 50 tests per day to enable us to invite symptomatic essential workers or members of a priority group to be tested at a specific local testing site. The Council will have full control over who is targeted to receive these tests, providing the individuals are symptomatic.
- 5.13. On 9 November, the Government announced that that rapid-turnaround lateral flow tests will be sent by NHS Test and Trace to local public health leaders to expand testing capacity for asymptomatic cases. A pilot initiative was announced on 10 November in which 50 local Directors of Public Health would receive 10,000 lateral flow tests for priority groups. Lewisham is one of the 50 local authorities to receive this first batch of lateral flow tests. The Government also announced that the pilot would be followed up with a weekly allocation of lateral flow tests for upper-tier local authorities, equivalent to 10% of their population. In Lewisham, for example this is around 30,000 tests. At the time of writing, there has been no further guidance from government on what is required from a local authority perspective to administer these tests.

Contact tracing

- 5.14. Once someone tests positive for COVID-19, their contacts are identified and asked to self-isolate to prevent further spread of infection. The national contact tracing system,

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NHS Test and Trace, employs contact tracers to make telephone calls to the contact of positive cases, advising them to self-isolate and to get a test if they develop symptoms. When a positive case is identified in a complex setting, such a school, a health setting, care home or prison, Public Health Specialists working in Local Health Protection Teams work closely with local authorities to manage complex situations and outbreaks. In Lewisham, this function is delivered by the London Coronavirus Response Cell working closely with Lewisham's Public Health team,

- 5.15. Around 100 local authorities in the UK are now opting to develop local contact tracing systems to supplement the national scheme. Local test and tracing seeks to contact those people that NHS Test and Trace is unable to reach. In addition to telephone based contact, many Councils are including a door knocking element to reach people who are unable to be contacted on the phone. As well as harnessing local authority knowledge of and relationships with local people and place to increase contact tracing performance, local contact tracing also enables Councils to identify resident support needs and connect people with available statutory and voluntary and community sector support.
- 5.16. While there is no national directive for local authorities to implement local contact tracing, a number of London Councils have started local contact tracing and the majority of boroughs, including Lewisham, are working towards launching a local system over the coming weeks. Lewisham Council has identified staff who have been reassigned from their substantive roles, as part of the COVID-19 Action Team, to be trained to deliver the local contact tracing service. The Council plans to implement local contact tracing from 16 November.

Communications and community champions

- 5.17. A communications and engagement strategy is in place to support the Council's COVID-19 response, in particular supporting NHS Test and Trace in Lewisham. We are ensuring frequent, consistent and targeted messaging to raise awareness of different ways to get a COVID-19 test, motivate Lewisham's residents to protect each other by completing the test and trace process, inform and reassure Lewisham's diverse communities and deliver effective public health messages for hard to reach groups and those in high risk settings.
- 5.18. The Council is sharing core public health messages across all our channels and with local leaders such as ward members, faith leaders and school leaders. We are using a range of communications and engagement channels to target messaging across the borough, such as news media, social media, Council website, email updates, paid-for advertising, engagement with community leaders and communications to ward members.
- 5.19. We have also established a network of COVID-19 Community Champions who help spread truthful information about COVID-19, helping our community avoid myths and stay safe. The Council sends weekly emails to Community Champions, equipping them with the knowledge and understand to disseminate key information in our communities. The Council's Director of Public Health hosts fortnightly question and answer webinars with Community Champions to support the spread of accurate information. The Council has to date recruited 115 Community Champions and is currently working on a similar model for young people.

Supporting the Clinically Extremely Vulnerable

- 5.20. People classed as clinically extremely vulnerable (i.e. at the greatest risk of severe illness due to COVID-19) were advised to shield at the start of the pandemic – this involved taking additional action to prevent themselves from coming into contact with the virus (e.g. staying at home at all times and avoiding any face-to-face contact)
- 5.21. During the first wave of COVID-19, the Government created a centrally coordinated

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shielding programme for people who did not have family, friends, neighbours or other nearby networks to assist them. The support offer covered two key areas:

