


Cabinet	 TOWER HAMLETS
30 June 2021	
Report of: Will Tuckley, Chief Executive	Classification: Unrestricted
Covid-19 Response – Annual Report 2020-21	

Lead Member	Mayor John Biggs
Originating Officer(s)	Joanne Starkie (Head of Strategy and Policy – Health, Adults and Community)
Wards affected	All wards
Key Decision?	No – noting only
Reason for Key Decision	n/a
Forward Plan Notice Published	n/a
Strategic Plan Priority / Outcome	<ol style="list-style-type: none"> 1. People are aspirational, independent and have equal access to opportunities; 2. A borough that our residents are proud of and love to live in; 3. A dynamic outcomes-based council using digital innovation and partnership working to respond to the changing needs of our borough.

Executive Summary

This report and appendix describe our response to the Covid-19 pandemic over 2020-21, setting out the scale and breadth of the action we have taken to tackle the pandemic and its wider impacts over the last year. This report is presented alongside the ‘Annual council delivery and performance report for 2021-22’ which sets out how we have continued to deliver our core priorities and business as usual despite the pandemic.

Over an unprecedented period, Tower Hamlets Council has worked hard to prevent and limit the spread of Covid-19 whilst tackling the wider impacts on residents and businesses. We have taken a flexible and agile approach, working in close partnership with council partners and residents to utilise our collective local knowledge to act quickly and effectively in response to a fast-moving and devastating pandemic.

Our response to Covid-19 over 2020-21 was and continues to be focused to:

- Prevent and limiting the spread of Covid-19
- Support the most vulnerable through the pandemic

- Support children and families through lockdown and school closure
- Support businesses and residents through economic hardship
- Help make Tower Hamlets as safe a place as possible
- Work in close partnership with our communities.

The appendix to this report describes this response in more detail.

Recommendations:

The Cabinet is recommended to:

- i. Note the contents of this report outlining our response to the Covid-19 pandemic over 2020-21.

1. REASONS FOR THE DECISIONS

- 1.1 To provide the Mayor and Cabinet with an overview of the wide range of actions undertaken by the council in response to the Covid-19 pandemic over the last year.

2. ALTERNATIVE OPTIONS

- 2.1 n/a

3. DETAILS OF THE REPORT

3.1 The Covid-19 pandemic

- 3.1.1 Coronavirus (Covid-19) was declared a pandemic on 11 March 2020, heralding in an intensely challenging period that has left no corner of the world untouched.
- 3.1.2 The UK went through two major 'waves' of the pandemic over spring and winter 2020, and as of 6 June 2021, there have sadly been 152,183 deaths in the UK with Covid-19 on the death certificate. Full national lockdowns came into force on 23 March 2020, 5 November 2020 and 6 January 2021; however local variations and the 'tier' system also resulted in Londoners being subject to additional lockdown restrictions over a proportion of autumn 2020. Whilst the degree of social distancing restrictions in place has varied over the last year, we have all become accustomed to different ways of living and working, with social distancing becoming a routine yet ever-present challenge for all of us.

- 3.1.3 As a densely populated urban area¹ with significant levels of deprivation² and a large Black, Asian and minority ethnic population³, Tower Hamlets was hard-hit by the pandemic. Sadly, as of 6 June 2021, there have been 517 Covid-19 deaths in the borough.
- 3.1.4 In addition to the urgent public health challenge of preventing and limiting the spread of the virus, the wider impacts of the pandemic have also proved devastating in many respects. Lockdown hit the economy and therefore jobs, financial hardship and poverty. School closures impacted on children's learning and wellbeing. Those particularly vulnerable to Covid-19 – including those living in care homes or those who had to 'shield' – are likely to have had an extremely difficult time as a result of stricter social distancing restrictions. All of this continues to have subsequent impacts on people's mental and physical health.
- 3.1.5 To understand more about the impact of Covid-19 in Tower Hamlets we carried out a resident survey in May and June 2020. The results of the survey reaffirmed our understanding of the impact, with 63 per cent of respondents reporting that the pandemic had a negative impact on their mental health, and 53 per cent reporting a negative impact on their work and employment status. In turn, this understanding has helped us agree where to target our resources over the last year.
- 3.1.6 However, it is also worth highlighting that over the same period, we have also seen some positive change. Key amongst this has been the upswell in community activity. From mutual aid groups to volunteering, the borough has come together in a variety of ways to tackle the pandemic and its wider impacts.

