

Cabinet 29 July 2020	 TOWER HAMLETS
Report of: Denise Radley, Corporate Director – Health, Adult and Community Services	Classification: Unrestricted
Understanding the impact of Covid-19 in Tower Hamlets	

Lead Member	Mayor John Biggs
Originating Officer(s)	Joanne Starkie (Head of Strategy and Policy – Health, Adults and Communities)
Wards affected	All wards
Key Decision?	No
Forward Plan Notice Published	8 June 2020
Reason for Key Decision	n/a
Strategic Plan Priority	All priorities

Executive Summary

This report and appendices describe the impact of the Covid-19 pandemic on Tower Hamlets so far and attempts to predict the impact going forward. The report focuses on fifteen topics, the first seven of which have been identified as most significant. For each topic, the accompanying slides describe the national impact to date, the local impact (comparing before and after lockdown, including the results of the recent Tower Hamlets resident survey) and any groups particularly impacted. The slides then go on to predict challenges and opportunities over the next 12 months and beyond. The content of the slides are summarised in this report.

Overall it is clear that the physical, mental and social repercussions of Covid-19 go far beyond the virus itself. One of the main cross-cutting themes in the report is that Covid-19 may have shone a light on inequalities, but these could be exacerbated further going forward: Leading to poorer outcomes for residents, higher demands for support and increased financial pressures on the council. However, the assessment also identifies areas of positive impact, raising a question on how we can best keep hold of these as lockdown restrictions ease. Furthermore, there are other opportunities for us to capitalise on to the benefit of residents and the council.

Recommendations:

The Mayor in Cabinet is recommended to:

1. Note the contents of this report summarising the impact of the Covid-19 pandemic on Tower Hamlets to date and predicting the medium and long-term challenges and opportunities going forward.

1. REASONS FOR THE DECISIONS

- 1.1 To provide evidence and insight in order to inform strategic planning. The report is part of the council's approach to recovery and reconstitution.

2. ALTERNATIVE OPTIONS

- 2.1 N/a – the report is presented for information and discussion.

3. DETAILS OF THE REPORT

3.1 Physical health and mortality

The clearest impact of Covid-19 is in the infection and mortality rate in Tower Hamlets. But there are significant indirect physical health impacts too. The interaction Tower Hamlets residents have with the NHS for non-Covid-19 related issues changed or reduced in most areas when the pandemic started. Due to this and a fear of Covid-19, some are not getting the care or treatment they need. Meanwhile, the wider determinants of health (e.g. employment levels) are changing. There is a real risk that health inequalities in the borough will increase and that many will be living in poorer health. This is likely to be a national trend, but Tower Hamlets may be hit harder given our existing health inequalities.

However, going forward there is also an opportunity to capitalise on people's interest in staying healthy to encourage things like smoking cessation and active travel. The NHS is also likely to accelerate system changes and retain aspects of their pandemic response that worked well, such as 111 use and digital consultations.

3.2 Mental health

Significant impacts for children and adults are predicted here. We know people have been reporting negative impacts on their mental health and wellbeing since lockdown began, but that has not been reflected in the take-up of mental health services. Some of this will be due to changes in service provision during the pandemic, and there are indications that existing users of mental health services may have had difficulties as a result. Meanwhile, some will have experienced traumatic events or changes in their lives from Covid-19 which mean they now need support with their mental health. The 'pent up' demand for mental health during lockdown plus new demand has led to London-wide modelling suggesting a 20-30% surge in mental health demand as lockdown eases. This will have an impact on health and social care services and is a key issue for Tower Hamlets, given that the prevalence of mental health in the borough was already high going into the pandemic.

3.3 Social care

Adult social care services have been at the 'front line' of the pandemic response. The small number of care homes in Tower Hamlets have suffered a number of outbreaks and deaths. This has affected everyone working and living in care homes and their families, and the reverberations will be felt into the future. Demand for social care increased with hospital discharge rates as the pandemic hit, but not as steeply as expected and the system was able to cope. Going forward, we are likely to see demand fluctuate but increase overall, influenced by the impact of Covid-19 on physical and

mental health. The sector has long called for a sustainable funding solution at a national level, and without this, there are likely to be significant financial pressures arising from this increased demand.

There are opportunities too: Covid-19 has seen the profile of adult social care raised (a sector less well understood than others) and there are national commitments to boost this further and support recruitment to hard-to-fill roles. People's growing familiarity with technology for health and care can be capitalised upon. Innovative joint working between health and care will continue into recovery.

3.4 Deprivation and employment

Tower Hamlets came into the pandemic with high but improving levels of deprivation and employment. Since lockdown, there has been an increase in financial hardship from a reduction in income. One of the clearest signs of changing circumstances has been the surge in food bank use and demand for emergency food packages. There are indications that Tower Hamlets has been hit harder than most, with a rise in Universal Credit claimants that is steeper than London and UK averages¹.