- Essential groceries – a free, standardised weekly parcel of food and household essentials, and priority delivery slots with supermarkets;
 - Medicines – arrangements to have medicines delivered to people’s homes by local community pharmacies or their dispensing doctor
- 5.22. The shielding programme was paused on 31 July. All clinically extremely vulnerable individuals are currently being advised to adopt strict social distancing rather than full shielding measures.
- 5.23. There are a number of differences between the government advice for clinically extremely vulnerable people from the first wave to the second wave. In the first wave of the pandemic, clinically extremely vulnerable people were advised to shield completely, not go outdoors if possible and register their support needs on a centralized online system whereas now, clinically extremely vulnerable people are allowed to go outdoors for exercise and also to attend medical appointments. Whereas in the first wave the Government directly provided food boxes to shielded individuals, which was supplemented by food from the local authority, there is now no free food offer from central government and residents can access food locally via the foodbank using their usual means tested approach. Clinically extremely vulnerable people still have access to priority supermarket slots.
- 5.24. In the first wave, the Council assigned a number of staff to provide outreach support to shielding residents. Now, around 20 Council staff from the COVID-19 Action Team are making proactive contact with new clinically extremely vulnerable people and those who have requested, or previously received support. All clinically extremely vulnerable residents have been contacted directing them to the local community connections Lewisham offer. Direct calls are being made to clinically extremely vulnerable people in order of priority need – from those who have registered need online then new additions not previously contacted in wave one and then the most vulnerable clinically extremely vulnerable people from the last wave.

Personal Protective Equipment (PPE)

- 5.25. Where essential services (e.g. care providers, schools) are unable to obtain PPE through their usual supplier and dedicated wholesaler routes, they have had access to an emergency supply chain (originally facilitated by the London Resilience Forum, and subsequently through pan-London procurement arrangements). Since April 2020, the Council has been coordinating the distribution of these emergency supplies for providers based in Lewisham.
- 5.26. Since the establishment of the local emergency supply hub, the Council has been working to ensure a stable supply of PPE and sufficient emergency stock for front-line workers across the borough. The PPE supply market has now stabilised, and supplier tracking by the local authority and communication from the Department for Health & Social Care (DHSC) indicates that there are currently no national PPE supply issues.
- 5.27. In September 2020, the Department for Health and Social Care informed local authorities and providers that the intention was for all COVID-19 related PPE to be distributed free of charge via an online portal for the following providers:
- Adult social care homes and domiciliary care settings
 - Children’s care homes and secure children’s care homes
 - Children’s residential special schools
 - Primary Care (GP practices, optometrists, dental practices including urgent dental care centres)

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- Community pharmacies
 - Substance misuse services
- 5.28. For providers not eligible for the portal, a new supply route will be stood up via local authorities. This will apply to the following providers:
- Local authorities (including children and adult social care workers)
 - Mental health community care
 - Personal assistants
 - Domestic violence refuges
 - Rough sleeping services
 - All education (and childcare) services
- 5.29. Emergency PPE distribution arrangements continue to be coordinated by redeployed staff from the COVID-19 Action Team. The Council is currently working on the arrangements for making PPE available in line with the revised guidance for local authorities.

6. COVID-19 in Lewisham – position as at 13 November 2020

- 6.1. The number of cases in Lewisham has remained steady and below the London and England levels.
- 6.2. There were just over 300 new cases in Lewisham during the week up to 06 November (most up to date reporting range). The majority of London boroughs continue to see higher levels than this. The 7 day infection rate in Lewisham remains below the London average. We continue to monitor the situation daily to enable us to respond appropriately.
- 6.3. The testing rate in Lewisham has steadily increased but remains below the London average (which has also increased). However Lewisham positivity rates have decreased and remain below the London level.
- 6.4. Case numbers and infection levels in Lewisham:

Number of COVID-19 lab confirmed cases in Lewisham			
Last 7 days	Last 14 days	Last 21 days	Total cases
304	620	940	3,261

Rate of lab-confirmed cases in the last 7 days (per 100,000 people)		
Lewisham	London	England
99.4	154.9	219.8

- 6.5. As at 13 November, the weekly testing rate per 100,000 population (7 day moving average) is 278.7, compared to 310.4 at a London level. The seven day test positivity levels (per 100 tests) in Lewisham are 5.4% compared to 8.0% across London. The seven day infection rate per 100,000 population is 105.0 in Lewisham compared to 158.5 in London.

