

**Report of: Chief Executive**

| <b>Meeting of:</b>              | <b>Date:</b> | <b>Ward(s):</b> |
|---------------------------------|--------------|-----------------|
| Policy and Performance Scrutiny | 1 March 2021 | All             |

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## **SUBJECT: Covid-19 in Islington – report from the Chief Executive**

### **1. Purpose**

- 1.1 This report updates the Policy and Performance Scrutiny Committee on the approach we are taking as a Council to support residents and staff through the Covid-19 pandemic and to support the roll-out of the vaccination programme.

### **2. Recommendations**

- 2.1 To consider the update from the Chief Executive on the Council’s response to Covid-19.

### **3. Overview**

- 3.1 The Prime Minister is expected to announce the “roadmap” out of the current lockdown on 22 February 2021 which will further inform the council’s decision-making process. GOLD are ready to respond to the potential relaxation of restrictions and will scale up preparedness activity as soon as guidance has been provided.
- 3.2 The Council’s command structure at both Gold and Silver levels remains in place and the highest alert level to be able to respond to changes from Government and any changes around national and local Public Health guidance. The Borough Emergency Control Centre (BECC) continues to maintain a 24 hour, 7 days a week contingency and response capability with distributing PPE to care homes, care providers and all frontline services.
- 3.4 The BECC continues to support community and secondary school testing sites and are supporting early years settings to ensure provision of testing is available for early years staff. The national programme of surge testing, Operation Eagle, is now in place to quickly identify any new variants of Covid-19. Emergency Planning, in partnership with

Public Health, are developing the council's operational plan to manage any outbreaks of new variants (such as the South African variant) appearing in Islington; this includes producing a full plan and procedures to quickly respond if any new variant is identified. This will include the capability to go door to door within a postcode within the borough to deliver and then collect PCR tests and scale up the communications to any affected residents. To date no new variant has been identified in Islington.

### 3.2 **Public Health Impacts**

Since the second week of January, we have started to see a decline in COVID-19 cases in Islington and the rate of confirmed COVID-19 cases continues to fall. The latest 7-day period of complete data, covering the period 4th of February to 10th of February, shows Islington's case rate as 88 per 100,000 population. This equates to approximately 214 cases.

This is a 43% decline in case rate from the previous week (28th January to 3rd February). The test positivity rate has declined to 5.5% compared to 8% in the preceding 7 days. Hospitals in North Central London are also starting to see a reduction in the number of beds occupied with COVID-19 patients and admissions. As of 18 February, there were only 18 patients with COVID-19 at the Whittington.

The cumulative number of deaths since March 2020 had reached 319 by 5th of February 2021. This is a crude mortality rate of 131.6 deaths per 100,000, lower than the England COVID-19 death rate of 203.8 per 100,000 and London 191.4 per 100,000. Since the beginning of 2021 and up to the 5th February there has been 129 deaths in Islington, 37 of these occurring in the last fortnight.

### 3.3 **We Are Islington**

To date We Are Islington have assisted over 16,300 residents – including helping over 4,000 to access food, with many thousands of food parcels having been delivered across the borough, almost 1,100 people in financial difficulty, 908 with medication support, 355 with fuel support and over 1,600 people with other welfare concerns.

Demand for services continues, with sustained requests for assistance seen since the start of winter with requests for support with food, fuel, financial assistance and wellbeing remaining the four main areas of activity. We are Islington is also responsible for supporting shielded and clinically extremely vulnerable residents and had made proactive contact with 7,700 people falling into these groups.

As previously stated, local authorities were informed in mid-February that a new risk model has been implemented to help clinicians identify adults with multiple risk factors that make them more vulnerable to COVID-19. This new measure considers health, environmental factors, age, ethnicity, location and other quantifiable and non-quantifiable factors with this group added to the shielders/clinically extremely vulnerable cohort and prioritised into the vaccination programme. For Islington, this will affect approximately 6,000 residents who will be prioritised for vaccinations and advised to shield as a precautionary measure.

