



## Overview and Scrutiny Business Panel

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

**Date:** 16 February 2021

**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.](#)
- **24 November 2020:** [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **15 December 2020:** [OSBP discusses update paper on the Council's response to COVID-19.](#)
- **26 January 2021:** [OSBP discusses update paper on the Council's response to COVID-19.](#)

**This report has not been available for five clear working days before the meeting and the Chair is asked to accept it as an urgent item. This report was not available for dispatch until Tuesday 9 February because of the pressures of managing the Council's ongoing response to the COVID-19 pandemic. The report cannot wait until the next meeting because the Committee requires an update each month to assure itself of the current position of the Council in managing the response to the pandemic.**

## **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 on 26 January 2021 and key metrics used by officers to monitor and manage ongoing response to COVID-19.
- 1.3. This is the tenth COVID-19 summary report received by OSBP.

## **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 all began 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

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efforts and reporting.

- 4.4. At the 19 September meeting of OSBP, it was agreed that this regular 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 4 January, following a rapid rise in infections, hospital admissions and case rates across the country, the Prime Minister announced a national lockdown and instructed people to stay at home. The Prime Minister reported that hospitals were under more pressure than they have been at any other point throughout the pandemic. Also on 4 January, the four UK Chief Medical Officers advised that the COVID threat level should move from level four to level five, indicating that if action is not taken NHS capacity may be overwhelmed.
- 5.2. [A full description of national lockdown rules are available on the government website here.](#)
- 5.3. At the time of writing over 100 cases of a new variant of COVID-19 originally detected in South Africa have been identified in the UK. On 1 February 2021, the government announced that additional surge testing and sequencing is being deployed in a number of locations where the COVID-19 variant first identified in South Africa has been found. This enhanced testing is being targeted within specific postcode areas: East of England (EN10), London (W7, N17, CR4), North West (PR9), South East (ME15, GU21) and West Midlands (WS2). At the time of writing there are no cases in Lewisham of the COVID-19 South African variant.
- 5.4. The government has not yet released a plan for how and when lockdown restrictions will be lifted.

### Managing critical services

- 5.5. As a result of the new restrictions, the Council is using resources to protect and support critical services. Adult and children's social care services are continuing and our waste collection teams are still collecting bins. Schools are currently only open to vulnerable children and the children of critical workers.
- 5.6. [A summary of changes is available on the Council website.](#)
- 5.7. 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.
- 5.8. The Council is beginning to see signs of increased pressure on critical services affecting the ability to operate services as normal. This is in large part due to sickness absence and self-isolation. Council Gold Group are now considering how to increase capacity in critical service areas to ensure continued delivery of services to Lewisham's most vulnerable residents.
- 5.9. Members have requested information regarding the Council's health and social care workforce capacity and resilience. Officers are able to provide information about those areas of the workforce under the Council's control, but not primary or secondary care. Within the internal provider service - which covers critical services - staff availability was at approximately 70% on average across the past year. This figure takes into account long term absence and short term absence related to Covid, self-isolation and usual seasonal illnesses. Normally, staff availability is on average 80% in these services. The service was able to supplement staff absence with Day Centre staff who were unable to provide a building based service due to the closure of the service during lockdown. The highest number of staff with COVID-19 was in January when 12

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staff were off sick from the internal provider services at one time across Linkline, Special Duty and the Enablement Care Team. For the assessment teams, which covers the Neighbourhoods, hospital discharge. Adults with Learning Disabilities and community social care advice and information team, there were between 75% to 83% of staff available over the past year. This takes into account annual leave, self-isolation and absence. Normally, staff availability in these services is 87% - 90%.

## COVID-19 Action Team

- 5.10. All Council services have been prioritised for the purposes of responding to COVID-19. Staff from non-critical services have been deployed to the Council's COVID-19 Action Team to support critical services and the Council's response to the pandemic. The COVID-19 Action Team replaces the Council's original staff volunteering scheme and is staffed by officers from non-critical service areas who have been deployed to support the Council's response.
- 5.11. As at mid-January, there are currently 140 members of staff working as part of the COVID-19 Action Team. Staff have been deployed to support community testing, test and trace, shielding, personal protective equipment distribution and supporting small businesses claim grants.

