

Understanding the impact of Covid-19 in Tower Hamlets

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Mortality & physical health - coronavirus 1/4



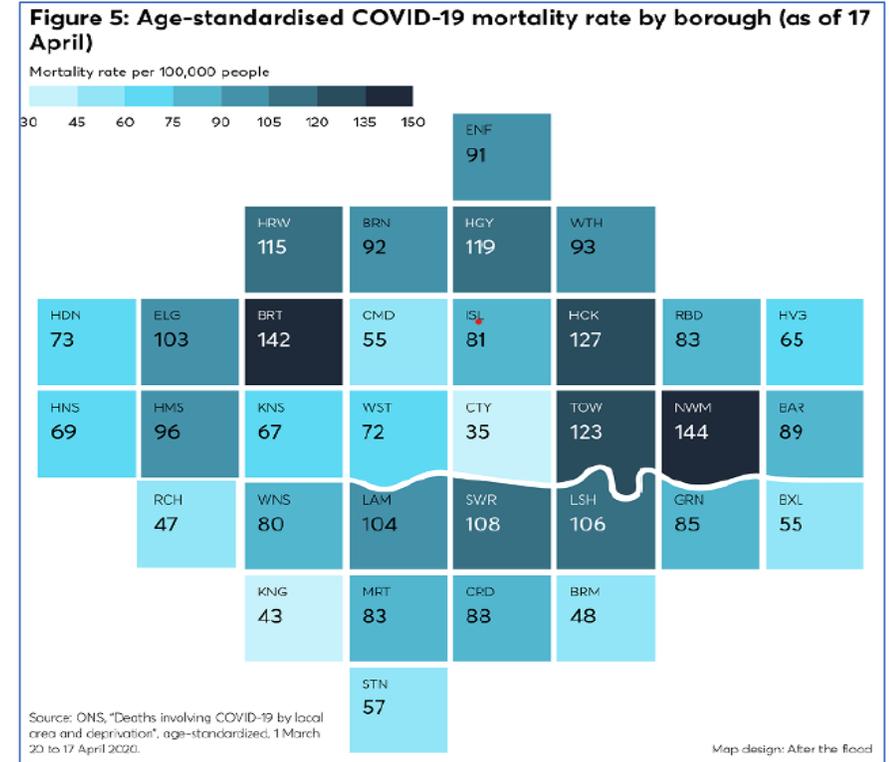
- The UK has been hard hit by Covid & London has been affected more seriously than the rest of the country. LBTH was part of a global Covid hotspot in March & April, & the crisis is not yet over.
- As of 15th June, 296,857 people have tested positive Covid & 41,736 have sadly died



- As of 15th June, there have been 644 confirmed LBTH Covid cases & 183 people have sadly died. 38% of all LBTH deaths between 29th February & 5th June involved Covid.
- Tower Hamlets has the 4th highest mortality rate in London when age is taken into account. This is likely to at least partly due to the risk factors listed below: LBTH is an urban area with comparatively high levels of deprivation and a large BAME community.



- **Pre-existing condition.** 91% people who died with Covid in March 2020 had at least one pre-existing condition. Diabetes, high blood pressure, cardiovascular all key issues.
- **Older people.** People aged 80+ are 70 times more likely to die than those under 40 with Covid. Pre-Covid, LBTH resident healthy life expectancy below national average, so more older people are in poorer health compared to the average.
- **Care homes residents.** Accounted for 27% of all Covid deaths up to 8th May
- **Deprivation.** Those in deprived areas more than double the Covid mortality rates vs least deprived areas.
- **BAME.** People of Bangladeshi ethnicity around twice risk of death as White British when other factors accounted for. Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity: between 10-50% higher than White British.
- **Men.** Working age males with Covid twice as likely to die as females. Possible influence of occupation. But rate of death in women in LBTH higher than UK average.
- **Urban areas** have higher mortality rates than rural once age is accounted for.
- **Rough sleepers** are particularly vulnerable to Covid.



Mortality & physical health - indirect impacts 2/4



- Excess deaths not yet attributable to Covid-19 - more to understand
- A&E attendance down. Likely due to reduced need (e.g. less car accidents) & people avoiding seeking needed help. Increase in people missing scheduled health appointments.
- Pausing of cancer screenings, health checks & elective hospital admissions. Others continued, inc. childhood immunisations (though not in schools)
- One report estimates cancer referrals have dropped
- 111 calls surged initially but now decreasing - possible link with A&E attendance drop
- School & childcare closure: harder to establish &/or maintain healthy behaviours in children
- Lockdown impacted on physical activity levels. More with sedentary lifestyles
- Initial evidence suggests that globally, lockdown has contributed to weight gain
- Some indications that more people are interested or trying to quit smoking

Emergency hospital admissions were at 63% of their level in the same week last year (29th April)

Royal London Hospital has had an overall reduction in A&E attendance of 60%

British Heart Foundation reported a 38% drop in emergency heart surgery in London in the second half of March

Institute Cancer Research reported that cancer referrals had dropped by 70% by end of April

National YouGov survey: 300,000 people encouraged to stop smoking due to Covid fears, & further 550,000 tried to quit.

Rates of mortality considered preventable as a result of cardio vascular disease & respiratory disease higher in LBTH than London & England; rate of cancer mortality considered preventable higher than London but lower than England



- Pre-Covid, LBTH health challenges include diabetes, childhood obesity, smoking, STIs, substance misuse. Comparatively high rates of mortality considered preventable as a result of cardio vascular, respiratory disease & cancer.
- Reduced & altered access to sexual health services & contraception. Service use, including STI testing for all but the online offer, dropped significantly in April & May
- LBTH residents more likely to be small & overcrowded housing, arguably making it harder to be physically active during lockdown. People shielding particularly impacted by this.
- Getting essential supplies of food & medicine key issues. Food barriers include lack availability from stockpiling, mobility & access issues (unable to get to shops) & deprivation (unable to afford). All contributed to surge in demand for food bank & food-related support.



Mortality & physical health - indirect impacts 3/4



- **Women:** already have much lower healthy life expectancy than the national average
- **Deprivation:** Higher levels of deprivation is consistently related to poorer health outcomes
- **Disability, LTC, shielding:** Access to food, medicine, physical activity possibly harder.
- Different risk profiles for different conditions.



Tower Hamlets Healthwatch survey over April:

- Negative feedback on some experiences of 111
- Access to routine healthcare limited
- But people generally felt well-informed on keeping healthy.

LBTH Covid Resident Impact Survey, 29th May to 17th June:

- Confirms residents experienced disruption to NHS services
- Confirms some are avoiding seeking needed help
- Confirms variable but overall negative impact on health & healthy lifestyles
- Residents rated the local NHS response to the pandemic the most positively, compared to other organisations & services

27% of LBTH Covid survey respondents said a pre-existing GP or hospital appointment was postponed due to Covid

26% said they avoided going to a GP or hospital as they didn't want to overburden them

25% said they avoided going to a GP or hospital as concerned about catching Covid

46% said Covid has had a negative impact on their health. 20% report a positive impact.

52% said Covid has had a negative impact on their exercise routine. 31% report a positive impact.

11% said they needed help with health or medical care but are not getting it

39% feel the NHS managed their response to the pandemic very well, 24% somewhat well





Mortality & physical health - 4/4



Next 12 months

Longer term

- Some need ongoing support with wide range of post-Covid health effects
- Ongoing Covid illness & fatalities, worsened by any future peaks
- Some will avoid seeking urgent / available help for non-Covid issues
- Other will now do so, leading to a 'rebound' in demand for health services
- Some NHS services will not yet be restored to full capacity
- More people living with poorer health as a result of not receiving treatment
- Early detection of cancer rates reduced
- Vitamin D deficiency levels up due to lockdown
- Obesity levels improve as lockdown eases, but not to pre-Covid levels
- Schools 'catch up' with school-based immunisation work
- STI's & teenage/unwanted pregnancy increase as lockdown eases

- Covid interaction with flu season unclear
- Increase in health issues for those who missed preventative/early interventions - particularly given LBTH mortality rates for preventable cardio vascular, respiratory, cancer higher than London average
- Increase in poor health outcomes associated with wider determinants (e.g. deprivation)
- Increase in health inequalities, exacerbated by digital divide & more virtual service provision
- Impact on child health, healthy behaviours & development not seen until later life

- System proved capable of coping with any future peaks in the virus
- NHS start phasing elective admissions back in (not at pre-Covid levels)
- NHS continue more virtual consultations & encourage 111 use
- Children's Centre continue virtual offer for health (parents say access easier)
- Acceleration of provider and commissioner integration in health services
- Better joint working between NHS primary & secondary care
- Opportunity to capitalise in people's interest in staying healthy: encourage healthy lifestyles & smoking cessation
- Opportunity to promote walking & cycling (see Transport & Air Quality section)
- Opportunity to increase take-up of flu & other vaccines

- Opportunity to capitalise on people's growing familiarity with technology for health
- Interest in healthy lifestyles will have long-term positive impacts on health outcomes
- Physical health improved by more active travel & improved air quality (see Transport & Air Quality section)



Mental health 1/4



- Covid-19 likely to have had a negative impact
- Social distancing and isolation known risk factors for mental health
- Many report feeling anxious & worried about themselves or loved ones getting ill & wider consequences of Covid, e.g. losing work. Some indications that overall anxiety levels high but reducing
- Many mental health services have been reconfigured, focusing only on urgent needs in some areas & offering more phone & video contact.
- Trend in England & London was a reduction in MH referrals, community & inpatient services - but mental health trusts now starting to report significant new demand from those impacted by Covid.



- Pre-Covid, LBTH had higher than average reported levels of mental health issues - likely due to the prevalence of 'wider determinants'
- Some wider determinants already exacerbated by Covid & likely impacting on mental health & wellbeing - e.g. access to green space
- In line with the national picture, most MH services moved away from face-to-face & hospital-based provision, unless essential. Some MH services have accepted only urgent referrals or ran with an adapted offer. May have had a negative impact on those with existing mental health issues.
- Feedback from ELFT* is that Covid has not yet resulted in a much higher demand for services (including talking therapy referrals, despite encouragement), though picture is variable. A significant reduction demand was initially seen but then started to pick back up.
- ELFT enhanced their mental health crisis capacity with redeployed staff. Though some crisis referrals reduced at first, feedback is that those presenting were often extremely unwell.

In last 10 days of March, 49% people over 16 reported 'high' anxiety, compared with 21% at the end of 2019 in a national ONS survey.

In a later ONS survey 14-17th May, '[self-reported] anxiety levels, although higher than before the pandemic, have shown a general downward trend through the weeks of lockdown'

Adults in LBTH report the highest levels of depression and anxiety (16.1%) in London and the 4th highest levels of long-term mental health problems (9.8%) (2017/18).

Number of calls made to the Tower Hamlets Mental Health Crisis line since lockdown: 743 in March, 882 in April, 811 in May

Across the areas covered by ELFT, mental health bed occupancy reduced by 60% during lockdown due to reductions in admissions





Mental health 2/4



- **Older people** at highest risk from Covid & vulnerable to loneliness. Compounded by 'digital divide' & already high deprivation levels for older people in LTBH.
- **Children and young people.** Less space to play, less contact with peers, more stress on families. 0-5 yr olds less able to rationalise what is happening & influenced by how family feels. Young people reported strongest feelings of loneliness in pre-Covid survey data. Some UK surveys indicate young people report highest change to anxiety levels due to Covid.
- **BAME** at higher risk of Covid deaths. Existing risk factor associated with MH. Changes to MH services & economic downturn services likely had a disproportionate impact on this group.
- **Carers.** Existing risk factor associated with MH. Women typically overrepresented. Lockdown likely caused increased strain for many.
- **Disability or long-term health issue.** Existing risk factor associated with MH. Particular impact on those 'shielding' where social isolation & worry may be intensified.
- **Pregnant women.** Pregnancy an existing risk factor. Anxiety levels highlighted as an issue in LBTH Healthwatch report. In addition, one UK report found the decline in mental well-being since lockdown has been twice as large for **women** as for men, mainly due to social factors.
- **Unemployment.** Known link between this & mental health. Unemployment a risk factor for suicide. Unemployment rising due to Covid (see later slides).
- **Deprivation.** Existing risk factor associated with MH. A significant challenge in LBTH, at risk of worsening due to Covid impact (see later slides)
- **Bereavement.** Lockdown restrictions likely increased proportion of people experiencing more complicated grief reactions
- Those **surviving hospitalisation** & **frontline workers** at higher risk of PTSD, anxiety, depression. Older people overrepresented in former, those of a BAME background overrepresented in latter.