Whilst the impact so far has been cushioned to an extent by national and local interventions (e.g. the Job Retention Scheme), as this phases out, more people will face financial hardship and the reverberations of increased poverty will be felt across the board, in people's lives and in demand for services. It will be harder to tackle deprivation through employment if there are less job opportunities and a wider pool of people competing for jobs. Some predictions are for a 'V' shaped economic recovery, counteracting the impact of this year to a greater or lesser extent – but this is simply not known.

3.5 Business

The impact on business has been highly uneven and varies by sector. Hardest hit are those most difficult to function during lockdown and those less viable with social distancing: the arts, retail, entertainment, recreation, hospitality and food services. These sectors make up a small but significant proportion (6.9%) of the jobs in Tower Hamlets, but it is likely that a higher proportion of residents work in them overall.

As with employment, some of the impact of Covid-19 has been cushioned by national and local interventions. But some businesses will not recover as this is phased out and whilst the need for social distancing continues. In the long-term, these changes may accelerate the trend towards online purchasing and service provision, away from high streets. These changes offer opportunities too.

3.6 Voluntary and community sector

The sector has played an integral role in responding to the pandemic, and demand for services has gone up in many areas. The future impact on the sector follows some of the same trends described previously: there are concerns that economic recovery will not keep pace with support to the sector being phased out, leading to financial pressures and potential closure. One report estimates 1 in 10 UK charities faces bankruptcy by the end of the year. At the same time, demand from residents for support is likely to remain high, also raising the question as to where this demand goes if fewer

¹ LBTH Universal Credit & JSA unemployment claimants rose 2.5% between March and April 2020 - higher than London (1.9%) & England (2%). However, 16% of the LBTH working age population has been furloughed in Tower Hamlets as of June 2020 - slightly lower than average for NE London.

VCS services are there. Going forward, utilising volunteers may be able to cushion the impact on the sector to an extent. Locally, some organisations have highlighted challenges around adapting and offering services in safe way (e.g. if can't offer remotely) and a lack of suitable IT resources to work differently in some areas.

3.7 Homelessness and rough sleeping

Whilst not eradicated, rough sleeping as a social problem was largely resolved across England in a very short time period through the 'Everyone In' scheme - a massive achievement given the national ambition is to solve it by 2027. Locally, the scheme has made it easier for rough sleepers to get health and substance misuse support (pertinent given Tower Hamlets has a greater proportion of rough sleepers with mental health and substance misuse needs compared to the London average). In the medium term, national funding is unlikely to continue at the same levels and there is therefore a risk that the situation reverts back to pre-March. However, there is work going on to plan next steps, providing a key opportunity to maintain the progress made so far.

People have been largely protected from becoming newly homeless due to the eviction ban, but going forward, an increase in homeless arising from an increase in financial hardship and without the safeguards put in place between March and August is a significant risk. The high number of people on the Tower Hamlets waiting list may have to wait longer (compounded by any delays in new developments) with more temporary accommodation placements. An increased demand for housing support will also result in financial pressures for the council.

3.8 Safeguarding children and adults

The nature of lockdown has made abuse and neglect more hidden, and indeed, child safeguarding referral patterns reduced at first when lockdown started before increasing towards more 'usual' levels. This may highlight the importance of staff interacting with residents as a way of abuse or neglect being detected or disclosed. Schools are the main source of referrals to children's social care, and school closure has made child protection issues much harder to detect. Adult safeguarding referrals have stayed within a 'normal' range, but this may not reflect the reality.

In addition, whilst the number of missing child episodes reduced with lockdown, there is a sense that new threats have or will emerge, including increased online exploitation of children and Covid-19 financial scams aimed at vulnerable adults.

Going forward, some safeguarding issues will be harder to detect whilst some form of social distancing is in place. At the same time, as restrictions ease we expect to see a resurgence of referrals and a resurgence of some of the issues dampened down by lockdown (e.g. serious youth violence).

3.9 Domestic abuse

Reported levels of domestic abuse were high in Tower Hamlets coming into the pandemic, and the consensus almost globally is that lockdown increased domestic abuse levels, with some victim having gone into lockdown with their abusers. Whilst there have been clear indications at a national level of domestic abuse getting worse (increased calls to Refuge and domestic homicides) the picture locally is more nuanced: reports related to domestic abuse went down at first, then picked up towards pre-Covid-

19 levels. Locally, this again highlights the importance of staff interacting with residents as a way of abuse being detected or disclosed.