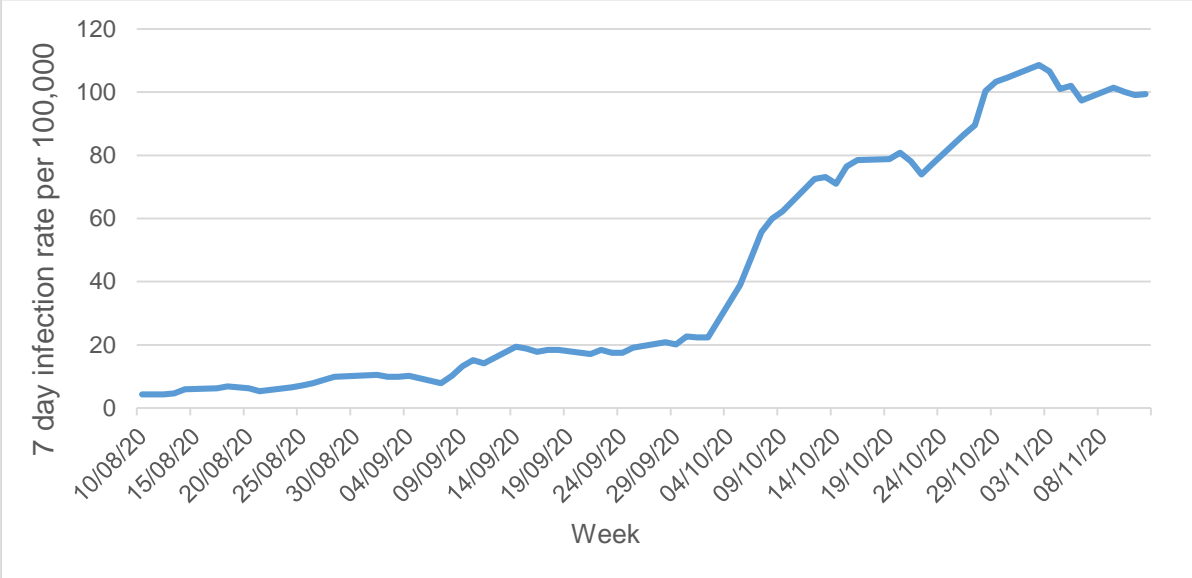
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6.6. The graph below shows the 7-day rate of infection per 100,000 in Lewisham since August 2020.

7-day infection rate per 100,000 in Lewisham since August 2020



6.7. The R number is the average number of secondary infections produced by a single infected person. An R number of 1 means that on average every person who is infected will infect 1 other person, meaning the total number of infections is stable. If R is 2, on average, each infected person infects 2 more people. If R is 0.5 then on average for each 2 infected people, there will be only 1 new infection. If R is greater than 1 the epidemic is growing, if R is less than 1 the epidemic is shrinking. The higher R is above 1, the more people 1 infected person infects and so the faster the epidemic grows.

6.8. As 13 November, the reproduction (R) number for London is: **1.0 - 1.2**.

6.9. Between 26 August 2020 and 6 October 2020¹, the proportion of COVID-19 cases in Lewisham residents where the ethnic origin is “unknown” remains high. This impacts on the accuracy and reliability of any analysis of the impact of ethnicity on COVID-19 case rates in Lewisham and the age/ethnicity profile of cases in the borough.

6.10. Whilst the results must be interpreted with caution, the following patterns can be observed in the analysis of age/ethnicity of cases of COVID-19 in Lewisham residents between the end of August and beginning of October: in cases in the under 18 age group, people of white ethnic origin are over represented in comparison to the proportion of white people in that age group in the total population, and Black residents are over-represented in cases in the young adult age group (18-34) compared to the total population in that age group.

6.11. In cases in the 35-64 age group people of Asian ethnic origin are over represented in comparison to the proportion of Asian people in that age group in the total Lewisham population. In cases in the 65+ age group, people of “other” ethnic origin are over-represented.

6.12. It isn’t currently possible to make direct comparisons between the age/ethnicity profile of cases in Lewisham and those in London or England as the regional and national data isn’t broken down in this way. When comparing the ethnic profile of cases of all

¹ Latest available analysis at the time of writing.

ages in Lewisham to those in London, the following patterns can be observed: 60% of cases in Lewisham are in those of white ethnic origin compared to 50.5% in London as a whole, 21% of cases in Lewisham are in those of Black ethnic origin compared to 8.5% in London and 8% of cases in Lewisham are in those of Asian ethnic origin compared to 23.5% in London.

- 6.13. Public Health England (PHE) publish case rates by 100,000 population by ethnicity for England. This data shows that the Ethnic groups with the highest rates of cases across England are currently Pakistani and “Other”, with case rates (per 100,000) of 337.6 and 388.9 respectively
- 6.14. This analysis has highlighted some differences in the ethnic profile of cases in different age bands in Lewisham with those of white ethnic origin being over-represented in cases in the youngest age group and those of Black and Asian ethnic origin being overrepresented in the 18-34 and 35-64 year age groups respectively. The proportion of cases of Black ethnic origin is considerably higher in Lewisham than London. This could partially be explained by the size of the Black population in Lewisham but the Council’s Public Health and Gold Team are undertaking further investigation as to the causes of this inequality and potential mitigating actions for Lewisham