44% of older people live in income deprived households - the highest proportion in England and more than double the average (Indices of Multiple Deprivation, 2019)

National survey results from 14-17th May show that whilst self-reported anxiety levels amongst adults is higher than before the pandemic but decreasing, for those with an underlying health condition, anxiety levels show an increase.

Unemployed are between 4 & 10 times more likely to develop anxiety & depression.

20% of survivors of intensive care routinely experience PTSD. Increased number of people receiving this due to Covid.

National survey from Nuffield Trust: 80% of those working from home feel it has had a negative impact on their mental health



Mental health 3/4



Tower Hamlets Healthwatch survey over April:

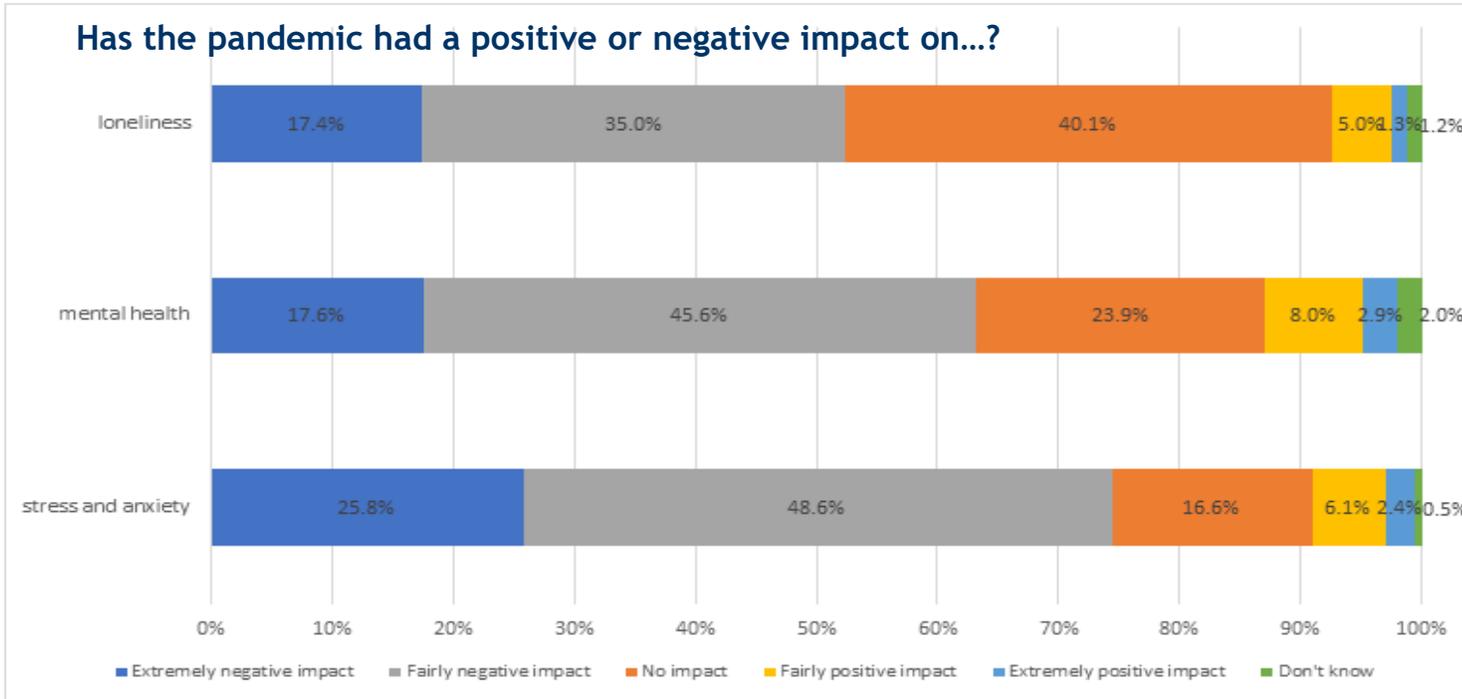
- Highlighted resident worries about job or finances
- Some people with mental health issues report issues accessing support - echoed in the LBTH Covid Resident Impact Survey

LBTH Covid Resident Impact Survey, 29th May to 17th June confirms the variable but overall negative impact of Covid on loneliness (52% report negative impact), stress & anxiety (74% report negative impact), and mental health overall (63% report negative impact).

42% of Healthwatch survey respondents reported worrying about their job or finances

Of the 53 Healthwatch survey respondents who have a mental health condition, 10 said they have not been able to access the resources that help them manage their mental health (e.g. therapy) whilst 10 said they had

10% of LBTH Covid survey respondents said they need help with mental health or counselling but are not getting it





Mental health 4/4

Next 12 months

- Increase in mental health needs from the general population.
- 'Pent up' increased demand for mental health support as lockdown eases
- Groups described on the previous slide particularly impacted
- London-wide modelling suggests 20-30% surge in mental health demand as lockdown ends
- Financial pressures for health & social care arising from this
- Loneliness & isolation continues to be exacerbated by social distancing
- PTSD in some frontline workers & those surviving hospitalisation
- Increased incidence of suicide (after 2003 Sars epidemic in Hong Kong, there was an increase in in suicides in 65+ population)

- Psychological impacts will be mild & manageable for most
- Promote staying connected, keeping busy, physical activity, keeping calm, managing media intake & maintaining routine to promote wellbeing (as per national & local survey findings)
- In surveys, some say more expect UK to be kinder, more equal & unified
- Mental health services increasingly readjust to support non-urgent cases
- NHS continue to offer more phone & video mental health consultations
- Changes in services encourages positive risk-taking for more MH users
- Opportunity to develop 'trauma informed communities' to tackle impact

Longer term



- Excessive and protracted feelings of stress & powerlessness have long-term MH impacts for the general population
- Report estimates 500,000 additional people with MH problems in UK if economic impact of Covid similar to that of post 2008 recession. Depression most common. (Centre for Mental Health)
- More complex & advance mental health needs for those who missed early interventions
- Suicide rates increase in tandem with unemployment levels
- Impact on children not seen until later life

- Mental health improved by more opportunities for walking & cycling, & by related infrastructure changes



Social care 1/2



- Demand on adult social care thought to have increased due to Covid, but not as steeply as expected in many areas
- PPE now standard part of social care. Access to PPE & testing a challenge, esp at start of crisis
- Most care homes banned visitors from mid-March. Many not seen family since then; & anxiety levels of staff & residents likely high due to Covid fears.
- Cost pressures in the sector arising from agency cover for staff sickness, PPE & admin costs
- Govt raising the profile of adult social care but long-term funding an unresolved issue
- Long-standing recruitment issues into many roles within social care
- Care Act 'easements' give local authorities the ability to put in emergency measures inevitably resulting in a negative impact on those with less critical needs.
- Likely some carers under increased strain due to lockdown. Recent research: managing restrictions & uncertainty a key challenge for carers.

LBTH has 5 residential & nursing homes - a comparatively small number. As of May, 1 is rated CQC outstanding, 2 good, 2 require improvement.



- LBTH came into this pandemic with comparatively high levels of spend on adult social care
- Demand increased influenced by Covid-related hospital discharge, but not as steeply as expected
- Our local challenges mirror national challenges
- We have not put Care Act easements in place
- Services adapted to respond to the pandemic. Adult social care has been focusing on urgent referrals only due to pandemic. Day services closed. Face-to-face visits offered only when needed. Local Healthwatch feedback that some concerned with changes to care.
- Carer referrals to Carer Centre dropped in April, likely due to reduction in outreach work. Possible unmet need. Some carers not able to do so as are shielding.

As of 27th May, LBTH care homes have reported 37 Covid-related deaths

The Carer Centre received 9 new referrals in April and 30 in May: Down from the 40-60 per month more typically received pre-Covid



- **Older people.** The nature of social care is such that there is an overrepresentation of older people.
- People with a **disability, long-term health condition or mental health** issue are also overrepresented for the same reason.
- A significant number of adult social care users are **shielding** (1285 as of 9th June), with consequent risks to mental and physical health from stricter social distancing restrictions.





Social care - 2/2

Next 12 months

- Social care demand rises in tandem with any future peaks in Covid
- Demand naturally rises each winter
- Health impacts contribute to rise in demand
- 'Rebound' & increase in demand for carer support services
- Financial pressures arising from an increase in demand
- Financial pressures for providers arising from staff sickness & PPE etc
- Social care associated with social contact & community access not fully functioning (e.g. day services) due to social distancing
- Reduction in care home placements due to Covid fears, Risk of provider failure. Higher demand for homecare & ECHS.
- Dealing with staff & SU stress, anxiety, potential PTSD (see earlier section)

- Social care adjusts back to taking non-urgent referrals
- Continue with phone/virtual assessments & reviews where safe to do so
- Maintain structures that enable rapid hospital discharge
- Opportunity to support carers: research into impact on carers highlights importance of social connection & a sense of community
- Proven ability to flex & adapt workforce in event of future crises

Longer term



- Significant financial pressures
- Longstanding negative impact on carer wellbeing & those who have been through traumatic experiences
- Eventual impact on service model & demand for care home / accommodation-based support sector unclear
- Economic downturn / exacerbated social inequalities = poorer health outcomes = increased demand on social care
- Ongoing demand due to ageing population & demographic change

- Opportunity to capitalise on people's growing familiarity with technology for health & care
- Raised profile results in longer term funding solution for social care
- National and local recruitment campaigns result in fewer vacancies



Deprivation & employment 1/4

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- To date, Covid has had a significantly negative impact on the economy and therefore employment and deprivation.
 - Economic forecasts predict that annual UK GDP will fall significantly this year
 - Many employees experienced a reduction in hours, been furloughed or laid off. Financial impact on people is being cushioned to an extent through things like the Job Retention Scheme & support to self-employed.

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- Pre-Covid unemployment levels in LBTH had fallen, but significant proportion of workforce in low paid, part time or insecure employment.
 - Pre-Covid deprivation levels high but improved. In-work poverty had increased & this group made up a significant proportion of deprived households. This group in particular likely to be experiencing financial hardship due to Covid, with knock-on effects for child poverty & 'first 1000 days' of a child's life. Plus, a whole new wave of residents have likely been pushed into this category.
 - LBTH may have been hardest hit by economic downturn than most: Evidence that the rise in unemployment is being felt more sharply in LBTH than elsewhere. Likely due to number of residents in sectors hit hardest - hospitality, retail.
 - Increased levels of deprivation are indicated through a high increase food bank use & emergency food requests, welfare & debt advice. Typical wait for Universal Credit is 5 weeks' long.
 - The economic situation has likely dampened work opportunities that may support people out of poverty.