The Department for Health and Social Care is arranging for letters to be sent out to affected residents by 19 February, with translations into community languages and Easy Read. Plans

are already in place to send out our own communications and ensure impacted residents have access to appropriate advice and support through the We Are Islington service.

### 3.4 **Supporting the vaccination roll-out**

Officers from across the Council are continuing to work closely with local health and social care partners, North Central London (NCL) health and care colleagues, and local communities to support the roll out of the COVID-19 vaccination programme at pace.

All residents in care homes, extra care housing, learning disabilities supported living, and commissioned supported housing services have now been offered their first COVID vaccine via a roving in-reach team. Plans are being developed for delivery of the second vaccination dose for residents in these settings in due course.

Building on the success of vaccination of residents with learning disabilities in accommodation-based settings, the Islington Learning Disabilities Partnership (ILDP) is working proactively to support residents with learning disabilities living in the community to access vaccination. The team have liaised with local health partners to establish dedicated clinics, hosted webinars for people with learning disabilities and their carers to learn more about the vaccine, shared information about the vaccine in easy read, and are undertaking desensitisation work for residents who are needle-phobic.

Plans are being put in place to support local implementation of the national expansion of the vaccination programme to unpaid carers – the Council is working with local carers organisations on this.

Officers have been promoting and facilitating access to COVID vaccines for frontline health and social care staff since mid-December 2020, starting with staff in accommodation-based care services and expanding more broadly in line with national guidance.

The Council and local social care providers are continuing to promote uptake including via local and regional webinars, by offering bespoke engagement with clinical leads, and through sharing trusted information resources and co-developed campaigns materials (e.g., videos of staff testimonials.)

The mass vaccination site located at the Business Design Centre was due to go-live in early February but will now open in early March. We are also working with health colleagues to explore pop-up vaccination sites utilising trusted community locations. The feasibility of basing the first of these sites at Finsbury Park Mosque is currently being explored.

Vaccination hesitancy across some groups remains a challenge and the communications team have worked closely with councillors, council staff, VCS partners to roll out key messages to address this by seeking out trusted voices including healthcare professionals, faith leaders, VCS partners and council staff to encourage vaccination take up.

Staff from across the council (including Communications, VCS, Public Health, We are Islington and Resident Engagement) are working with NHS and VCS colleagues to co-ordinate engagement work and insight across the borough. The VCS team are co-ordinating weekly Community Conversations which are chaired by Cllr Sue Lukes and have been well-attended by a cross-section of residents, health professionals, the Acting Director of Public Health and community leaders.

The council has redeployed two members of staff (equivalent to 1 FTE post) to establish and manage a volunteer coordination system. They are currently coordinating 167 volunteer stewards including 27 council employees, to fill 160-224 volunteering shifts per week when at full capacity (32 shifts per day across 2 sites) and are building a system that can quickly scale and flex according to local need.

The team have secured sponsorship from Rota Ready in the form of free use of their app to help coordinate shifts and quickly notify volunteers of any requests or changes and are working to implement this over the next two weeks. The team is also working closely with colleagues in Manor Gardens and Age UK Islington on the induction of and support to volunteers, and the GP Federation on the ongoing scheduling and operation of the two sites in line with vaccination supplies, cohorts, and Government guidance. For example, the team is working with Age UK Islington on a leaflet to be distributed by volunteers to carers who are bringing people to appointments to promote vaccine take up through registration of caring status with their GP.

In addition, we are currently in the process of designing and developing two new We Are Islington offers to support the NHS vaccination programme. The first is a new service to support residents struggling to book vaccine appointments and/or travel to get their vaccination. The service will enable residents to contact We Are Islington, who will access NHS systems to book appointments on their behalf and where necessary, arrange transport to and from the appointment, as well as other appropriate practical support. This new support service, which will be supported by a robust communication campaign, is scheduled to be launched on 22 February.