## Supporting the Clinically Extremely Vulnerable

- 5.12. 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)
- 5.13. During the first wave of COVID-19, the Government created a centrally coordinated 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
- 5.14. The shielding programme was paused on 31 July and all clinically extremely vulnerable individuals were advised to adopt strict social distancing rather than full shielding measures.
- 5.15. During the second national lockdown in November, around 30 Council staff from the COVID-19 Action Team made proactive contact with about 10,000 Shielding individuals to ensure they were aware of the support available to them. This approach has continued since the move to Tier 4 and third lockdown, when text and email updates were sent to all those shielding. We continue to call all new additions to the shielding list and those who register a support need.
- 5.16. The government announced in January that a further group of residents would be added to the clinically extremely vulnerable cohort. The details are due to be released in mid-February but there could be a further 9,000 residents included.
- 5.17. Community Connections Lewisham (which has developed from the Lewisham Local service delivered during the first lockdown) continues to directly support approximately 50 people, both those who are shielding and those who are not shielding.

## Testing

- 5.18. 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.

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- 5.19. Currently in Lewisham there are now three live testing sites for people with coronavirus symptoms: one mobile testing site in Catford, one local testing site open every day in Deptford and a third testing site at Molesworth St in Lewisham town centre.
- 5.20. Residents in care homes are being testing on a monthly basis and care home staff are tested weekly. This identifies asymptomatic cases and supports effective isolation to prevent outbreaks in care homes.
- 5.21. Community Testing is a tool to help identify and isolate individuals who have COVID-19 but do not have symptoms and may inadvertently be spreading the virus. It is thought that as many as 1 in 3 people who have COVID-19 don't have symptoms and will be spreading the virus without realising putting their friends, families and colleagues at risk.
- 5.22. Lewisham Council were approved to undertake Community Testing following a successful bid submitted by the Director of Public Health on the 13th December. On 8 January, the Council opened a Community Testing centre for critical workers without coronavirus symptoms in the Civic Suite, Catford. There is also a dedicated site at Wearside specifically for critical staff who work at the Wearside Depot.
- 5.23. On 25 January, a new Community Testing centre was opened in the Green Man in Downham.
- 5.24. As at 8 February 7,028 tests have been administered in the Community Testing centres with a positivity rate of 1.49%.

## Contact tracing

- 5.25. 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, NHS Test and Trace, employs contact tracers to make telephone calls to contacts 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.
- 5.26. Over 100 local authorities in the UK are now delivering 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 places 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.
- 5.27. Lewisham's Local Test and Trace service was launched in mid-November. 52 staff members are currently supporting the service which operates 7 days a week.

## Enforcement

- 5.28. All legislation for the new lockdown is in place until March 31 meaning the rules and restrictions may need to be followed until then. The presence of crowded environments, often with individual and group non-compliance with government directives, poses increased risk of COVID-19 infection and contributes to hospitalisation and mortality rates.
- 5.29. Local authority enforcement powers relate mainly to breaches by businesses. The Council's approach seeks to coordinate that activity while providing a visible presence to reassure the general public and engaging the Police for wider enforcement where

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necessary.

- 5.30. Officers are providing engagement and education first in preference, and prior to, targeted formal enforcement. The Council's enforcement approach includes:
- Daily tasking of enforcement officers with the police to respond to hot spots and areas of concern.
  - Set up of a single email address and web site form to make it easier to report breaches.
  - Review of enforcement work across the Council to redirect resources where possible to Covid enforcement work and to consider the short term recruitment of additional officers.
- 5.31. By 5 February 5,179 checks and 787 visits had been made to businesses. Where a business is identified as not being compliant the regulations are explained and a further visit made to check the proper arrangements have been put in place.

## Vaccinations

- 5.32. Led by the NHS, the national programme to vaccinate the public against COVID-19 disease is designed to reduce severe disease and death amongst those who become infected. A secondary aim is to reduce transmission though it is not yet known how effective vaccination will be in achieving this aim.
- 5.33. We know from epidemiological data that 99% of people who have died from the disease belong to specific population segments, with age presenting the biggest risk factor. Clinical trials have provided data demonstrating that the vaccines available are very effective at reducing severe disease and death.
- 5.34. Phase one of the vaccination programme is prioritising those people who are at greatest risk of severe disease and death. The top four priority groups to be vaccinated, with a target of mid-February are:
1. Residents in a care home for older adults and staff working in care homes for older adults
  2. All those 80 years of age and over and frontline health and social care workers
  3. All those 75 years of age and over
  4. All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
- 5.35. Further information and data regarding the vaccination programme will be provided to members by health colleagues.