3.2 Our response to Covid-19 over 2020-21

- 3.2.1 Given the context described above, the role of the council has been to help prevent and limit the spread of Covid-19 in Tower Hamlets, to tackle the wider negative impacts of lockdown and to grasp opportunities to make positive and lasting change.
- 3.2.2 The appendix to this report provides an overview of the action we have taken in this regard and the impact this has had over the last year. This focuses on our work to:
- Prevent and limiting the spread of Covid-19
 - Support the most vulnerable through the pandemic
 - Support children and families through lockdown and school closure
 - Support businesses and residents through economic hardship
 - Help make Tower Hamlets as safe a place as possible
 - Work in close partnership with our communities.
- 3.2.3 Our approach to this emergency has been agile and flexible: Staff, council partners and residents have pooled and used our collective local knowledge to act quickly and

¹ Urban areas have higher mortality rates than rural once age is accounted for ([source](#))

² Those in deprived areas in England had more than double the Covid-19 mortality rates compared to the least deprived areas ([source](#)).

³ People of Bangladeshi ethnicity are around twice risk of death as White British when other factors accounted for. Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity are between 10-50% higher than White British ([source](#)).

effectively; diverting resources to prioritise the pandemic response. We have targeted help at those who need it most, continually using data and insights to identify where there is an issue and how best to tackle it.

- 3.2.4 This approach and response has been maintained this through periods of intense pressure when many of our staff were themselves unable to work due to Covid-19: For example, on average, between late-March and mid-April 2020, 100 employees were absent each working day due to Covid-19. The peak of this was in the first week of April where over 130 employees were absent on 2 April. Alongside partners and providers, many staff continued to work on the 'frontline' through the pandemic: For example, our reablement team continued to provide care to people at home. Staff were also redeployed within the council to help with the Covid-19 response, setting up and running new services like the PPE depot and the food distribution centre, or making calls to check the wellbeing of those 'shielding'.
- 3.2.5 Finally, whilst the appendix to this report focuses on our response to the Covid-19 pandemic, it should be noted that a lot of work was done behind the scenes over the last year to ensure that core 'business as usual' services – such as waste collection - continued. A number of services quickly adapted, moving from a face-to-face to a phone or virtual offer when safe to do so.

3.3 Governance

- 3.3.1 The pandemic has been managed locally using a gold, silver and bronze command structure; and has been overseen at a strategic and partnership level by the Tower Hamlets Health Protection Board. Appendix I provides an overview of this structure as of March 2021.
- 3.3.2 The groups within this structure have evolved and changed over the last year in response to the pandemic (for example, a vaccine group was set up in late 2020). Partners from health, the community and voluntary sector and elsewhere work with us through this structure, ensuring that we take a holistic and agile approach. For example, the Homelessness and Rough Sleeping Bronze group worked to ensure that all those sleeping rough were offered safe accommodation at the onset of the pandemic. On-site support was provided to those with complex needs, and public health worked to minimise outbreak risks and the spread of infection in hotel and hostel settings. People were offered health assessments by a nurse and could access a GP outreach service. A number of people were referred to support services for mental health and/or substance misuse issues.
- 3.3.3 A wealth of evidence, data and insights is gathered and scrutinised through this governance structure. This includes up-to-date data on infection levels, outbreaks, testing levels and vaccine levels; as well as data on things like local furlough levels and social care referral numbers. Evidence is broken down by things like location, ethnicity and age as much as possible, enabling us to identify where we need to target our approach. Quantitative data is supplemented by qualitative insights from residents and partners: For example, via our local network of Covid champions and from Healthwatch Tower Hamlets. This again has enabled us to understand the action we need to take, and to do so at speed.

3.4 Next steps

- 3.4.1 The challenges and achievements of the last year cannot be understated and continue into 2021-22 as the pandemic is not yet over. Going forward, we will continue our prioritise our response to Covid-19.
- 3.4.2 At the same time, we are putting a focus on supporting our communities to recover from the pandemic. An [impact assessment](#) we carried out in summer 2020 highlighted the short and potential longer terms impacts over a number of areas including inequality, physical and mental health, employment and deprivation and education and learning. This assessment has informed our future plans, including:
- A range of activity to support children and young people to ‘bounce back’ to play, learning and wellbeing.
 - A £3 million one-off funding pot to help address the damage caused by the pandemic through initiatives that tackle inequality, support mental and physical health, support economic recovery, and support learning and recovery for children and young people.
 - Work to recognise the pandemic and celebrate those who contributed to the pandemic response over the last year.
- 3.4.3 Finally, we want to retain what worked well over the last year. We rapidly changed and innovated how we work and provide services, doing more on the phone or using digital technology. We will retain this where it is of benefit to residents. Our close working with partners (NHS, police, schools and others), with the community and voluntary sector and with residents and community groups has been the key to our success over the last year, and we are committed to continuing and building on this going forward.