The second We Are Islington offer will seek to support NHS and GP colleagues to drive up the number of residents taking up the offer of a vaccination by proactively targeting residents that the GP has either been unable to contact or are 'vaccine hesitant'. We had already developed the process and scripting currently being used by colleagues in Age UK and Manor Garden to contact residents and are seeking to build upon this and use the knowledge, experience and trust We Are Islington has gained in the community, to significantly increase the scale and number of residents contacted to maximize vaccine take up. We are currently in the process of developing updated scripting and training and identifying suitable staff who will call residents to answer any questions and help dispel myths and rumours about the vaccine. As before, staff will also be able to book appointments on behalf of residents and arrange transport and meet other support needs. NHS colleagues are currently working to address the GDPR and information sharing issues, as well as other practicalities, with the service expected to launch as soon as these are resolved.

### **3.5 Welfare support to residents**

The Residents Support Scheme has continued to help residents with the unprecedented challenges presented by COVID-19. Those facing financial hardship have been able to access extended crisis support through the Residents Support Scheme. During the COVID-19 period, crisis awards totalling £225k of support to Islington residents facing severe financial hardship have been made. The crisis award includes information and signposting for residents to help improve their longer-term situation.

A successful pension credit campaign was run over the summer to encourage residents to claim benefit income they are entitled to. Communications went out across our media channels to promote claiming of pension credit and to raise awareness of the change to free TV licences from 1 August 2020. The results to date are that we have helped residents claim an additional £355k of annual benefit entitlement, plus £75k of backdated benefit entitlement, making a total of an additional £430k of income annually, secured for some of our most vulnerable residents. In addition, we ensured over 100 of these residents over the age of 75 could continue to receive a free TV licence.

The Test & Trace support payments have been administered by Islington Council since the start of the scheme from 28 September 2020. 415 payments of the £500 self-isolation payment have been made so far, to support residents unable to work and losing income due to self-isolating.

The COVID-19 winter grant funding of £877k is currently being distributed to residents to help families with children and other households with food and utility costs. Universal credit claim numbers in the borough, have continued to rise during the COVID-19 period. The latest UC claims count at the 11 January 2021 is 33,728, this is a 158% increase on the UC claims figure of 13,356 on the 11 March 2020. The total UC claims are split across the two Job Centres in the borough, with 19,380 at Barnsbury JCP and 14,348 at Finsbury JCP.

### 3.6 **Staffing**

Following the Government announcement that a further 1.7 million people have been added to the national shielding register and are to stay at home until March 31 2021, Islington employees who meet this new criteria will be supported by their manager to stay at home. Staff not able to carry out their duties due to their individual risk assessment will receive special paid leave but only where all alternatives for redeployment or alternative duties from home have been fully exhausted.

Since the beginning of February, the percentage of staff working from home has been at approximately 54%. The percentage of staff reported as unable to work has remained around 13% for the period with staff working in critical services being more affected than non-critical services. On average, 80% of critical services reported performing as normal in the first two weeks of February with approximately 20% reporting operating a reduced service. For non-critical services, 62% report performing as normal with 33% reporting a reduced service over the first two weeks of February.

The percentage of staff reported as working on site was around has remained approximately 33% throughout the first two weeks of February 2021. Staff who cannot work remotely will need to test regularly for Covid-19 with the expectation that this happens once or twice a week. For frontline staff based at the Waste Recycling Centre and Station Rd, testing has been made available on two days until 11pm to better serve staff on nightshifts. Staff working in schools and early years settings continue to be prioritised for a lateral flow testing.

For people who live or work in Islington, PCR / symptomatic testing sites are operational within the Sobell Centre car park and Finsbury Leisure Centre along with Lateral Flow Testing (LFT) at The Vibast centre site, The Arsenal Community Hub, Islington Assembly Hall and St Luke's Church. Planning for how the sites will manage an uptake in testing as

lockdown eases and more businesses re-open is at the planning stages and will be informed by the Government announcement on 22 February.

In the week commencing 8 February 2021, 2,817 tests were undertaken at the Lateral Flow Testing (LFT) sites in Islington and since testing started 18,766 tests have been undertaken in the borough.

Building and individual risk assessments remain in place along with on-going management of all sites to ensure staff comply with Covid-19 safety arrangements. In the event of infection amongst staff the council's Public Protection and Corporate Health and Safety team will undertake the investigation to ensure all cases are correctly managed, reported and potential transmission routes identified. A weekly update on outbreak, contact tracing and data is provided to Gold to allow comparison with the sit rep data.