Office for Budget Responsibility forecast for UK. 1 in 3 workers will be inactive in 1st quarter of 2020-21. 3.4m unemployed for 2nd quarter of 2020



TOWER HAMLETS

GDP fell by 20.4% in April in the UK

Pre-Covid, 32.5% children live in poverty - highest proportion in London & England. 44% older people live in income deprived households - highest proportion in England

65.8% of low-income households receiving Housing Benefit and/or Council Tax Support were out of work in March 2020

As of June 2020, 16% of the working age LBTH population had been furloughed (Newham: 23%, Hackney: 17%)

LBTH Universal Credit & JSA unemployment claimants rose from 3.6 to 6.1% between March and April 2020. Rise of 2.5% is higher than London (1.9%) & England (2%). Equates to 14,280 claimants in April, a rise of 72% on the previous months' figure

First Love Foundation food bank saw a 700% increase in support between 16th March and 14th April 2020 compared to previous year. 47% of residents needed help with benefits & 32% were in debt. Job loss from Covid-19 was an influencing factor.

The number of new Council Tax Relief claims in LBTH increased from 29,270 live cases on 29th March to 30,240 on 26th April

In Feb 2020, 3000 households in LBTH were subject to the benefits cap (89% had children). This group are potentially much less likely to be able to move off the cap by finding work as a result of Covid.





Deprivation & employment 2/4



Those on lower incomes. There are indications that those on low incomes are more likely to have had a reduction in hours, furloughed or laid off. Lower earners are concentrated in the sectors that have shut down (e.g. retail, hospitality).

Younger adults. LBTH is a 'young' borough & there has been a particular rise in the proportion of younger adults claiming Universal Credit. Finding work challenging for those finishing education this year. But also evidence that financial impact being 'cushioned' for some by income of other family members in household.

Women. Some evidence that Covid having a bigger impact on women's earnings. Women overrepresented in sectors most impacted by lockdown & more likely to work part-time. Pre-Covid, LBTH employment rate for BAME women much lower than equivalent London rate - could be compounded. Women more likely to be the main carer of dependent children & childcare a barrier to employment whilst schools & childcare not fully open.

BAME. The UK poverty rate is twice as high for BAME groups as for white groups (JRF, 2017). BAME staff overrepresented in the sectors less impacted by lockdown (e.g. health and social care) which may be a protective factor against unemployment - but more to be understood.

Those already facing employment barriers. Includes ex-offenders, those with a disability, in substance misuse recovery. Will be in competition for jobs with others who have lost work & those leaving education. Market will favour those 'job ready'

Those in in the '**shadow economy**' (e.g. paid cash-in-hand) will not be benefitting from government support and likely to be suffering financial hardship.

People identified as particularly vulnerable to **food insecurity** are older people, NRPF, families with children (esp children eligible for free school meals), adults with disabilities & people from BAME.

One study estimates nearly 80% of workers facing job insecurity do not have a university degree. Another suggests almost 1/3 of UK's lowest-paid workers have lost their job or been furloughed over March and April

19% of LBTH residents worked in the distribution, hotel and restaurant sector in 2016-19.

One study found employees aged 15-24 are twice as likely to face job instability during the pandemic compared to older adults.

LBTH Universal Credit claims in April 2020 shows an 87% increase in claimants aged 25 to 49 on previous month (above the 72% average)

46% of LBTH residents are aged 20-39 - higher than London & England

17% of UK females employees work in shutdown sectors compared to 13% men

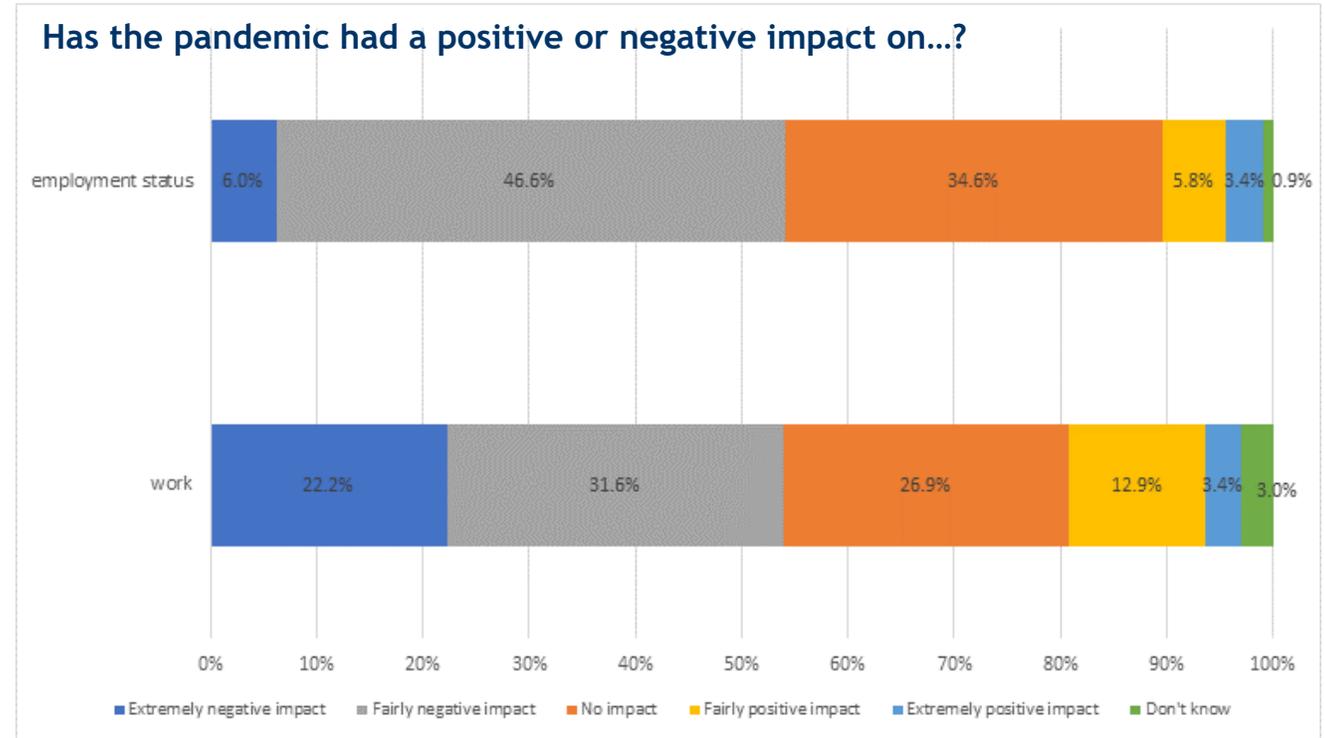


Deprivation and employment 3/4



LBTH Covid Resident Impact Survey, 29th May to 17th June:

- Confirms that Covid has had a negative impact on work and employment status for a significant number of residents. 53% report a negative impact on employment status & 54% report a negative impact on work overall.
- The top concern of respondents is support for residents who are unemployed or on a reduced income (35% rated it a top concern. To note, the top concern in the 2019 Annual Residents Survey was crime and ASB)
- 17 percent of respondents have had a detrimental change in employment circumstances (become unemployed, furloughed or reduced hours). Respondents of a White Other background, BAME backgrounds excluding Bangladeshi and young adults were overrepresented in this.
- Almost half the respondents are working from home.





Deprivation & employment - 4/4

Next 12 months

- Continuation of people experiencing reduced hours, furlough or laid off
- Increase in those newly unemployed/ on low incomes
- Increased demand on council employment & associated services
- Financial pressures arising from increase in demand
- Financial hardship increases when the Job Retention Scheme phased out (currently running until October)
- Less job opportunities arising from economic downturn
- Groups described on the previous slide most impact by this
- Child poverty - already high in LBTH - worsens or does not improve
- Those in poverty & just above the threshold pushed further into deprivation
- Harder to tackle deprivation via employment

- Opportunity to recruit to hard-to-fill roles, particularly in areas where we expect an increase in demand (e.g. care workers, food production)

Longer term



- Longer-term consequences of unemployment and deprivation include increased risk of mental health issues & poorer health outcomes
- Covid impacts exacerbate existing inequalities including those based on gender, ethnic background, disability & socio-economic status
- Consequent implications on demand for services & financial pressures on council
- Rise in gig economy while businesses tentatively bounce back - e.g. insecure, low wages, poor conditions.
- Those 'harder to place' into employment find it harder still to find work as competing for jobs with newly unemployed

- A number of economic forecasts predict a large economic rebound next year ('V-shaped' economic recovery), counteracting the impact of this year to a greater or lesser extent
- Capitalise on community mobilisation & partnership work to tackle poverty & unemployment



Business 1/3



- In line with the economic impact described in the previous section, many businesses hit hard by Covid, with a sudden demand & supply shock
- Impact is highly uneven & varies by sector. Hardest hit are those most difficult to function during lockdown: arts, entertainment, recreation, accommodation & food services. Market & street traders hard hit. A few areas (e.g. supermarkets) have seen unprecedented demand
- Buying habits have changed, with a bigger proportion spent online
- Number of people working from home has increased but still relative minority of all UK workers.
- Businesses less hard hit will still have been impacted by higher levels staff absence due to sickness &/or self-isolation

From 6th to 19th April 2020 in the UK, 23% of businesses had temporarily closed or paused trading. 60% of those still trading reported a fall in revenues. 44% of firms responding to a fortnightly national survey said their reserves would last for less than six months.

Buying habits have changed. On 22nd May in the UK the proportion spent online rose to a new record of 30.7%.

65% of market & street traders responding to national survey say forced to close (NMTF)

In 2017, LBTH accounted for 7% of economic output in London. 17,355 local enterprises based in LBTH in 2019: 36% more than in 2014, faster growth than London & UK. 98% were micro/small businesses of <50 employees.

350 LBTH businesses responded to survey in early May. Top 3 issues: paying rent (61%), staff wages (61%), reduced customer/footfall (74%)

As of 28th April, grants totalling £57.6m awarded to 4,052 LBTH businesses (Small Business Grant - £10k per business, Retail Grant Fund - £10-28k per retail, hospitality & leisure business). Grants totalling 5,773 local businesses projected.



- Pre-Covid, LBTH economy growing.
- Impact of Covid on different sectors echoed locally. Approx. 1,200 retail 935 hospitality & 1,000 arts, leisure, entertainment businesses based in LBTH.
- Feedback that main business challenges are paying monthly rent payments, paying staff wages & reduced customers.
- 11% of London's workers are in the two sectors most badly impacted by Covid (arts, entertainment, recreation; & accommodation & food services activities). These sectors make up 6.9% of the jobs in LBTH, but it is likely that a higher proportion of LBTH residents work in these sectors overall.
- Banking, finance & insurance less hard hit. Over half of LBTH jobs in this sector 2016-19, but third of residents work in this sector.



Business 2/3

What is the current trading status of your enterprise?