## 6. COVID-19 in Lewisham – position as at 5 February 2021

- 6.1. The rate of cases has fallen in the last week both in Lewisham and across London.
- 6.2. The number of new cases has decreased to 884 in Lewisham during the week up to 29 January (most up to date reporting range). Lewisham continues to see a case rate lower than the London average. We continue to monitor the situation daily to enable us to respond appropriately.
- 6.3. The testing rate in Lewisham has dropped below the London average. The positivity rate has slowly fallen but is now above the London average.
- 6.4. Case numbers and infection levels in Lewisham:

<b>Number of COVID-19 lab confirmed cases in Lewisham</b>
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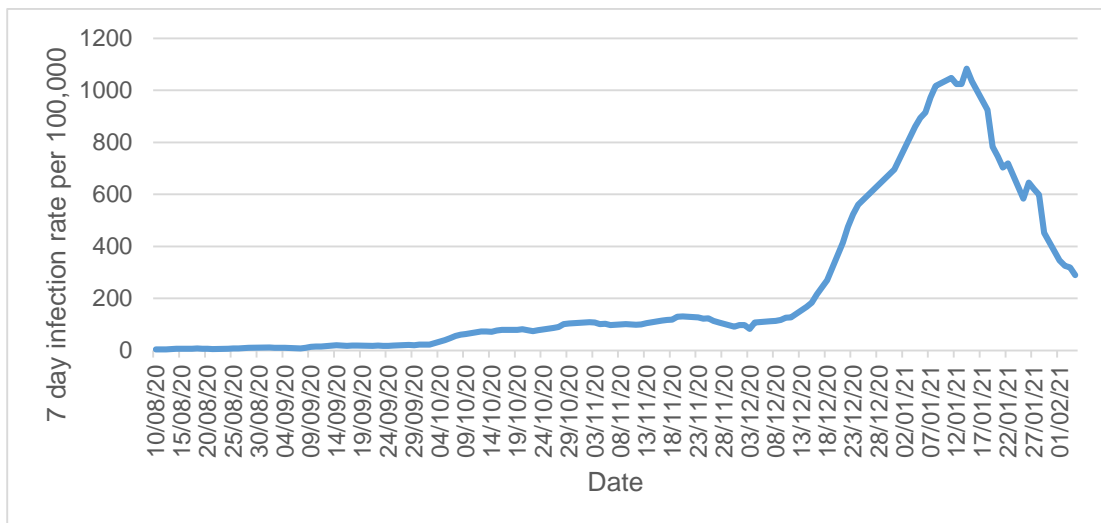
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Last 7 days	Last 14 days	Last 21 days	Total cases
884	2,333	4,495	20,307

Rate of lab-confirmed cases in the last 7 days (per 100,000 people)		
Lewisham	London	England
474	495	387

- 6.5. As at 5 February, the weekly testing rate per 100,000 population (7 day moving average) is 365.5, compared to 369.3 at a London level. The seven day test positivity levels (per 100 tests) in Lewisham are 13.6% compared to 13.7% across London.
- 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 at 5 February, the reproduction (R) number for London is: **0.6 - 0.8**

### Mortality in Lewisham

- 6.9. 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.
- 6.10. 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.](https://www.ons.gov.uk/coronavirus)