HR, Public Health and Communications teams continue to provide guidance, reassurance and signposting so that staff know how-to ask for help and support with their wellbeing through this challenging period. In addition, BMG have been commissioned by HR to conduct the all-staff survey which will include questions around well-being and how staff are managing working through the pandemic. The survey is due to be issued to all staff in early March 2021 with the findings due to be presented to the Corporate Management Board at the end of May.

## **4. Implications**

### **4.1 Financial Implications:**

Based on the latest (Month 9) budget monitoring forecast for 2020/21 considered elsewhere on this meeting agenda, the Council is currently facing total COVID-19 related budget pressures of approximately £52 million (£16 million additional costs and £36 million income losses).

The Council has £26m of COVID-19 general Government grant funding to set against these pressures and is currently assuming compensation of £16m from the Government's sales, fees and charges loss scheme and £2m from the tax guarantee scheme for Collection Fund losses. This leaves a net COVID-19 related funding gap of approximately £8m in the current financial year. This includes a potential in-year General Fund budget shortfall of £37 million in 2020/21, £4 million Council tax and business rates income losses that would impact the 2021/22 budget and £2 million HRA budget pressures. Any shortfall not funded by central Government would weaken the Council's balance sheet and reserves, which would need to be replenished in future financial years.

Rather than a one-off event that the council's budget is recovering from, it is expected that COVID-19 will continue to have a significant, currently unquantifiable, impact on the council's medium-term budget over and above the amount covered by the Government's COVID-19 support package announced to date. For example, the COVID-19 support package provides no funding for business rates income losses in 2021/22 and only provides support for sales, fees and charges income losses up until June 2021. Therefore, it is essential that the Council has sufficient annual contingency budget and reserves to boost financial resilience and protect residents. This is reflected in the council's 2021/22 Budget Proposals and Medium-Term Financial Strategy report.

#### 4.2 **Legal Implications:**

The Council's response to Covid-19 is in accordance with its statutory functions, including Best Value under the Local Government Act 1999 and the General Power of Competence under the Localism Act 2011, and the modification of its public health and health and safety duties and powers by the Coronavirus Act 2020.

#### 4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

On the 18 of June 2020 the Executive approved the implementation of the People friendly streets programme which includes the acceleration of the School Streets programme across the borough, the delivery of Low Traffic Neighbourhoods and Lorry control on borough roads. Islington has delivered on these commitments and now has the highest proportion of school streets at primary schools in the UK with 22 delivered between March 2020 and January 2021 bringing the total to 35 School Streets. Islington has also delivered the most substantial low traffic neighbourhoods in the UK since May 2020 with 7 delivered by January 2021 and many more planned.

Islington has also delivered major 'pop-up' cycleways including the Pentonville Road to Holloway Road extension of segregated cycleway 38 and delivered York Way in Partnership with Camden. Construction has now begun on a pop up cycleway on Green Lanes in partnership with Hackney.

Through the delivery of People Friendly Streets the Council has taken the opportunity to build back better by rebalancing many of Islington's streets in favour of more sustainable transport modes. Due to the urgency associated with the public health emergency, these measures have been introduced as genuine trials, whereby consultation has followed implementation. Speedy delivery was required to respond to Covid, but was also driven by guidance from Government and Transport for London. This unconventional approach of project delivery has not been without its problems. Going forward, the process of introducing the PFS programme is being reviewed in the context of continued need to address the ongoing public health emergency and addressing concerns about lack of prior community and business engagement.

The PFS programme will be in a review period during between March and June 2021 during which there will be 7 work streams in order to ingrain lessons learned from phase one, the updated department for Transport statutory guidance and the outcome of the Bishopsgate/TfL Judgement. These work streams include: reviewing legal risk to existing traffic orders, in-depth engagement with disabled groups, reviewing the position on exemptions, consultation review and planning, main roads improvements, ongoing monitoring, soft measures to encourage active travel, design standards and general process review.