75% Industries continuing to trade **25%** Industries not continuing to trade

Industries continuing to trade

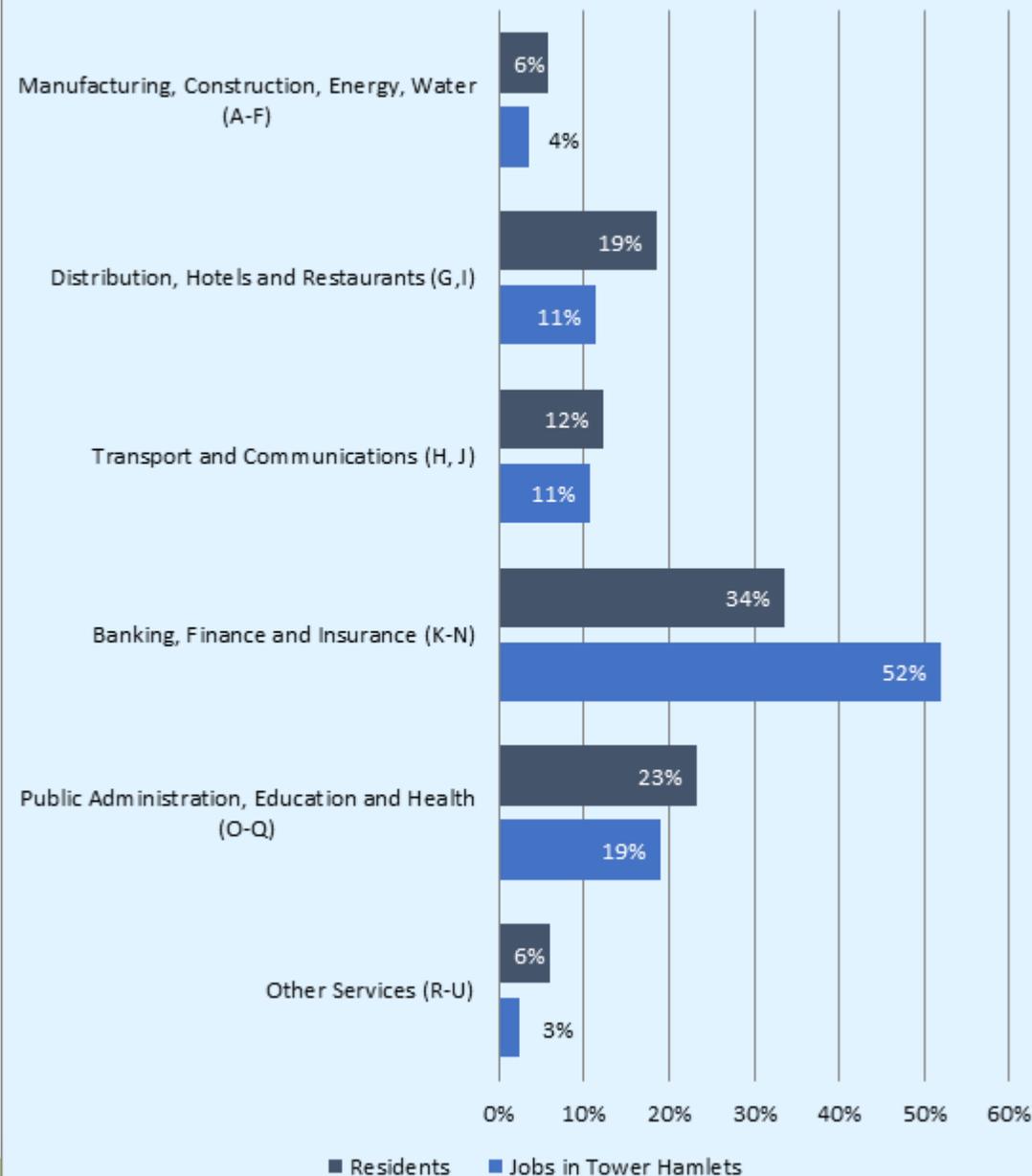
● Least impacted ● Most impacted

Industry	Continuing to trade (%)	% of London's workers ³
Arts, entertainment and recreation	17	3
Accommodation and food service activities	19	8
Construction	71	5
Wholesale and retail trade; repair of motor vehicles and motorcycles	73	11
Manufacturing	77	2
Education	86	7
Administrative and support service activities	90	10
Water supply, sewerage, waste management and remediation activities	92	1
Transportation and storage	92	4
Information and communication	94	8
Professional, scientific and technical activities	96	14
Human health and social work activities	96	10

Source: ONS, "Business Impact by COVID-19 Survey"

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Employment Patterns - Residents and Workers, 2016-2019





Business 3/3

Next 12 months

- Impact continues felt most heavily in arts, entertainment, recreation, accommodation & food services
- Host of new business now in search of support or on verge of closure
- Some businesses will not recover. Some unable to afford furlough contributions from August. Some not viable with social distancing.
- Ability to travel to work an issue when most LBTH residents not car owners & public transport discouraged.
- Any future peaks in virus results in more business disruption & closure
- A reduction in migration will impact on some businesses
- Risk that childcare businesses reliant on government funding will close.

- Some 'bounce back' as restrictions lift. Non-essential retail able to open from 15th June
- Some businesses able to function well with social distancing, and/or remodelling
- Grants programme & specialist advice programmes (e.g. on adapting trade models, reconfiguring premises to enable social distancing) could prevent some businesses failure
- Opportunity for council to further engage with businesses



Longer term

- Ongoing challenges in some sectors if social distancing continues
- Accelerated 'death of the high street' as more done online
- How we respond to additional demand from new business who we may not have the technical expertise to support previously
- Increase in working from home & flexible working patterns - reduced demand for work spaces result in less business based in the borough.
- Less office/work space in LBTH leads to reconsideration of what is secured through planning process.
- Childcare business closure impacts on parental employment, child health & development

- New alternatives to high streets (e.g. '15 minute city' - core items easy to source by walking & cycling)
- Less office space may drive down costs
- Opportunity to rethink procurement procedures to prioritise/direct it to local to stimulate growth



Community & voluntary sector 1/2



- Many VCS organisations will have been part of the response to Covid &/or adapted their services to do so. Others - including GLL - have had to close.
- Some VCS organisations seeing an increase in demand due to the impact of Covid - e.g. Refuge & domestic abuse calls, Citizen's Advice Bureau & advice
- Some volunteers active pre-Covid will have stopped due to social distancing, but others have started
- Donations to charity hard hit from lost fundraising income (e.g. London Marathon cancelled), whilst demand for services has risen. One report indicates smaller charities have been harder hit, sometimes unable to furlough staff as this would mean stopping services.
- Working habits changed due to lockdown. Number working from home has increased but still relative minority of all UK workers.
- VCS organisations will have been impacted by higher levels staff absence due to sickness &/or self-isolation



- VCS organisations have played an integral role in LBTH's response to Covid
- A programme of support has been put in place to protect VCS since Covid hit - including 3 month funding guarantee until 30th June & offer of rent relief to organisations using properties leased by the Council
- VCS in LBTH fed back that future financial viability is main concern due to loss of income & future funding uncertainty. Some concerns about ability to adapt/offer service in safe way (e.g. if can't offer remotely) & lack of suitable IT resources to work differently.
- Faith organisations fed back that they are not eligible for a lot of the grant funding advertised in LBTH

Over £8bn is donated by the UK public to charities each year

One June 2020 article quotes Age UK as reporting a £42m deficit & Cancer Research UK expecting to lose £120m in donations in the year following lockdown

Small charities make up the majority of the sector in the UK: 96% turn over under £1 million per year, & indications are that they are hardest hit.

As of 15th May, 74 VCS organisations known to be offering support to residents related to Covid

In early April, the council & THCVS also conducted a survey sent to LBTH VCS organisations on impact & challenge of Covid. 103 responses received.





Community & voluntary sector 2/2

Next 12 months

- VCS financial challenges accelerate from July onwards, as funding guarantee ends but loss of income may remain. Some will not be able to afford furlough contributions from August.
- One report estimates 1 in 10 UK charities facing bankruptcy, with 13% closing within months of June 2020. Smaller charities hit hardest.
- Some VCS organisations will offer a reduced service as a result
- Increase in demand in the areas identified in these slides
- VCS working differently a challenge, e.g. IT infrastructure & home working
- Any future peaks in virus will result in business disruption & closure again
- Some VCS unable to achieve the outcomes specified in council contracts due to Covid - though will ease as lockdown does
- GLL likely to face financial challenge as leisure centres in the borough will not open or operate at full capacity for some time.

- Some 'bounce back' as lockdown eases & restrictions lift
- Opportunity for VCS to better utilise volunteers, in line with feedback

Longer term

- Ongoing challenges with face-to-face provision if social distancing continues
- CVS funding opportunities decrease as a result of economic downturn
- Economic downturn further impacts on legacy income & donations to charities
- Impact on charity sector could result in consolidation, with smaller charities closing
- More demand for council and partner services if less available from VCS
- Health and wellbeing impacts on residents arising from leisure centre and other VCS closure

- Less office space may drive down costs
- 'V' shaped economic recovery has positive impact of VCS



Homelessness & rough sleeping 1/2



- Emergency government & local interventions have had a positive impact, massively reducing rough sleeping levels in a very short time period & preventing homelessness. 'Everyone In' scheme set up to ensure rough sleepers housed in hotels or emergency accommodation, including NRPF. Evictions & possession proceedings halted for 5 months until end of August & LHA was raised
- GLA & MHCLG asked all LA's to fulfil 'In for Good' principle whereby no rough sleepers asked to leave accommodation without plan to move off streets for good. Challenges to move-on plans include lack of ID & benefits
- Many new developments will have stalled due to Covid.

As of 1 May, 3,630 people who usually sleep rough in London have been placed in emergency accommodation & 554 people continued to sleep rough. 350 rough sleepers from across London are accommodated in LBTH procured hotels or hostels funded by the GLA situated in LBTH

In LBTH in 2018 there were 18,808 households on the housing register - 3rd highest list in London. In 2018-19 there were 375 people seen rough sleeping - 7th highest number in London.

As of mid-May, LBTH had 124 units of accommodation for rough sleepers. As of 13th May, 120 LBTH rough sleepers were housed in LBTH or GLA local hotels & 4 in hostels (inc. 27 NRPF). 10 known people were sleeping rough after refusing the offer.

Citizens Advice believes 2.6m renters are already behind on rent or expect to fall behind soon, & only 44% of rent collected on time in April

In 2018, 31% LBTH adults estimated to be regularly in arrears with bills - highest in London (Money Advice Service). 2687 are in rent arrears by an average of £1401.

Over 40% of LBTH residents are private renters

- Pre-Covid in 2018-19, LBTH had 3rd highest housing waiting list in London & 7th highest estimated number of rough sleepers.
- Indications that LBTH has a more chaotic rough sleeping cohort compared to other boroughs: Higher levels of substance misuse & mental health problems.
- In line with the national picture, the impact of Covid has been a large reduction in rough sleeping
- This has enabled more support to go in for ongoing health needs, mental health & substance misuse
- Those still sleeping rough face hardship as some support closed, e.g. soup runs
- A number of people protected from homelessness due to govt. - but Council & VCS staff report an increase in private renters seeking advice, unable to afford rent, waiting for benefits claims & threatened with eviction.



- London rough sleepers more likely to be **men** & from **white** ethnic background
- Homelessness acceptances show an overrepresentation of **younger adults**





Homelessness & rough sleeping - 2/2

Next 12 months

- Potential crime hotspots around hostels and hotels
- Challenges to sustain positive impact on rough sleepers, mainly due to resource implications of providing ongoing support. Exit plans may take 12-18 months to come to fruition, and new rough sleepers being found on streets
- Rough sleepers moving on from current hotel provision with higher needs will need hostels/supported accommodation. These are in short supply & have cost implications. LBTH has a higher prevalence of rough sleepers with high support needs
- Those still sleeping rough continue facing hardship as VCS support not fully operational
- In any subsequent Covid peaks, rough sleepers on the street are at a very high risk
- Large spike in homelessness when eviction ban lifted. Higher risk for: Private rented, tenants already in arrears pre-Covid; financial hardship from reduced work hours, furlough, lay offs; awaiting Universal Credit; relationship breakdowns inc. DA & those 'sofa surfing'; & the 41 NRPF who will likely have limited alternative options.
- Consequent increase in spend on temporary accommodation.

- High volume of rough sleepers continue to be off the streets, following action from LBTH, London & MHCLG. Opportunity to attract funding from central government to develop accommodation options for rough sleepers
- Continue support rough sleepers with health issues, mental health, substance misuse & dual diagnosis. Closer working between housing, health & social care
- Feedback from London providers: all but small proportion of rough sleepers have low needs, so can move many from emergency to longer-term secure accommodation (though note LBTH rough sleepers have higher than average support needs)
- Any reduction in substance misuse &/or open drug use = positive impact on residents
- Improve customer journey in Housing Options service, learning from less face-to-face, & triaging to respond to those most in danger of homelessness
- More opportunity to support tenants minimise housing debt whilst eviction ban in place
- Domestic Abuse Bill = domestic abuse victims get priority need status for housing.