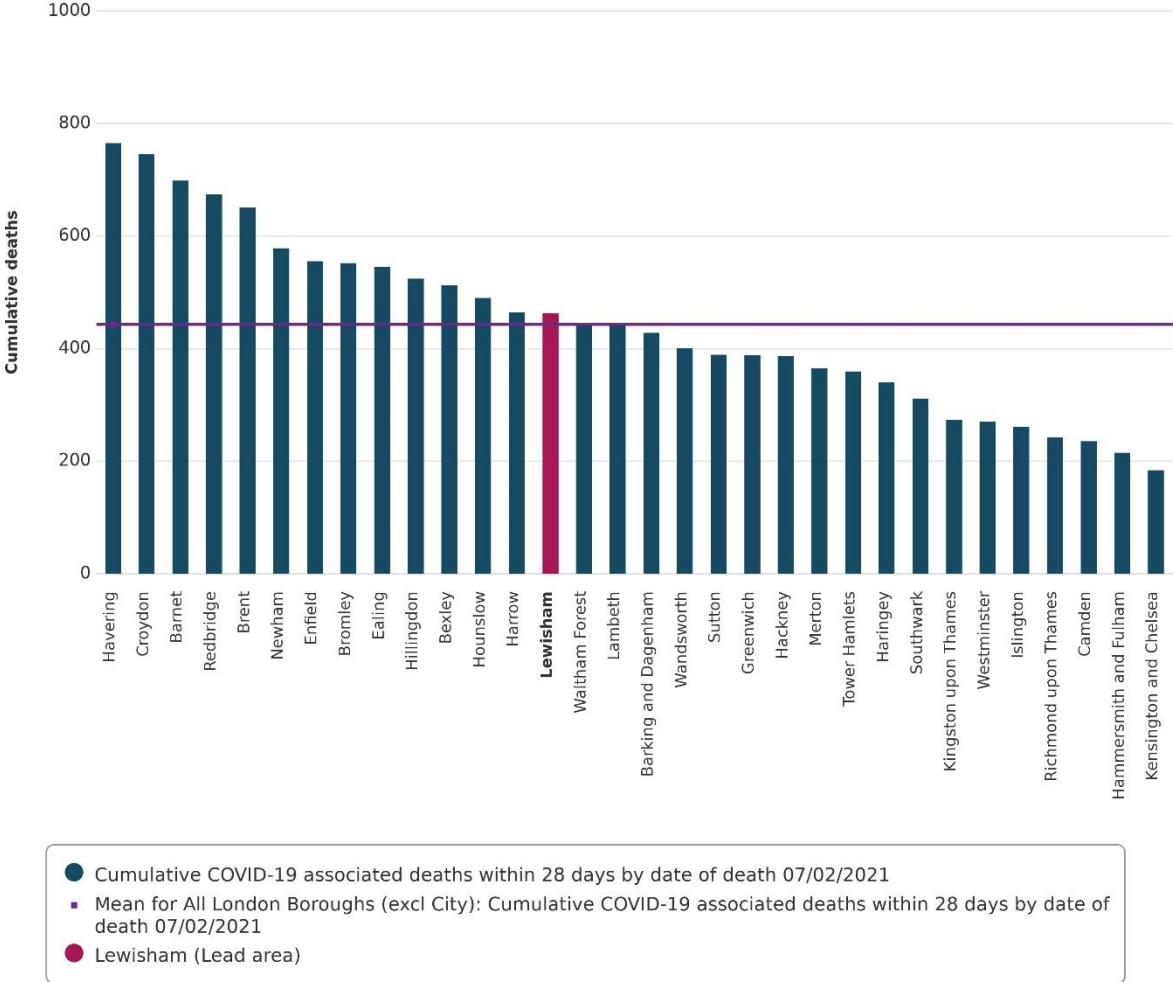
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- 6.11. The Public Health Team now routinely receive details of all deaths registered at Lewisham Registry Office on a weekly basis. This information is considered highly confidential and sensitive. It is also shared before the official data verification process undertaken by ONS and for these reasons it is not for wider publication.
- 6.12. A total of 464 deaths from COVID-19 have been registered in Lewisham and verified by ONS up to 7 February 2021 from the beginning of 2020.

**Cumulative COVID-19 associated deaths by date of death where the death was within 28 days (07/02/2021) for All London Boroughs (excl City)**



Source: Public Health England

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- 6.13. Lewisham has the 14th highest cumulative number of deaths from COVID-19 of all London boroughs, just over the London mean.
- 6.14. The graph below illustrates the number of deaths from COVID-19 in Lewisham compared to the mean for all London Boroughs between January 2020 and 29 January 2021 (latest available data).