Mortality in Lewisham

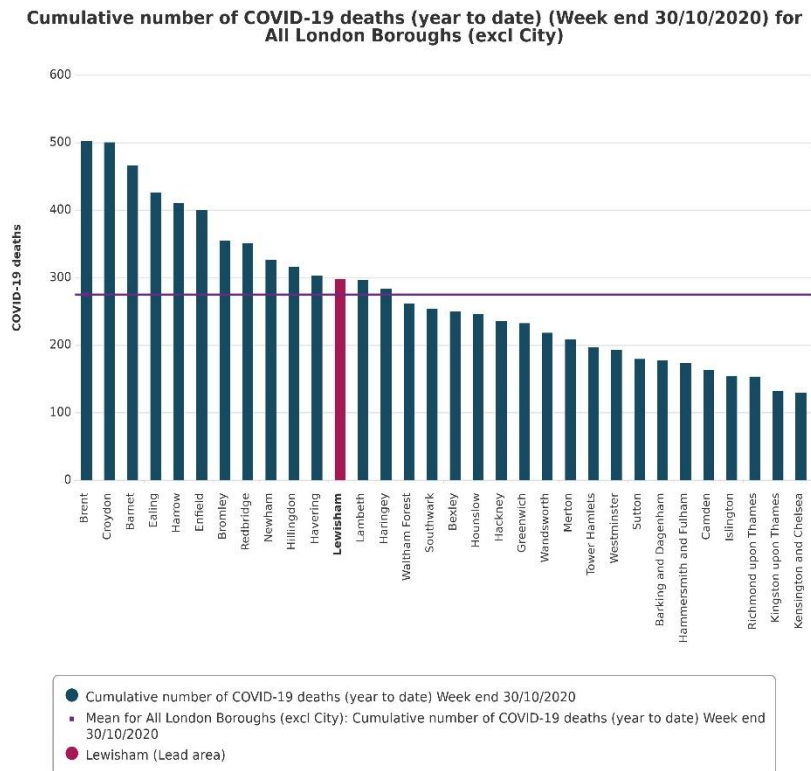
- 6.15. There are two primary sources of information on COVID-19 mortality in all settings in Lewisham – Office of National Statistics (ONS) and Lewisham Registered Deaths.
- 6.16. ONS data is currently the only official, verified source of COVID-19 deaths registered in the UK that is available down 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.](#)
- 6.17. The Public Health Team now routinely receive details of all deaths registered at Lewisham Registry Office on a weekly basis. This information is considered highly confidential and sensitive. It is also shared before the official data verification process undertaken by ONS and for these reasons it is not for wider publication.

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6.18. A total of 298 deaths from COVID-19 have been registered in Lewisham and verified by ONS up to 30 October from the beginning of the year.

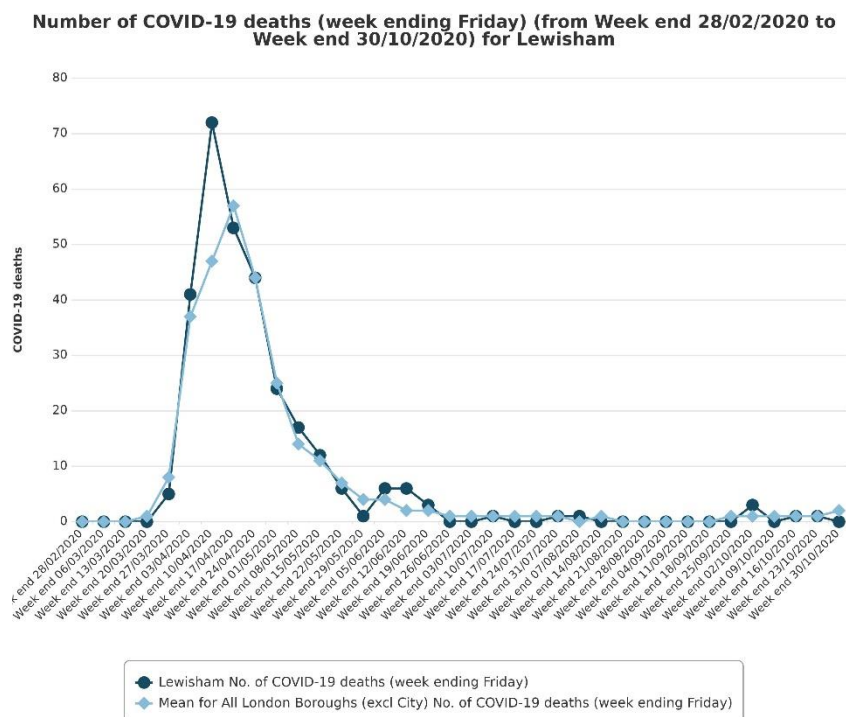


Source: Office for National Statistics

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6.19. Lewisham has the 12th highest cumulative number of deaths from COVID-19 of all London boroughs.