Longer term

- Financial pressure on council limits ability to develop new support housing provision
- Economic downturn = more people in financial hardship = higher risk of homelessness. If we do not have the resources to support people, this could lead to an increase in rough sleeping
- Impact on housing support in LBTH. Delays in building of social housing (e.g. due to social distancing in construction) results in a longer wait for those on the waiting list.
- Changes in population will impact on demand for homes: e.g. people leaving London, falls in international migration & international student numbers & if birth rate continues to fall.

- Fewer rough sleepers on the streets
- More & better accommodation options for single people, enabling rapid exit from street homelessness
- Ambition to end rough sleeping by 2027 could be achieved earlier
- Economic change may impact rent levels, making tenancies more affordable - though income may change in parallel
- Wider transformation in Housing Options to prevent & relieve more homelessness significantly reduces reliance on costly temporary accommodation.



Safeguarding children 1/3



- Lockdown arising from Covid - esp school & childcare closure - generally thought to have made child abuse & neglect harder to identify
- Some children will have been put into lockdown with their abusers
- Feedback that all London boroughs have seen a drop in young people going missing. Possibly linked to disruption in county lines activity. But those who are involved may face higher risks, including debt bondage from arrest/robbery
- Concern that the risk of online abuse & exploitation has increased due to lockdown; & that child awareness of consent & keeping safe lessening as not in school or early years provision.



- Pre-Covid, in March 2020 LBTH had 973 children in need, 230 on a child protection plan & 307 looked after children.
- Following lockdown, feedback is that there was an initial dip in overall referral numbers to children's social care - likely due to school closure as schools are the main source of MASH referrals. We have seen a rise in the number of child protection plans over March, April & May. Significant proportion are linked to a spike in domestic abuse concerns seen from mid-April onwards.
- Concern that school closure has reduced opportunities for detection & early intervention: Issues may have become more entrenched.
- However, by end of May, 20% of vulnerable children were accessing education in LBTH, compared to 2.8% nationally.
- Services have been maintained on a BAU footing for the duration of the pandemic. Staff have stayed in contact with children through face-to-face contact & social media
- **SEND:** Children with additional needs & disabilities up to 3 times more likely to be abused or neglected & less likely to disclose due to communication difficulties

Child protection plans have risen to 265 as at 25th May: This is a rise of 35 (15%) since lockdown began.



Safeguarding adults 2/3



- Lockdown likely to have made adult abuse & neglect more challenging to identify. Feedback that some Safeguarding Adult Boards saw an initial reduction in SG referrals/concerns at start of lockdown, & picture over April varies from Board to Board.
- Some adults at risk will have been put into lockdown with their abusers. Evidence suggests social isolation increases the risk of self-harm & self-neglect.
- Inspection & regulation of care settings changed due to Covid, with fewer visits
- National reports of DNAR orders possibly applied inappropriately to some vulnerable adults
- Health & care workforce and volunteers quickly expanded at start of emergency, & community groups sprang up to help support vulnerable people - positive but not without risk
- New scams related to Covid (see Crime & ASB slide) likely targeted at adults at risk: Previous SCIE research indicates those most at risk of financial abuse are older people with mental capacity who do not yet need care & support.

Action Fraud has received nearly 2,000 reports of from victims of Covid related fraud, with losses of nearly £5

In March, 130 SG concerns were raised in LBTH, of which 45% turned into a safeguarding enquiry. April figures were 114 & 30%. As a point of comparison: September 2019 shows the highest figures in the last year at 186 & 40% respectively

In 2018-19, 30% of SG enquiries related to neglect, 20% to financial abuse, 15% to physical abuse, 15% to psychological abuse & 6% to sexual abuse.



- LBTH has seen an ongoing increase in adult safeguarding concerns over 2017-19, thought to be at least partially due to increased awareness levels.
- However, the number of LBTH safeguarding concerns raised through March & April 2020 seems in line with 2019 figures; & no proportionate increase in DA or financial concerns seen as yet. But has been an increase in proportion of abuse taking place in someone's home & an increase in perpetrators who are known to the individual has happened - consistent with lockdown.
- Feedback from Real that safeguarding advocacy referrals went down when pandemic started
- Feedback from Healthwatch that some thought safeguarding services not 'operating as normal' during Covid & so may have avoided seeking help



- **Older people & people with a disability:** In LBTH & nationally, people in these groups are overrepresented in SG work
- **Homeless & rough sleepers:** Highlighted as a group particularly vulnerable to Covid
- **People with a learning disability:** Highlighted by SABs - indications of higher mortality rates during pandemic, risk of diagnostic overshadowing. Covid impacts may be disproportionate for this group.





Safeguarding - children & adults - 3/3

Next 12 months

- Adult & child abuse & neglect harder to detect in lockdown; & lockdown means many have to spend more time with their abusers. Any future peaks will exacerbate this,
- Vulnerable adults continue to be at a higher risk of Covid-related fraud
- Disruption to some forms of crime (e.g. burglary) pushes criminals towards other forms of crime & exploitation
- Increase in exploitation and grooming online
- Parent Covid fears result in children being kept away from school longer than necessary, keeping some abuse & neglect hidden
- Gradual return of children to schools results in further waves of referrals with a domestic abuse component
- Resurgence of safeguarding adult referrals as lockdown eases
- Serious youth violence starts to increase as lockdown eases
- Less parental supervision for children at home leads to more accidents
- Overcrowding from family members self-isolating together
- Financial hardships increase = pressures on families increase

- Increased partnership working to support vulnerable children & adults
- Opportunity to promote good practice on online supervision
- Services are finding new ways of working to engage with parents
- Comparatively high proportion of vulnerable children accessing education in LBTH raises our profile further post Ofsted

Longer term

- Long-term changes in how people work (less face-to-face, more virtual/remote) make abuse & neglect possibly harder to detect
- Opportunity to work with volunteers on service delivery on a long-term basis has safeguarding implications
- Provision that assisted with detecting concerns will cease following economic & financial pressures
- Mistrust of government & council deter people from engaging with services
- Child awareness around consent & keeping safe will lessen if not accessing early years or school provision



Domestic abuse 1/2



- Lockdown arising from the Covid generally considered to have worsened levels of domestic abuse across the UK.
- Some women will have been put into lockdown with their abuser, often with less opportunity to seek help as a result of the abuser being permanently present.
- Schools have an important role in detecting DA concerns in families, and school closure has likely impeded the ability of schools to do this.

A Women's Aid survey found 67% of survivors currently experiencing abuse said it had got worse since Covid. 78% said Covid had made it harder to leave their abuser.

Met Police reported a 24% increase in DA charges & cautions between 9th March & 24th April. Calls to Refuge helpline 66% higher than normal with 950% increase in website visits

Nearly three times as many women were killed by men during three weeks of coronavirus lockdown in Britain than the average for the same period over the last decade

Pre-Covid, LBTH in top 5 highest reporting London boroughs of DA & in top 2 boroughs for domestic homicide

Over April, 144 of the calls made to the National DA Helpline came from Tower Hamlets - the highest number of all London boroughs

5% reduction in domestic abuse in police recorded crime figures when comparing 31st March to 13th April 2019 and the same period in 2020; & 23% reduction in domestic abuse violence with injury



- Pre-Covid, LBTH had comparatively high levels of recorded DA.
- In LBTH, the anticipated surge in referrals & incidents has taken longer to emerge than first expected. When lockdown started, there was actually a decrease in referrals to IDVAs & Police.
- Feedback is that this has picked up in some places, but not in others.
- LBTH Police reports of DA without injury have been slightly lower March - 10th June 2020 compared to the year before. The number of adult safeguarding concerns with a DA component are roughly the same as last year.
- But there were a spike in MASH referrals with a DA component in April.



- **Women.** DA is a gendered crime & women are more likely to victims.
- **Pregnant women** more likely to be victims of DA & are being advised to follow more stringent social distancing measures - could result in having to spend more time with abuser.
- Women on **low incomes**, with **mental health** issues or **learning disability** are at an increased risk of DA.
- DA has immediate and long-term impacts on **children and young people** & likely children have had greater exposure to DA given school closures





Domestic abuse 2/2

Next 12 months

- Domestic abuse harder to detect during lockdown & lockdown means many have to spend more time with their abusers. Severity of DA increased
- Any future Covid peaks will exacerbate this further
- Increase in demand for support. 'Pent up' demand as lockdown eases. Gradual return of children to schools triggers further waves of referrals with DA component. Stopping of NRPF easements creates surge of need for advocacy. Overall, LBTH projection model predicts 20-30% increase in DA: 100-170 cases pcm, not accounting for July peak (July peak month for offending: ease in lockdown will exacerbate the seasonal peak).
- Advocacy provision & refuge spaces not able to meet projected demand
- Financial pressures arising from increased demand
- Financial hardship for victims from wider Covid impacts (e.g. job loss)

- Domestic Abuse Bill references that domestic abuse victims get priority need status to access housing.
- Small short-term grants funding available for charities to cope with staffing or technology to assist delivery of services during Covid

Longer term



- Longer-term physical & mental health impacts on women & young children from increased level & severity of DA, inc. depression, immune dysfunction, substance misuse, eating disorders & diabetes. Compounded by shortage of therapies for non-English speaking victims
- Increased risk of suicide, higher in South Asian women
- Number of long-term negative impacts associated with children who witness DA
- Delayed/backlog of trials deters some victims from giving evidence. Prosecution of perpetrators & confidence in system declines.
- Surge in permanent housing demand means some victims return to perpetrator, leading to repeat victimisation.
- One report estimates Covid will undermine global efforts to end gender-based violence, reducing progress towards ending it by 2030 by a third.

- If the driver of increased DA levels is lockdown, levels likely to return to 'normal' when lockdown has gone.



Crime & ASB 1/2



- Lockdown appears to have reduced many types of crime.
- Unsurprisingly, burglary & shoplifting dropped as people stayed at home & shops closed. Reduced numbers of people on the streets & cafes etc. reduced traditional forms of street crime; and bar & pub closure reduced incidents of alcohol related disorderly behaviour.
- Anti-social behaviour rose, likely mainly driven by lockdown breaches
- New financial fraud patterns linked to Covid: online & phone fraud, including from phony health authorities, phony charities & the selling of phony testing kits & PPE



- Pre-Covid, crime & ASB a top resident concern & a significant issue in LBTH
- LBTH largely reflects national trends: Reported burglary, robbery & violence with injury (non-domestic abuse) all reduced. ASB reports increased, as have noise complaints: feedback is that social contact fears may mean low level behaviour may be being reported rather than resolved in person.
- Crime & ASB hotspots may change to locations that remain open (e.g. supermarkets, parks) & hotels where vulnerable groups/rough sleepers placed to self-isolate

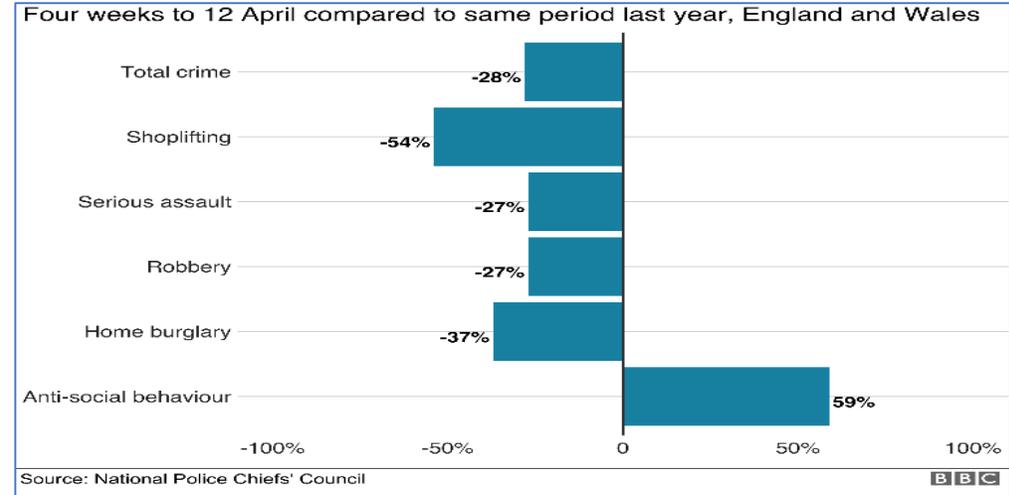


- **Older people** and those feeling more socially isolated may be at an increased risk of Covid-related fraud.
- **BAME**: A disproportionate number of fines and arrests made during lockdown were issued to BAME residents in London.