Going forward, local modelling is that the 'pent up' demand will result in a 20-30% increase in demand, excluding the July 'peak' in domestic abuse that evidence suggests happens each year. Again, the increase in demand has financial implications for council domestic abuse services.

3.10 Crime and ASB

Broadly speaking, Covid-19 caused an overall reduction in crime of 28% in the UK² but a rise in reports of ASB. This trend was also seen locally, with significant reductions in burglary, robbery and violence with injury (non-domestic abuse). An increase in ASB complaints is thought to be due to noise complaints, friction between neighbours and concerns about non-adherence to social distancing restrictions. Changes are pertinent to Tower Hamlets given that crime and ASB have been reported as a top resident concern. Going forward, the challenge will be to both stop crime levels reverting back to pre-Covid-19 levels and to tackle crime trends that are evolving and adapting. However, there may be opportunities to further utilise resident empowerment and community mobilisation to help prevent and tackle crime and ASB.

3.11 Substance misuse

The impact of Covid-19 on substance misuse has been largely positive. The number of referrals for treatment went up following lockdown, likely influenced by changes in the drugs market (prices went up, supply reduced) and the support being provided to rough sleepers with substance misuse problems. Tower Hamlets has the highest estimated rates of crack and opiate use in London, so this is a significant achievement and provides an opportunity for lasting change. As with other areas where there has been a positive impact, the challenge then becomes how to hold onto this rather than revert back as restrictions lift.

The impact on alcohol use is more mixed: in national surveys, some report drinking more, others have cut down or stopped.

3.12 Education and learning

Schools and early years provision closed on 20th March for all but key worker and vulnerable children, and there has been an expectation of home learning for all children since then. The full impact will take time to emerge, but the basic concern is that the quality and consistency of supported home learning does not match the classroom and that home learning will be harder for some than others (e.g. harder if no internet access or if in an overcrowded household). For a borough with comparatively high attainment levels and high child poverty levels, the longer-term consequence is that the disruption to education could undermine the gains made in educational achievement to date and widen inequalities.

In addition, at one end of the age scale fewer children starting in September 2020 are likely to be 'school ready'. At the other end, children leaving education this year and seeking employment are likely to find it harder.

² Reported crime in the 4 weeks up to 12th April

3.13 Transport and air quality

Car and public transport use dropped at the end of March. Air quality improved in Tower Hamlets, and across London nitrogen oxide dropped by 27%³. This has positive health implications and is significant given that air quality was comparatively poor in the borough before the pandemic.

Public transport usage remains low and advice remains to avoid public transport unless essential. Transport for London now faces significant financial challenges as a result. Car usage has started to creep back up after the initial drop, which will inevitably reduce the gains made to air quality if it continues, particularly given public transport safety concerns. This has all triggered London's Streetspace programme to widen pathways to enable more cycling and walking.

There is now a key opportunity to encourage and enable walking and cycling over driving, speeding up the delivery of the Tower Hamlets Transport Strategy. The consequences of active transport (better health, better mental health, improved air quality) are pertinent given the health impacts of Covid-19 and the correlation found between air pollution and Covid-19.

3.14 Community cohesion and involvement

Mutual aid groups sprang up across the borough in mid-March, often operating on a hyper-local level to help residents to get essential supplies. 2083 volunteers signed up with the Tower Hamlets Volunteer Centre by 18th May. Whilst the availability of volunteers may diminish as people to return to previous routines and whilst there are careful issues to think through in relation to some volunteer roles (e.g. safeguarding) there is still an opportunity to strengthen how we work with volunteers on a longer-term basis.

National surveys indicate some national optimism that Britain will be more equal, unified and kinder post-Covid-19. On the other side, social distancing has caused new sources of community friction, with complaints about adherence to social distancing guidelines. The pandemic has arguably shone a light on existing inequalities, contributing to activism aimed at tackling this for BAME communities.

3.15 LBTH workforce

In line with elsewhere, the pandemic caused higher sickness absence levels and higher levels of home working. Home working presents challenges, but it also raises the question of whether less office working will be a long-term trend. Services have been remodelled away from face-to-face contact unless essential: Some of this will come back in as restrictions ease, but there is also an opportunity to build on what has worked well.

Some staff - particularly those in the front line of the pandemic - will have had a highly stressful or traumatic experience and some will need support going forward. But high numbers of staff report good mental health, feeling connected to their team and a sense of doing meaningful work during the crisis, providing an opportunity to build on this further.

³ In the 4 weeks up to 23rd April 2020

4. EQUALITIES IMPLICATIONS

The following protected characteristics have been identified as particularly impacted by the Covid-19 pandemic. A full assessment of all nine protected characteristics has been carried out in a Covid-19 Equalities Impact Assessment.