6.20. The graph below illustrates the number of deaths from COVID-19 in Lewisham compared to the mean for all London Boroughs from end of February to end of October.



Source: Office for National Statistics

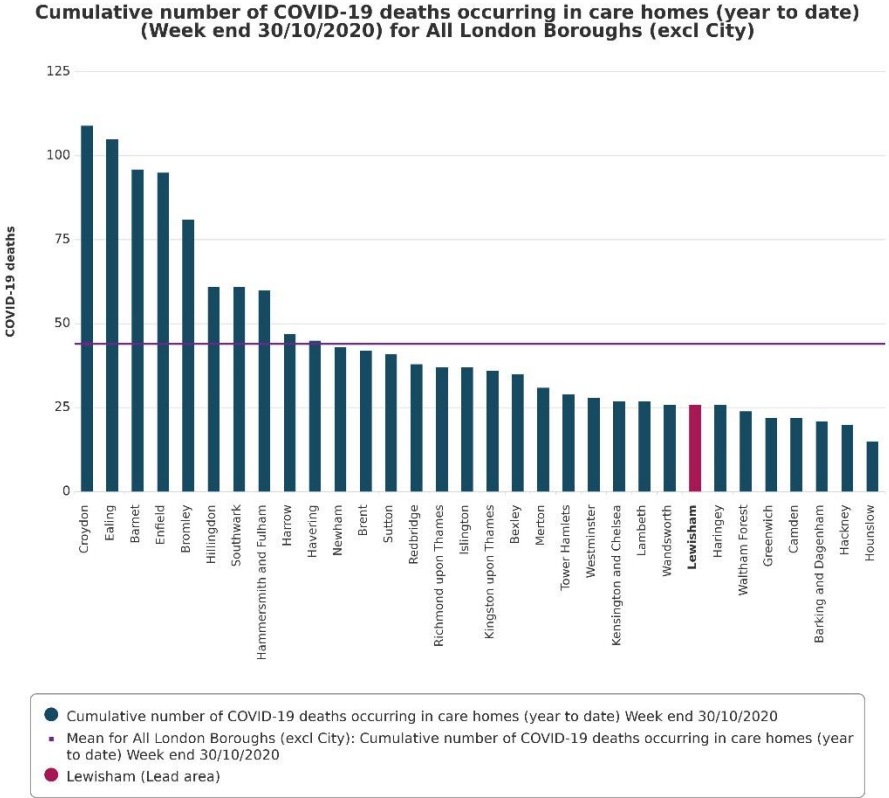
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- 6.21. Up to 30 October there have been 26 COVID-19 deaths registered as occurring in care homes in Lewisham.
- 6.22. ONS data on COVID-19 deaths in care homes has been standardised by calculating the rate of deaths per 1000 care home beds, to enable a comparison to other London boroughs. The graph below indicates that Lewisham has the 8th lowest rate of deaths in care homes and considerably below the London mean of 44.



Source: Office for National Statistics

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- 6.23. There have been no deaths from COVID-19 registered in care homes in Lewisham since the week ending 2 October 2020.

7. Financial implications

- 7.1. The Council is facing in-year financial pressures due mainly to the need to ensure that throughout the COVID-19 pandemic the Council continues to protect its residents and maintain front line critical services. This has resulted in an estimated COVID-19 impact of £67m with a funding gap of up to £20m and service overspending of £10m. This however doesn't take into account the potential costs of the second wave, which is difficult to quantify at this stage. Much of the second wave costs will depend on the extent the lockdown measures are in place for, the potential increase demand of our services and the longer term impact the pandemic will have on our economy.
- 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 that the circumstances do not require

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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 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

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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 is supplementing 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

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- 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 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. [Overview and Scrutiny Business Panel 23 June 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.4. [Overview and Scrutiny Business Panel 21 July 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.5. [Overview and Scrutiny Business Panel 18 August 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.6. [Overview and Scrutiny Business Panel September 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.7. [Overview and Scrutiny Business Panel October 2020 – Scrutiny of the Council's COVID-19 response.](#)

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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 three main symptoms of COVID-19 are a high temperature and a new, persistent cough, and loss or change in sense of smell or taste.
Overview and Scrutiny Business Panel	<p>Lewisham has two Business Panels (sub-committees of the Overview and Scrutiny Committee).</p> <p>Overview & 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	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.

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