- In the LBTH Covid Resident Survey, the second most commonly raised concern is crime and ASB, with 25% rating it as one of their three top concerns. Crime and ASB was the top concern in the 2019 Annual Residents Survey with 48% raising it, but the two surveys are not directly comparable.

Overall reduction in UK in reported crime of 28% in 4 weeks up to 12th April



Pre-Covid, LBTH had 6th highest rate of crime in London (total notifiable offences) & 2nd highest rate of ASB calls in London. In the 2019 Annual Residents Survey, 86% said they feel safe in the area during the day & 58% feel safe at night.

In LBTH, comparing 31st March to 13th April 2020 with the previous year shows decreases of 30% for burglary, 46% for violence with injury (non-DV) and 66% for robbery. ASB reports to the police increased 152%





Crime & ASB - 2/2

Next 12 months

- 'Rebound' in burglary, theft, alcohol related disturbances & violent crime as lockdown eases
- 'Pent up' rebound in serious violence, with links to drugs markets
- Change in 'crowded places' results in new terrorism risks, including supermarkets, hospitals, distribution centres & warehouses
- If lockdown is flexed to respond to any future peaks in the virus, types and volumes of crime will change in line with this
- Types of crime will evolve & adapt to their circumstances - e.g. evolving forms of fraud

- Crime types that have reduced lower-than-average levels to continue for as long as social distancing in place
- Residents less likely to report crime & ASB their top concern given crime reductions
- Opportunity for residents to be more active in reporting crime having experienced a reduction

Longer term



- If things return to normal, so might pre-Covid crime and ASB patterns
- Increase in deprivation is likely to have a long-term negative impact on crime & ASB levels
- Travel & other restrictions lasting longer than a year impact on serious organised crime activity

- Long-term changes in work patterns may impact on crime levels - e.g. more people working from home may reduce burglary



Substance misuse 1/2



- There has been changes to drugs markets, dealers and users due to Covid. UN report concludes that Covid led to opiate & cocaine shortages & price rises in Europe, leading to rises in people accessing treatment & in accessing synthetic alternatives. Cannabis supply is largely unaffected and demand is up.
- The impact on alcohol use appears mixed. More people sought help from Alcohol Change UK for problem drinking. In national surveys, some report drinking more whilst other have cut down or given up.

4,089 sought advice from the “get help now” section of its website between 23 March and 30 April last year, compared to 20,067 visits one year on.

In a nation survey, 20% of Britons who drink said they have begun drinking more often since lockdown, however 35% of those who usually consume alcohol have cut down and 6% have given up.

On 8 April, LBTH RESET treatment service received 55 new referrals, many from homeless hostels and hotels. The number of new referrals in April 2020 was 201 compared to 207 for April-June 2019/20.

The Drug Intervention Project, working with offenders with drug problems also reported an increase in self referrals.



- Pre Covid, LBTH had the highest estimated rate of crack & opiate use in London
- National & international trends are reflected here. Drug prices have increased in London (2-3 times more from some reports) & feedback is crack & heroin availability reduced.
- This & the housing of rough sleepers in hostels & hotels has contributed to much higher numbers of people self-referring for treatment.
- Organised crime groups and/or urban street gangs who depend on income from street-based drugs markets will have adapted how they operate.

- **Adults** - comparatively high rates of crack & heroin use
- **Young people** - drug of choice of those in treatment is alcohol & cannabis
- **Rough sleepers** - 71% of those seen sleeping rough in LBTH October to December 2019 had a substance misuse.





Substance misuse - 2/2

Next 12 months

- Increased rivalry & violence between drug gangs as wholesale & retail price of cocaine & opiates has risen
- If prices stay high, acquisitive crime (e.g. theft) may increase
- Drugs that are in short supply, or lower purity & higher price lead to some switching to harmful substitutes, e.g. fentanyl
- UN report notes that stockpiling by drug suppliers has likely occurred, leading to possible oversupply, low cost, high purity & overdoses once restrictions eased

- Opportunity to continue increasing the number of people accessing treatment and to prevent relapse
- High drugs prices may deter some from starting or relapsing

Longer term



- UN report: economic shocks result in an increase in drug consumption & downturn could lead to 'last transformation of drugs market' due to more pushed into making a living from it, less enforcement and lower retail price
- Negative impacts associated with increase in cannabis use (if an increase has happened in LBTH)

- Opportunity to make significant improvement in levels of crack and opiate use in LBTH via treatment referrals, prevention & early intervention



Education & learning 1/3



- Schools & childcare settings closed on 20th March to all but key worker & vulnerable children. Schools started to reopen from 1st June, starting with reception & years 1 & 6 (but highly variable). Many not operating at full capacity due to social distancing requirements.
- Expectation of home and/or distance learning across the board.
- Key exams & assessments cancelled this year. Ofqual instead developing a process that takes into account a broad range of evidence, including assessments by schools and colleges of the grades that students would have been likely to obtain if exams went ahead & prior attainment

In a national ONS survey 17-27th April, 63% of those with dependent children said they had home-schooled their child in the last week (note children may be pre-school age or being home-schooled by another household member). 69% of those who had said they had access to the resources needed to do it well.

69% of LBTH early years pupils achieving a good level of development in 2019, up from 46% in 2013

Key Stage 4 LBTH pupils had higher attainment outcomes in 2019 than their national peers with similar prior attainment. 44% got strong pass (grades 9-5) in English & Maths in LBTH vs 44% England. 68% got standard pass (grades 9-4) vs 68% England.

Overall, Tower Hamlets is ranked third out of eleven statistical neighbours.

- Pre-Covid, attainment across LBTH at all stages of school was above national averages. All but 4 schools & all but 3 childcare settings rated by Ofsted as good or outstanding. LBTH primary schools were going through reorganisation to ensure sustainability of smaller schools struggling due to falling rolls.
- An average of 77 schools & 69 childcare settings have remained open for vulnerable & keyworker children. Several schools acted as hubs to accommodate eligible children from closed schools. 5 Children's Centres remained open.
- Attendance during lockdown remained low (an average of 200 pupils in school, 589 in childcare), especially amongst vulnerable children - but increased week on week.
- Schools have adopted a variety of approaches to supporting pupils with home learning: online resources; providing work packs to be collected by parents & virtual lessons.
- Pre-Covid, all primary school children received free school meals. The National Voucher Scheme that has largely replaced free school meals is only going to eligible families
- Adult learning has also shifted away from classrooms to remote learning, which will have been inaccessible for some

In the LBTH Covid Resident Survey, the third most commonly raised concern is schools reopening, with 24% respondents rating it as one of their three top concerns.

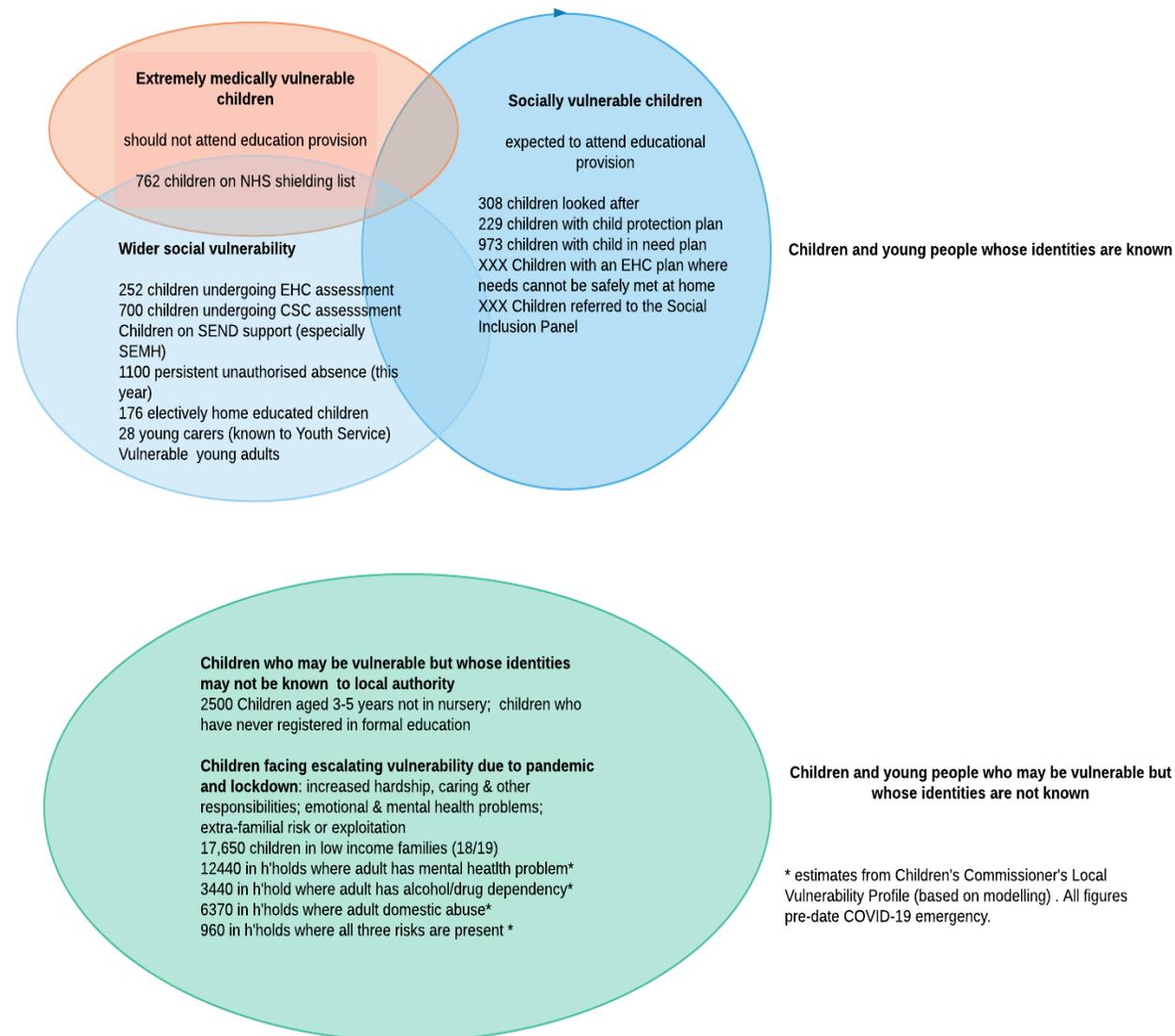




Education & learning 2/3

- **Any children classed as vulnerable in the diagram opposite.** These children already have additional challenges which may be exacerbated by the pandemic
- **Boys.** Pre-Covid, girls had higher attainment than boys across all stages
- **Ethnicity.** Pre-Covid, White British children, those from a mixed heritage and Black Caribbean children in LBTH perform less well than their counterparts.
- **Families on low incomes.** Children from low-income households live in conditions that make home schooling difficult: e.g., no space to do homework, less likely to have a computers & internet connection.
- **Teenagers** - parents are reporting a change in routines with many staying up late and sleeping through the school day, not accessing school work
- **Families not eligible for FSM:** Families not eligible for free school meals under the national scheme may be struggling now the offer is not universal.
- **Families with English as an additional language** may find home learning difficult due to language barriers.
- **Larger families** may be impacted as a range of ages will decrease parental time with each one when supporting learning
- **SEND:** For example, some opportunities for early identification and support with learning and development needs will have been missed.