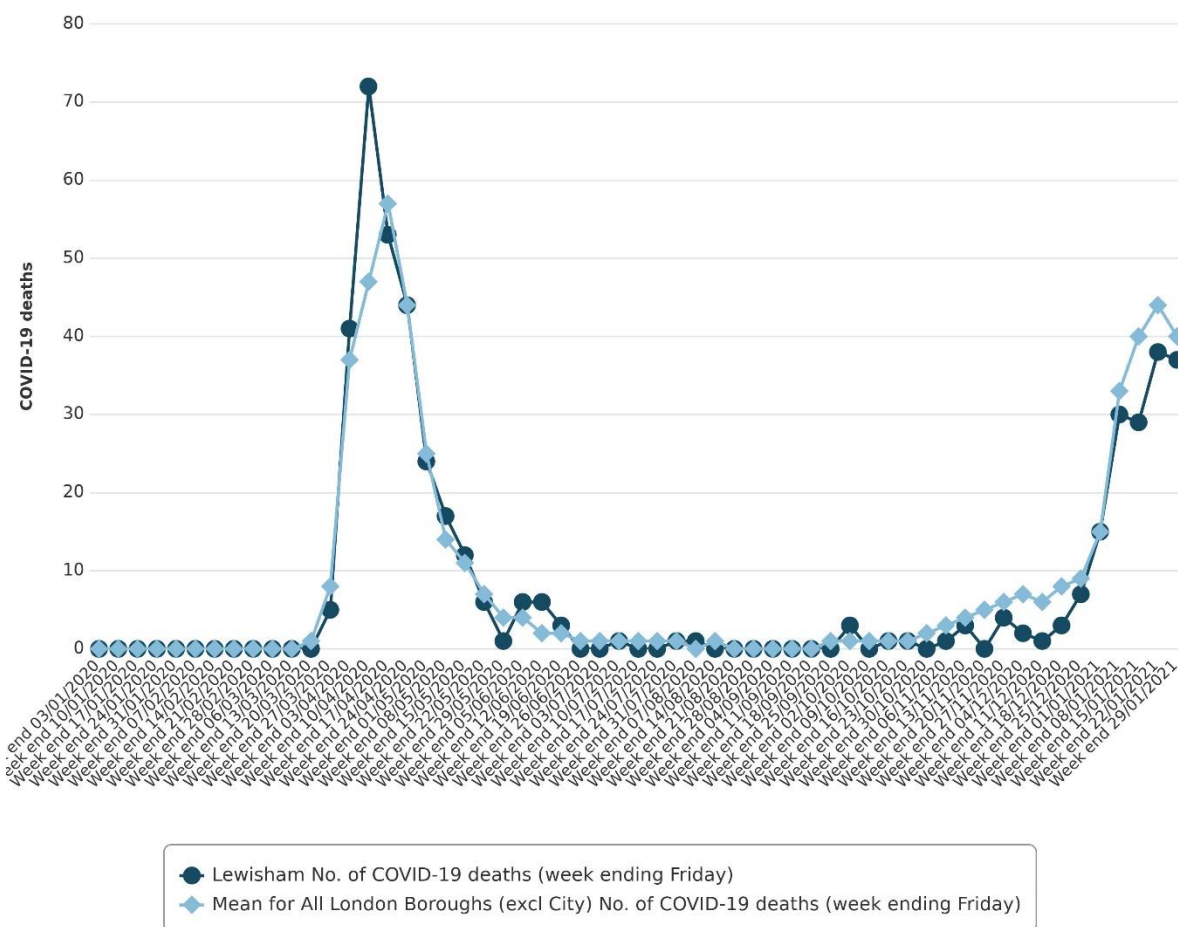
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## Number of COVID-19 deaths (week ending Friday) (from Week end 03/01/2020 to Week end 29/01/2021) for Lewisham



Source:  
Office for National Statistics

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6.15. Up to 29 January 2021 there had been 28 COVID-19 deaths registered as occurring in care homes in Lewisham

## 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.

## 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

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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 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

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characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not
- 9.6. It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed in the paragraph above.
- 9.7. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for members, bearing in mind the issues of relevance and proportionality. They must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.
- 9.8. The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:
- <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice>
  - <https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>
- 9.9. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:
- The essential guide to the public sector equality duty
  - Meeting the equality duty in policy and decision-making
  - Engagement and the equality duty: A guide for public authorities
  - Objectives and the equality duty. A guide for public authorities
  - Equality Information and the Equality Duty: A Guide for Public Authorities
- 9.10. The essential guide provides an overview of the equality duty requirements
- The essential guide to the public sector equality duty
  - Meeting the equality duty in policy and decision-making
  - Engagement and the equality duty
  - Equality objectives and the equality duty
  - Equality information and the equality duty
- 9.11. The essential guide provides an overview of the equality duty requirement including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:

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- <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.](#)
- 13.8. [Overview and Scrutiny Business Panel November 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.9. [Overview and Scrutiny Business Panel December 2020 – Scrutiny of the Council's COVID-19 response.](#)
- 13.10. [Overview and Scrutiny Business Panel January 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 &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	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 email [charlotte.parish@lewisham.gov.uk](mailto:charlotte.parish@lewisham.gov.uk).

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