#### 4.4 **Resident Impact Assessment:**

The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in

particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

The Resident Impact Assessment has been reviewed and there has not been any substantial change since the committee meeting held on 28 January 2021. The brief summary set out in that report is below for information. The Council will continue to engage with residents as we move into the next phase of the pandemic recovery.

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Black and minority ethnic communities | <ul style="list-style-type: none"> <li>• Higher diagnosis and fatality rates, underlying health conditions, risk of exposure to COVID</li> <li>• Economic impacts – higher rates of poverty, more likely to be in low paid work, self-employment. shut-down sectors</li> <li>• Increased risks of hate crime, DV, use of emergency powers, NRPF</li> <li>• NB: impacts vary for different communities</li> </ul>                                                                                                 |
| Older people                          | <ul style="list-style-type: none"> <li>• Highest risk of death from COVID-19</li> <li>• Wider health risks e.g. cancelled operations, social isolation</li> <li>• Older workers may struggle to get back into work</li> </ul>                                                                                                                                                                                                                                                                                    |
| Children & Young people               | <ul style="list-style-type: none"> <li>• Risk of increased child poverty, food poverty</li> <li>• Vulnerable / SEND pupils not attending schools</li> <li>• Impact on education and employment outcomes</li> <li>• Use of predicted grades in absence of exams – will particularly impact some BAME pupils</li> <li>• Impacts for Islington pupils: impacts on lower performing groups, transitioning year groups, unconscious bias when predicting grades, access to / engagement in online learning</li> </ul> |
| Men                                   | <ul style="list-style-type: none"> <li>• Higher rates of deaths from COVID compared to women</li> <li>• Men from some BAME communities are more likely to be impacted by shut-down and in poorly paid jobs</li> </ul>                                                                                                                                                                                                                                                                                            |
| Women                                 | <ul style="list-style-type: none"> <li>• Increased risk of DV as a result of lockdown</li> <li>• Economic / employment impacts – more likely to have caring/childcare responsibilities during lockdown, more likely to be working in a sector that is now shut-down</li> <li>• Lone parents – increased risk of child poverty</li> </ul>                                                                                                                                                                         |
| Disabled                              | <ul style="list-style-type: none"> <li>• Increased risk of COVID</li> <li>• Impacts on mental health and wellbeing</li> <li>• Impacts on employment (disabled people already have lower rates of employment),</li> <li>• Impacts of emergency measures on those with MH, and of virtual court trials on people with LD</li> <li>• Face masks communication difficult for Deaf People</li> </ul>                                                                                                                  |
| Faith                                 | <ul style="list-style-type: none"> <li>• Access to culturally appropriate food</li> <li>• Information in own language</li> <li>• Issues around bereavement and burials</li> <li>• Unable to come together to pray, worship and provide support and pastoral care</li> </ul>                                                                                                                                                                                                                                      |
| LGBTQ+                                | <ul style="list-style-type: none"> <li>• Increased delays for gender reassignment surgery</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                             |

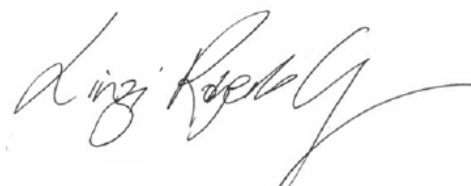


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|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <ul style="list-style-type: none"> <li>• Increased risk of homelessness, mental health issues</li> <li>• Social isolation</li> </ul>                                                                |
| Other key factors | <ul style="list-style-type: none"> <li>• Deprivation</li> <li>• Occupation</li> <li>• Overcrowding</li> <li>• Living in urban areas</li> <li>• Underlying health issues / co-morbidities</li> </ul> |

## 5. Conclusion

5.1 The Council continues to provide a robust response to the pandemic, despite the changing and uncertain landscape, and will continue to support the roll-out of the vaccination programme including taking proactive steps to address vaccination hesitancy within the community. As the borough tentatively moves out of lockdown, the Council will continue to support residents and staff accordingly.

### Signed by:



19 February 201

Linzi Roberts-Egan  
Chief Executive

Date

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