4.1 Age

At one end of the spectrum, old age is a major risk factor for severe and fatal Covid-19 cases, and greater numbers of older people will have experienced trauma and grief from this. Older people are vulnerable to loneliness, possibly exacerbated by many not using technology to maintain social contact in lockdown (the 'digital divide'). Older people are overrepresented in safeguarding adult cases and will be more affected by emerging risks. They are also more likely to be in poorer health, so will be also disproportionately impacted by the disruption to health services.

Covid-19 for children and young people has been less about direct health risks and more about wider social impacts. The impact of school closure has caused disruption to education, made child protection harder to detect and affected levels of physical activity. This will potentially go on for some time and will have long-term consequences. Local insights indicated high levels of loneliness in young people pre-Covid-19, and there are now indications young people are reporting the biggest change in mental health. Furthermore, young people are being disproportionately impacted by unemployment and job disruption. For a young borough with high but improving levels of child poverty, high childhood obesity and good levels of educational attainment, there is a real risk that the progress made so far is disrupted by Covid-19.

4.2 Ethnicity

People of a Black, Asian and minority ethnic background have been disproportionately impacted by Covid-19⁴. The reasons for this are still being looked at a national level⁵, but it is a clear local concern in for Tower Hamlets as a borough where 55% of the population belong to Black and Minority Ethnic groups⁶.

Across the UK, people of a BAME background are overrepresented in some of the occupations directly dealing with the pandemic, they are more likely to live in poverty compared to those of a White British ethnic background and are more likely to diagnosed with a mental health problem. Again, there is a key risk that the indirect impacts of Covid-19 will exacerbate racial inequalities described here. A Tower Hamlets Race Taskforce is now being established to specifically help address this.

4.3 Sex

Women are less likely than men to die from Covid-19⁷, but the rate of Covid-19 fatalities in women is higher in LBTH than nationally, possibly linked to previous evidence that women have lower-than-average healthy life expectancy.

⁴ June PHE report: 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 and 50% higher than White British.

⁵ It is unclear whether ethnicity alone is a risk factor.

⁶ 2011 Census. 32% from a Bangladeshi ethnic background. 4% Black African ethnic background. 2% Black Caribbean groups. 1% from Other Black groups. 3.2% from a Chinese background. 3% Indian. 1% Pakistani.

⁷ Men are more likely to die from Covid-19, possibly linked to occupation.

There is evidence women are being harder hit by changes in the job market (given the comparatively high levels of unemployment in BAME women in LBTH, this is a key issue). Women are more likely to have caring responsibilities, and any negative aspects have likely been exacerbated through lockdown and school closure. Women are the main victims of a rise in domestic abuse. One UN report estimates Covid-19 will undermine global efforts to end gender-based violence, reducing progress towards ending it by 2030 by a third.

4.4 Disability

Disability alone may not be related to a higher risk of Covid-19, but there is a clear association between Covid-19 fatalities and some underlying health conditions. A rise in the number of deaths of those with a learning disability has led to calls for further investigation. People with a disability are more likely to be in contact with health and social care services and will be disproportionately impacted by the disruption to them. People who are 'shielding' are also more likely to be seen in this group, and those shielding are potentially at a greater risk of worsening physical and mental health as a result of stricter social distancing guidelines.

4.5 Socio economic

As mentioned at the start of this report, Covid-19 may have shone a light on existing inequalities, but there is a real risk these have been exacerbated by the consequences of the virus: those on lower incomes are more likely to suffer financial hardship and are less likely to have access to the technology used to cushion some of the blows of lockdown (e.g. to enable social contact, service provision or home learning). Those suffering financial hardship are more likely to face homelessness. The impacts of deprivation are long-term and include poorer physical health, mental health and a higher likelihood of substance misuse and being in contact with the criminal justice system.

5. COMMENTS OF THE CHIEF FINANCE OFFICER

- 5.1. This report provides an update on the impact of Covid-19 and as such there are no financial implications.

6. COMMENTS OF LEGAL SERVICES

- 6.1. The Government has issued guidance to local councils during the coronavirus (Covid-19) outbreak. The advice contained within the guidance has been applied by the council in addressing the responses set out in this report.
- 6.2. Section 149 of the Equality Act 2010 requires the council, in the exercise of its functions, to have due regard to the need to eliminate discrimination and other unlawful conduct, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not (the public sector equality duty). The Council has complied with this duty in conducting a Covid-19 Equalities Impact Assessment and has taken all necessary steps to ensure that it properly understands how the challenges and opportunities set out in this report affects people who have protected characteristics and to understand the needs of people.

Appendices

Appendix I: Understanding the impact of Covid-19 in Tower Hamlets summary slides
Appendix II: Understanding the impact of Covid-19 in Tower Hamlets full slides

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

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