4. **EQUALITIES IMPLICATIONS**

- 4.1.1 The pandemic has shone a spotlight on existing inequalities, and in tackling the Covid-19 pandemic, we have sought to address and tackle these inequalities.
- 4.1.2 **Ethnicity**: People of a Black, Asian and minority ethnic background have been disproportionately impacted by Covid-19⁴. Our response to the pandemic has included a focus on BAME communities – providing information in community languages and working with residents and partners to ensure that everyone has the best and most up-to-date information in relation to Covid-19. We have carried out targeted work to support people from a BAME background to be vaccinated, successfully reducing the disparity in vaccination levels over time.
- 4.1.3 **Faith or religious belief**: We have worked closely with local faith leaders and representatives throughout the pandemic. For example, we held training sessions with the Tower Hamlets Interfaith Forum on infection prevention and outbreak control

⁴ [Source](#)

and we have worked with health partners to roll out vaccination clinics in settings including East London Muslim Centre.

- 4.1.4 Sex: Lockdown is generally understood to have had a negative impact on domestic abuse, and as a gendered crime that disproportionately impacts on women, our response has also been primarily targeted at women. We have continually promoted support so domestic abuse victims know where to go for help, and in January we launched a new Solace Advocacy and Support Service to further enhance our approach.
- 4.1.5 Age: People aged 80 or over years old are 70 times more likely to die than those under 40 years old with Covid-19⁵, and we have targeted infection prevention and control at older people: This includes providing wraparound care to care homes, and supporting and encouraging older people to get the Covid-19 vaccine. At the other end of the scale, children have been hard hit by school closure and young people are being particularly hard hit by the economic downturn: A range of work has been put in place to respond to this.
- 4.1.6 Disability: 91% people who died with Covid in March 2020 had at least one pre-existing condition⁶, and a national report published in November 2020 indicates that the death rate for people with learning disabilities from Covid-19 was at least four times higher than the general population⁷. We have worked to support people with a disability through the pandemic, including providing shielding support where needed and encouraging people to be vaccinated as soon as they are eligible.
- 4.1.7 Socio-economic: Across the UK, those in deprived areas had more than double the Covid-19 mortality rates compared to those in the least deprived areas. In parallel, we have focused our response on those who have needed support the most – targeting interventions and working with community partners to do this. For example, we have distributed self-isolation payments to over 475 residents on a low income to mitigate loss of income as a result of not being able to work.

5. OTHER STATUTORY IMPLICATIONS

- 5.1 Statutory implications associated with the Covid-19 response include:
- The Coronavirus Act, was passed in March 2020. This provides the main legal framework for 'lockdowns'. The Act included giving local authorities the ability to put emergency measures in place in adult social care, called 'Care Act easements'. The ability to put these in place ended in spring 2021.
 - On 18 July 2020, local authorities in England gained additional powers to enforce social distancing.
- 5.2 Our approach to the Covid-19 pandemic has been in accordance with our statutory duties, including those in relation to safeguarding and public health.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

⁵ [Source](#)

⁶ [Source](#)

⁷ [Source](#)

- 6.1 This report is for noting and therefore there are no direct financial implications relating to this report. The increased expenditure and reduced income to date from the pandemic have been met through government grants and the Council's existing general fund budgets.
- 6.2 Council agreed, as part of the 2021-24 budget, for a Covid Recovery Fund of £3m to be created in 2021-22 from New Homes Bonus (NHB) reserves to be used to “kickstart our community’s recovery from the pandemic over the next 12-24 months and help to ensure we build a brighter post-pandemic future for our borough”.

7 COMMENTS OF LEGAL SERVICES

- 7.1 This report refers to various activities which have been undertaken throughout the previous year or so. Where reporting has been required by the council’s constitution the legal impact of those activities has been considered as part of those reports. Therefore, there are no direct legal implications arising from this noting report.

Appendices

Appendix I: Covid-19 Response Annual Report 2020-21

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

- NONE

Officer contact details for documents:

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