Overview of different groups of vulnerable children in Tower Hamlets





Education & learning - 3/3

Next 12 months

- Ongoing impact on quality & consistency of education provision as remote / home learning not the same as classroom. Particular impact on groups in last slide.
- Parent Covid fears mean some children kept away from school longer than necessary - consequent impacts on quality & consistency of education
- Concerns about inaccurate awarding of qualifications (can appeal)
- School risk assessments delay/prevent some from reopening (e.g. not enough space to be socially distant)
- Some school staff from at-risk groups reluctant to return, increasing need for agency / unqualified staff
- Re-integrating children to school puts pressure on services including Parent & Family Support Service, SLS & BASS
- Possible delays with LBTH reorganisation of primary schools
- Children not school-ready for Sept 2020

- School closures mean families are spending more time together, strengthening family relationships
- CAMHS developing plans for work with children who remain out of school post-lockdown.
- Some young people who were previously disengaged from education (e.g. young people supported by exploitation service) benefitting from home learning during lockdown - opportunities to build on this

Longer term



- Risk of attainment levels dropping. Part of national trend, but LBTH harder hit if Covid exacerbates social inequalities
- Poorer language acquisition in 0-5 yr olds impacts on outcomes in school & beyond
- Financial impact on higher education as a result of a drop in international student applications
- Those who miss exams have less experience of them in future
- Time out of education, away from peers & away from open spaces has other consequences, including for children's emotional well-being, confidence, physical development & learning
- Covid fears last into next year & result in school attendance levels lower than pre-Covid
- Reduced early socialisation in 0-5 yr olds impacts on schools behaviour when older

- Many children will remain resilient in face of challenges
- Schools will engage with innovate ways of working
- Increased familiarity with technology for education for school staff, pupils & parents



Transport & air quality 1/3



- Car & public transport usage dropped in March. Car usage started creeping back up in May when lockdown easing announced.
- TfL usage levels still low due to proportion of workers not commuting & social distancing challenge. TfL estimates an 80% reduction in public transport capacity is needed. People asked to avoid public transport unless absolutely necessary. TfL now facing financial problems as fare income has plummeted. Challenge that TfL use may be replaced with car use.
- As a result, Streetspace announced by Mayor of London on 15th May. Plan to create more space on streets so people can walk & cycle more. Congestion Charge and Ultra Low Emission Zone (ULEZ) reintroduced on 18th May.
- Indications that air quality improved with lockdown across London.
- Evidence of correlations between higher PM2.5 and nitrogen dioxide & higher Covid deaths, but no causal link yet established. Air pollution increases risk of many pre-existing conditions that make Covid more severe & deadly.

The number of TfL bus passengers has dropped 85%, and people using the tube has dropped 95% compared to last year (as of 12th May)

77% of LBTH residents (& 48 schools) live in areas of unacceptable air quality. LBTH has 9th highest mortality rate attributed to human-made air pollution in London.

Mayor of London figures showed 27% drop in nitrogen oxide across London in the four weeks up to 23rd April - though note springtime is the most polluted time in UK

NO2 levels improved in LBTH. Mile End Monitoring Station monthly average NO2 $\mu\text{g}/\text{m}^3$: 24.7 & 18.1 for April & May 2020 vs. 41 & 33.8 in 2019. In Blackwall: 30.8 & 29 in April & May 2020 vs. 42 & 7.1 in 2019.

In an national AA survey 14-20th April, 22% said they will drive less (24% aged 65+); 36% reported they will walk/cycle/run more

Cycle counts in St James Gardens, Bethnal Green Gardens and Meath Gardens in April 2020 was 28% lower than April 2019 figures

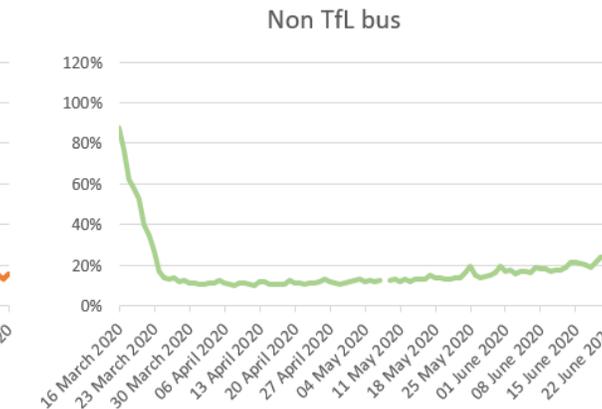
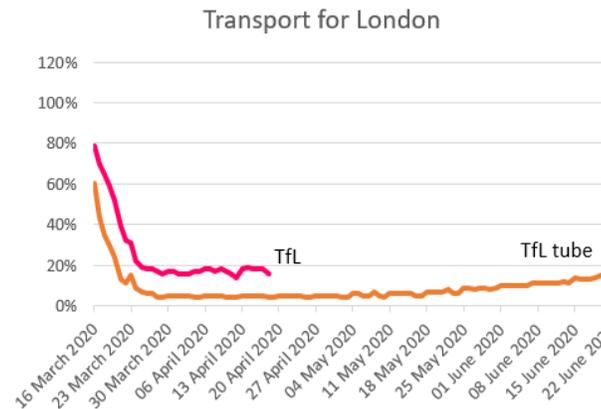
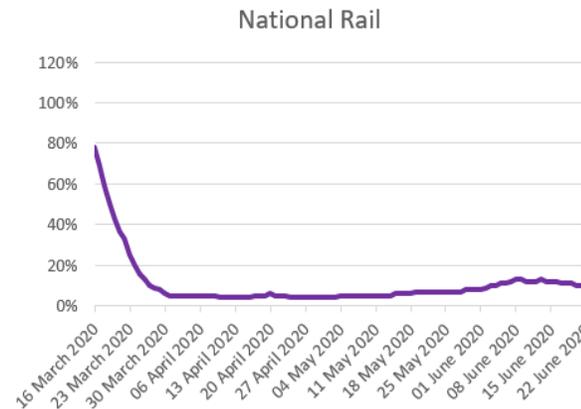
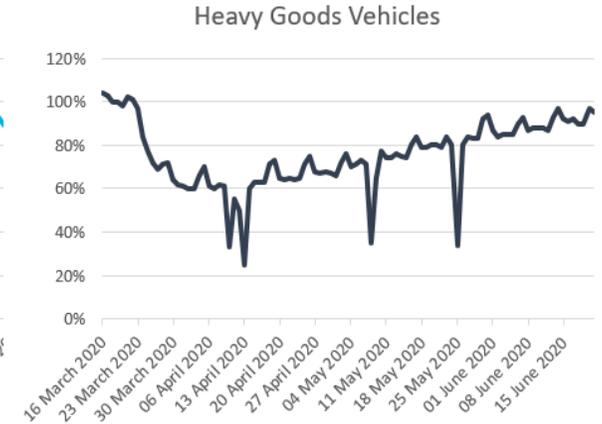
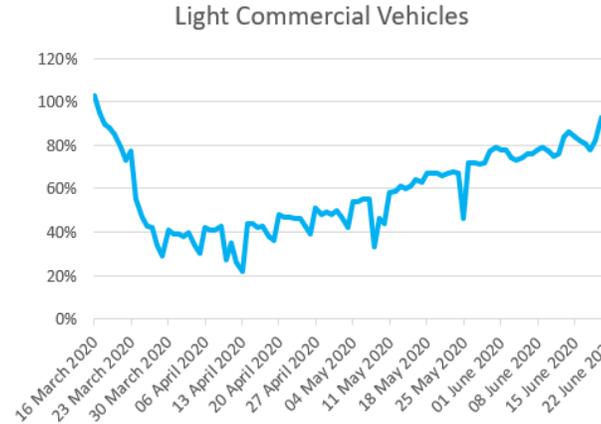
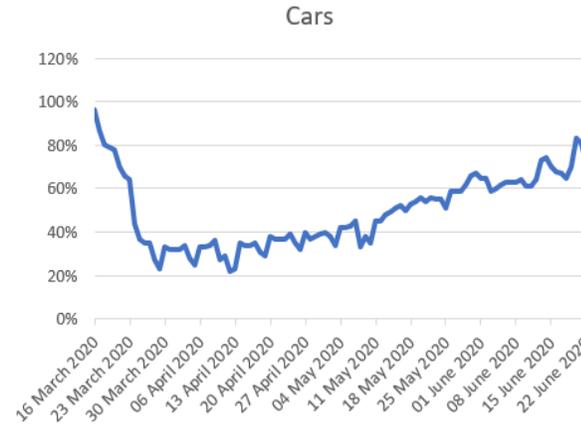
- 
- Pre-Covid, air quality & road congestion key challenges in LBTH. 37% of LBTH residents own a car (well below national average) but high levels of congestion from through traffic & major roads.
 - Evidence that cycling trips in LBTH have reduced since lockdown - likely due to fewer commutes. Fewer weekday trips compared to weekend, suggesting cycling for leisure may have increased.
 - 2014-19 LBTH Transport Strategy includes aim for LBTH to be one of best places to walk & cycle in London
 - Section of Old Ford Road at Skew Bridge closed to cars due to Covid to help create space for social distancing
 - Programmes to improve air quality & active travel - e.g. Liveable Streets - continuing through lockdown



Transport & air quality 2/3



In the LBTH Covid Resident Survey, the fourth (of a possible 18) most commonly raised concern is improvements to streets and pavements for social distancing, with 24% rating it as one of their three top concerns. This is followed by air pollution as the fifth most commonly raised concern (21.5%).



Transport data is indexed to the equivalent day in either January or February 2020 (Traffic and Buses) or 2019 (Rail).

Source: Department for Transport

<https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic>





Transport & air quality - 3/3



Next 12 months

- If TfL usage needs to reduce by 80% & all switched to active travel, LBTH would have to accommodate 60-70% more resident active travel trips (& more from non-residents).
- Conversely, LBTH would see an increase of 50-60% private transport trips if car-owning households switched their usual public transport journeys to cars. Subsequent negative impact on air quality & journey time.
- Challenge to manage the potential rebound in car usage as lockdown eases whilst travel by public transport is discouraged.

Longer term

- A TfL 'bailout' could result in a fares increase, making travel for under-18s, people with disabilities & older people potentially harder
- Any long-term negative impacts on TfL has subsequent impacts on commuters & therefore LBTH businesses
- Conversely, long-term impacts on working from home patterns & on businesses has subsequent impacts on transport
- Climate change could be pushed down the agenda as a result of socio economic impact of Covid

- Significant opportunity accelerate aims of the LBTH Transport Strategy, inc. encouraging more walking & cycling. Utilise Streetspace Plan funding; utilise comms campaign.
- Greater availability of cycle paths & wider footways
- Utilise feedback that indicates willingness among good proportion of people to walk/cycle more
- Road safety will increase if roads less dominated by cars
- Improved air quality will have health benefits given air pollution increases the risk of many pre-existing conditions that make Covid more severe (e.g. asthma) & possibly Covid itself
- Bart's Health NHS Trust keen to work with council on Streetspace initiatives

- People more aware of benefits of better air quality
- Opportunity to change how people travel around the borough on a long-term basis, towards more active travel
- Potential for review of planning policy/regeneration projects to support this shift
- Advances in e-bikes support this further if easier option for long distances
- Physical and mental health benefits of increased physical activity
- Health benefits of improved air quality, inc. improved child lung capacity
- Reduced mortality associated with air quality (Kings Fund report using 2010 data: 158 LBTH deaths attributable to particle matter & NO2)
- Contributes to tackling climate change
- Switching use of polluting vehicles to clean vehicles
- Movement of some companies towards more home working reduces pressure on public transport



Community cohesion & involvement 1/3



- Many communities responded to Covid with 'prosocial' behaviour
 - 'NHS Volunteer Responders' programme launched in March. Aim to get 250,000 signed up well exceeded. Some feedback that there is much lower than anticipated demand.
 - A huge number of mutual aid groups spring up around the UK when the pandemic started. These generally aim to help vulnerable isolated people to use neighbours to fetch food & medicine. This may have reduced demand on the NHS scheme.
 - Covid has shone a light on race inequality, arguably contributing to anti-racism action (followed by extreme right-wing counter-reactions) that gained pace in June.
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- Pre-Covid, LBTH had comparatively high levels of resident-reported community cohesion levels.
 - National trends are mirrored locally. Many mutual aid groups set up, often operating on a hyper-local level (e.g on one estate). Number of people registered to volunteer with the Tower Hamlets Volunteer Centre is much higher than pre-Covid levels.
 - Many volunteers are residents get food, medicine and company (e.g. via telephone befriending)
 - However, feedback from Healthwatch is that that there is some growing conflict between neighbours due to lockdown - backed up by noise complaints to LBTH - & tension as residents raised concerns over others not adhering to social distancing rules.
 - There has been no rise in hate crime locally between March & June, & risk of rise in hate crime towards Chinese community not seen.

Around 750,000 signed up the NHS Volunteer Responders app, of which 600,000 have been accepted. As of end of April, 75,000 tasks had been logged.

An estimated 4,300 mutual aid groups exist, connecting up to 3 million people in the UK.

As of 18th May, 2,083 residents registered with Tower Hamlets Volunteer Centre. 1984 matches have been made to date.

Between 23rd March & 25th May, 157 people volunteered for 686 hours with Tower Hamlets Homes. This including 256 shopping trips, 74 medication pick-ups & 1816 hot meal deliveries.

In the 2019 LBTH Annual Residents Survey, 76% of residents thought people of different backgrounds got along well together - down from 86% in 2018

In a national survey 14-17th May, 22% said Britain was unified before the pandemic & 49% thought it would be after the pandemic. 42% thought was very/somewhat kind before, 61% thought would be after. 15% thought was very/somewhat equal before, 22% thought would be after.



Community cohesion & involvement 2/3



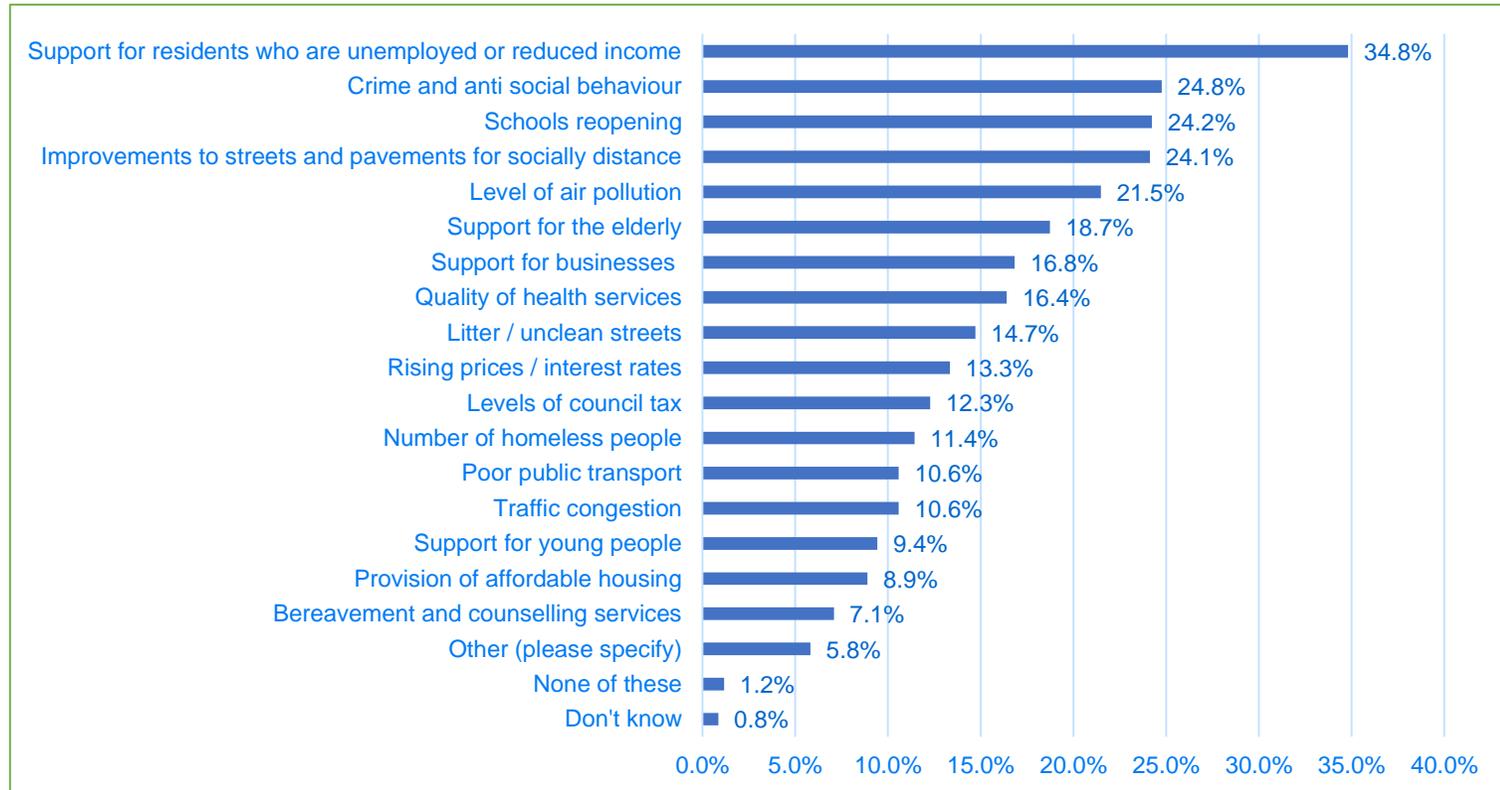
In the LBTH Covid Resident Survey:

46% of respondents said the pandemic has had a positive impact on relationships with the neighbours, compared to 11% reporting a negative impact.

43% of respondents said the pandemic has had a positive impact on feelings of belonging to a local community, compared to 18% reporting a negative impact.

13% of respondents say they have started or are doing more volunteer work since the pandemic started.

Now that we are starting to move out of the lockdown restrictions, which of the following are your top three concerns?





Community cohesion & involvement - 1/2



Next 12 months

Longer term

- Availability of volunteers reduces as lockdown eases & more return to work
- Some community cohesion undermined if lockdown causes increase in conflict between neighbours
- Adherence to social distancing rules ongoing cause of community friction
- Community tension arising from Covid highlighting existing inequalities

- Some studies suggest economic downturn increases the risk of 'scapegoating'
- Reduced opportunity for different communities to come together in public events undermines work to promote community cohesion
- Community tension arising from Covid exacerbating existing inequalities

- Opportunity to further galvanise & act on increased 'community spirit'
- Mutual aid groups could outlast the pandemic / respond to non-Covid emergencies
- Potential for stronger levels and/or feelings of community cohesion arising from this - further strengthened via positive perceptions of diverse health & care workforce
- Early studies on mental health & on carers during Covid both point to staying connected a 'sense of community' / people 'helping each other out' as beneficial to wellbeing - opportunity to utilise this to help combat negative impact of pandemic on mental wellbeing
- Community activism starts to reduce inequalities

- Opportunity for volunteers to support the charity sector, counterbalancing some of the potential negative impact of economic downturn
- Community activism tackles long-standing inequalities



Council Workforce 1/2



- A number of councils in England have reported deaths in service
- PHE report found those working in social care had higher Covid death rates
- Staff absence/availability an issue due to sickness, self-isolation & childcare
- Some councils furloughed staff due to services stopping, funding stopping, or staff shielding. More report recruiting additional staff
- Many services operating in a different way. Face-to-face services largely remodelled. 'New' pandemic services now in councils: PPE, testing, shielding
- Some staff redeployed to support new or disrupted services
- Significant numbers of staff likely to now be working from home
- Higher incidence of trauma, burn out, stress & anxiety seen in health care staff in previous pandemics. Can apply to frontline staff in Covid response.

LGA Covid Workforce Survey carried out w/e 1st May found that of the councils responding:

- 7% of the workforce unavailable for work. 70% from Covid
- 3% of the current workforce redeployed
- 16% report furloughing at least 1 staff member
- 76% recruited additional staff
- 19% reported having less PPE than needed
- Third & fifth of councils respectively report moderate disruption to running of adult & children's services.



- LBTH staff sickness absence rose steeply from 19th March, peaked on 1st April, declined between 6th April and 24th April then stabilised to the end of May
- A number of staff were redeployed into different roles to respond to Covid
- The experience of staff will vary depending on personal circumstances & the impact of Covid on particular services
- More staff are working from home. Likely that the proportion of staff living in small spaces ill equipped for home working is higher than national average
- Although there is no pre-Covid direct comparator, an LBTH survey carried out 20th April-1st May shows a high number of staff reporting good mental health, feeling connected to their team & feeling that doing meaningful work.

- In April, 53% of LBTH staff sickness was due to Covid
- On 1st April, 5.9% of the workforce was off sick
- The average number of sickness absence days (on a given working day) in March was 144 days lost, 159 days lost in April and 127 days lost in May



- **Women** made up 63% of the workforce in 2019. 72% of employees in the lowest quartile of earnings for the council were women.
- **BAME** employees made up 56% of the workforce in 2019. 65% of employees in the lowest quartile of earnings for the council were BAME

LBTH Staff Survey carried out 20th April to 1st May found that of the 1582 staff responding:

- 87% felt connected to their team
- 87% felt they were doing meaningful work
- 72% agreed their mental health was good (8.4% disagreed)





Council Workforce - 2/2

Next 12 months

- Impact of Covid on staff wellbeing mirrors wider trends described here
- Impact on frontline/key worker staff working on pandemic response significant (PTSD, burnout, anxiety) & some will need support
- Sporadic increase in staff absence if future outbreaks or peaks
- Productivity impacted by the above & childcare commitments
- Continuation of pandemic response impacts BAU & is likely to fluctuate as restrictions are eased / re-imposed if future peaks
- More staff working from home than pre-Covid = subsequent health & safety issues to think through
- Financial challenges facing councils will impact on workforce & services

- Opportunity to recruit to hard-to-fill roles as a result of both raised profile (Proud to Care campaign in social care) & as result of changes in wider job market
- Opportunity to build on & galvanise staff sense of common purpose & team work
- 'Post traumatic growth': Values & self-worth positively affected through contributions made in challenging circumstances

Longer term



- Skills mix of the workforce could change
- Financial pressures on the council will have subsequent impacts on staff
- Potentially smaller pool of applicants for jobs arising from reduction migration & movement (within the UK & internationally)

- Opportunity to capitalise on resident growing familiarity with channel shift: Less face-to-face service provision, more digital (with an awareness of 'digital divide')
- Long-term changes to how people work - more working from home & flexible working. Potentially less office space
- Opportunity to improve recruitment & retention on a longer-term basis, arising from changing jobs market, & linked to any raised profile of adult social care & any funding solution

